Indigo Care Services (2) Limited

Lofthouse Grange and Lodge

Inspection report

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13 May 2019
14 May 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Lofthouse Grange and Lodge is a residential care home that was providing personal and nursing care to 47 people aged 65 and over at the time of the inspection.

People's experience of using this service:
People and their relatives said that the service was safe and clean. They told us that there were enough staff to meet their needs. Recruitment methods for new staff were safe.

People received their medicines from trained staff. Medicines storage and administration were monitored appropriately.

Where incidents had occurred, they were investigated and recorded, and outcomes were shared with staff and partner agencies. Risks to people's safety were assessed and instructions for staff on how to reduce them were clear.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required. These included daily checks and quarterly audits.

There were regular residents and relatives' meetings, staff meetings, and the service used surveys to gather feedback from people and staff.

Rating at last inspection:
At our last inspection, the service was rated 'requires improvement', with two breaches identified in Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We undertook an unannounced focused inspection Lofthouse Grange on 13 and 14 May 2019. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2019 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led, is the service safe. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity, so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our

reinspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Lofthouse Grange and Lodge

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
Lofthouse Grange and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager in place who had registered with the Care Quality Commission, however the manager had submitted their application to register.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection we reviewed information we held about the service such as notifications of incidents the manager was legally required to provide. We also contacted the local safeguarding authority and service commissioners for any feedback they were able to provide.
We did not ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection we reviewed records relevant to the operation of the service and people's care. This included four people's care plans, medicines administration records, health and safety checks and other relevant documents. We spoke with four people who used the service and five relatives of people who used the service. We also spoke with seven members of staff including the registered manager, deputy manager, senior staff, care staff and a member of the catering staff.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People and relatives of people using the service told us they felt the service was safe.
- Staff were able to describe how they would identify and report safeguarding concerns. Staff told us there was a whistleblowing line if they needed to raise concerns anonymously.
- The manager had made referrals to the local safeguarding authority appropriately and investigations had been carried out in line with the provider's policy.

Assessing risk, safety monitoring and management
- Risks to people and environmental risks were assessed and measures put in place where appropriate to reduce risk.
- Fire safety risks were assessed, and measures were in place to reduce fire risk. This included a fire safety risk assessment, fire drills, checks of equipment, and personal emergency evacuation plans for people using the service.
- There were a range of regular health and safety checks conducted for the environment and equipment people used. Relevant safety certificates for areas such as legionella, gas safety and electrical safety were up to date. There was a business continuity place in place for staff to follow in the event of a significant disruption to the service such as a power cut or adverse weather event.
- Individual risks such as falls risk and skin damage risks were assessed appropriately and individual equipment and measures were in place to reduce risk.

Staffing and recruitment
- People and their relatives told us they felt staffing levels were safe. One relative we spoke with said, "Always at least two or three of them, that's what we see, more than two or three. Always seems to be plenty of staff to give people attention, we noticed with other residents making sure they get up safely. They are watching them".
- We reviewed rotas. There were enough staff on site to meet people's needs. We spoke with the manager around the clarity of the rotas in evidencing this because some changes to the rota were handwritten and it was not immediately clear what these annotations meant for staffing levels.
- We reviewed the service's dependency tool. The provider had reviewed the dependency tool and added additional features such as people's names and space for managers to provide further context as to why a service user may be lower or higher dependency than the tool indicated.
- Staff provided mixed comments around staffing levels. Staff expressed reservations around staffing numbers should the service increase its number of service users. We asked the manager to provide

assurances to staff around dependency levels.
● Staff told us the use of agency staff had declined and all staff on day shifts were the service's own staff. One staff member said: "It makes a difference, you know your residents, you are with them day in day out. It's about trust. There are the same staff on the floor now. It's really good".
●Systems and processes for recruiting staff were safe. This including verifying a recruit's identity, right to work in the UK and an enhanced criminal background check.

Using medicines safely
● Staff had received training in medicines administration and had their competency checked to administer medicines. We observed a medicine round and found practice to be safe. We observed staff took time and were respectful in supporting people to take their medicines.
● Medicines administration records (MARs) provided good information on how to ensure people received their medicines as prescribed. MARs were audited for any recording errors and there was evidence this was followed up with actions taken with individual staff to ensure they would not happen again. MARs we reviewed were completed appropriately.
● At the last inspection we found issues with monitoring temperature-controlled medicines and with the process of reviewing discharge notes from hospitals. At this inspection new processes were implemented and there were no further concerns in these areas.
● People and relatives told us they received their medicines on time.

Preventing and controlling infection
● People and relatives told us the home was clean and tidy. Comments included, "No issues with cleanliness, always someone in dining room cleaning they take it away, no dirty plates or leftover food never seen that. If we come on a morning or later in the day it's the same", "Would definitely recommend it. Its lovely and clean even in her room, hoovered, bed made".
● The home was visibly clean and tidy, and there were no malodours observed. Staff used personal protective equipment when delivering care and had been trained in prevention infection.
● As a result of a cleanliness and infection control audit an improved cleaning schedule had been created.

Learning lessons when things go wrong
● Accidents and incidents were monitored and investigated appropriately.
● The manager ensured lessons were shared at daily 'flash meetings' or through group supervisions with staff.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt that morale had improved and that the manager was approachable. Comments included, "[Manager name] has got a much better approach, she has got approachability, she is easy to talk to and if I have problem I feel I can go to her quite happily", "Feel a lot better than what I did when I first started. Feel staff are happier. When I started staff were happy, we had the change of management, at one-point staff were annoyed and fed up, staff wanted to leave, we have that connection back we are happy to come to work."
- There was a duty of candour policy and the manager informed people's loved ones and the appropriate authorities when incidents occurred.
- There was a statement of purpose which clearly outlined what the objectives of the service were and who was responsible for achieving them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had employed a manager with previous experience as a registered manager of similar services.
- There was a clear leadership structure. Staff told us they knew who the manager and deputies were and who they would go to for support. We were told by the manager that the leadership structure would undergo further change following lessons learned.
- There were a range of regular audits and quality checks undertaken with actions that had been followed up and closed by named responsible individuals.
- Issues from all different departments were discussed at daily 'flash' meetings where staff representatives from care, catering, maintenance and domestic areas talked with the manager about any concerns they had and the manager talked about their expectations and information they needed to cascade to staff.
- Trends and themes in areas such as falls, complaints and acquired infections were monitored and analysed for any patterns and action taken as a result.
- The manager fulfilled their regulatory requirements by submitting notifications to CQC about events, incidents and changes to the service as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● People we spoke with were positive about the leadership of the service. Comments from people and relatives included, "[Manager name] is fantastic I love her, she is brilliant. She is down to earth. I can talk to her as if she wasn't the manager. I hope she stays. She has a hard job", "They are very open, they let us know they are here if you wanted a chat, they put charts up on the wall for bad results as well as good results, I think that they are transparent" and "The manager is approachable, we don't see her often. It's not a negative, we just go straight upstairs. I know she has an open-door policy and I could go straight to her."

● Staff said communication had improved. One staff member said, "Communication has got a lot better than what it is when we started, we all talk and attend daily flash meetings".

● Residents and relatives' meetings were held where people discussed issues important to them and where the manager told people about changes and improvements to the service. They included changes to the menu and upcoming activities.

Working in partnership with others

● There was evidence the service worked with other health and social care agencies for example there was a regular 'ward round' conducted by health professionals.

● The manager told us they intended to further develop links with the local community once improvements were embedded.