

Christchurch Court Limited

Loyd House

Inspection report

Abington
Northampton
Northamptonshire
NN1 5LL

Tel: 08442640533
Website: www.activecaregroup.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Loyd House is a care home providing nursing or personal care to up to 17 people. The service provides support to adults with acquired brain injury. At the time of our inspection there were 16 people using the service.

People's experience of the service and what we found:

Systems and processes were not always effective in monitoring and mitigating risks to the health, safety and welfare of people using the service. Improvements were needed in relation to medicine management and infection prevention and control practices. Staff training was not always up to date and improvements were required to ensure all staff were consistently supported in their roles.

People were supported to have a healthy balanced diet but the overall mealtime experience could be improved to ensure staff were encouraged to support a more relaxed and sociable occasion. Care was task focused with, at times, little interaction with people.

People were respected and their dignity maintained but their privacy was not always protected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People could be assured they received care from staff who knew them well. People were involved in their care and there were detailed care plans in place. Staff supported people to remain in contact with family and friends and provided them with a variety of activities and entertainment to stimulate and occupy them.

People were listened to and knew how to raise a complaint if they needed to. People and relatives were confident the registered manager would act upon any concerns they raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good 17 April 2018

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in regulation in relation to systems and processes being effective in monitoring and mitigating risks to the health, safety and welfare of people using the service. Safe management of

medicines, infection prevention and control and staffing.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Loyd House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector, 1 specialist nurse adviser and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Loyd House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Loyd House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted commissioners of the service for their feedback. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives and friends about their experience of care. We also spoke with 14 members of staff including support workers, senior support workers, members of the multi-disciplinary team and the registered manager.

We spent time observing people to understand their experiences of life in the home.

We reviewed a range of records. This included 4 people's care records and several medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- As and when required medicine (PRN) protocols did not contain appropriate information in relation to when PRN should be given.
- There were no dates as to when barrier creams were opened and no body charts indicating when and where creams had been applied. This exposed people to creams used being out of date and creams not being applied appropriately.
- Due to the lay out of the building it was not possible to use a medicine trolley, therefore medicines were taken from the medicine room to people on trays. We received information to suggest some staff did not always follow safe protocols and took more than one person's medicines on a tray at a time, which potentially meant people could receive the wrong medicine.

Preventing and controlling infection

- People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.
- Staff failed to follow the providers Infection Prevention and Control Policy. We observed staff wearing rings and wrist watches. Bare below the elbow is a preventive measure to protect resident's skin and prevent infection being transferred. This put people at risk of damage to their skin.
- At mealtimes staff did not wear protective aprons and one staff member wore disposable gloves without changing or washing hands between serving meals to different people; this put people at risk of infection through cross contamination. The registered manager advised us staff were trained in infection, prevention and control, however records showed only 55% of staff had up to date training. The registered manager assured us they would take action to address this with the staff.
- Relatives told us and we observed some areas of the home were not clean.

The provider had failed to ensure the proper and safe management of medicines. The provider had failed to ensure infection prevention and control measures were fully in place. These are breaches of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- The registered manager updated all PRN protocols by the end of the inspection.
- Following the inspection, the registered manager advised us they had contacted the pharmacist to add more detail to the electronic medicine administration records.

- Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.
- There was an up to date infection, prevention and control policy in place.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them.
- Family members told us they felt their relative was safe. One said, "I do think they are safe because they are happy. If there was a problem and they didn't feel safe I think I would pick up on it. So, they are keeping them safe."
- The registered manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. We saw there was sufficient staff to meet the needs of the people during the inspection. Where people required a higher level of care, support staff were assigned on a 1:1 basis throughout the day.
- Family members told us they felt there were sufficient care staff. One said, "Sometimes, my relative needs 3 staff to assist them, I have never thought there hasn't been enough staff."
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People with specific health conditions, such as diabetes and epilepsy, had plans in place to direct staff how to manage their conditions and what to do if someone had a seizure or was experiencing hypoglycaemia (Low blood sugar).
- Personal emergency evacuation plans were in place which meant staff and emergency services knew what support people needed in the event of an emergency.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance. One relative said, "We can visit as often as we want."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. All accidents and incidents were recorded and analysed and outcomes to complaints were recorded and shared with staff through staff meetings and minutes. For example, following a complaint staff had been advised they needed to ensure all families were kept informed of any incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People could not always be assured they were supported by staff who had the right skills and knowledge to support them. For example, we observed poor moving and handling techniques used by two staff when someone slipped down their chair, they chose not to use the equipment available to them, however, no injury was sustained. We saw staff training was not all up to date for some staff members.
- Staff did receive supervision but this was not always consistent. One staff member said, " We do have supervision but it has not been as often as it used to be." The registered manager acknowledged supervision had fallen behind but they were addressing this.

The provider had failed to ensure staff were suitably trained, skilled, competent and supervised to carry out their duties. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- All staff completed an induction which included training and shadowing experienced staff before they fully took up their role. One staff member said, "My induction was good, I got to see all the care plans, shadowed staff on shifts and observed personal care."

Supporting people to eat and drink enough to maintain a balanced diet

- People's experience of mealtimes needed to be improved and be consistent.
- Mealtimes were functional and at times chaotic as staff came in and out of dining areas with very little interaction between staff and the people who they supported. Some staff stood around observing people whilst others sat with people to support them.
- People's food and fluid intake was monitored, however, the documents completed had no targets for people to reach, which made it difficult to see whether people were achieving their goal.
- The food looked appetising and people told us it was good. One person said, "The chef is excellent, will do something else if you don't want what is on the menu, the food is good."
- Meals were served in ways to meet people's individual needs. For example, finger food for one person and softer food for another person.

Adapting service, design, decoration to meet people's needs

- At the time of the inspection there was a refurbishment programme underway. This needed to be completed as areas of the home were tired and did not present as particularly homely.
- People's rooms had been adapted to meet their individual needs and people were encouraged to

personalise their rooms.

- People had access to a small courtyard and there was a large park near by which, with support, they could access.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to coming to Loyd House. The registered manager and senior staff met with people and families to ensure the home could meet people's needs and whenever possible people were encouraged to visit and spend time at the home before they moved in.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs and their preferences such as whether they preferred male or female care staff to support with personal care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed action was taken when people's health or wellbeing deteriorated. Staff noticed changes to people which may indicate deteriorating health and sought advice promptly.
- People's care plans documented the ongoing support they received with accessing health appointments including GP's, dentists, and opticians.
- The provider's multidisciplinary team worked closely with people's health professionals to ensure people were regularly monitored and received the support and care they needed.
- People's care and support was regularly reviewed by a multidisciplinary team of professional health staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People's capacity to consent had been assessed for decisions relating to their care. This included decisions around support with medicines and personal care. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's representatives.
- The provider worked within the principles of the MCA and had a system in place to monitor people's DoLS applications, authorisations and conditions.
- Staff empowered people to make their own decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were often task focused and spent little meaningful time with people.
- Feedback from people, relatives and staff was mixed. One person said, "I feel well looked after and most staff are very supportive." Another said, "I don't feel properly looked after, some staff are not patient and seem not to care." Relatives feedback was overall positive about the care their loved-one received. One said, "We've always been delighted with the care we've seen staff give them. Always respectful and caring and talking to them."
- We observed the majority of staff were caring, supportive of people's needs and respectful towards people. They responded well to an emergency situation which arose during the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not always protected. We saw information in relation to people's food and fluid intake left out in folders in communal areas. We spoke to the registered manager and they took immediate action, all documentation was moved into the office.
- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
- Staff spoke to people politely and referred to people by their chosen name.
- Bedroom doors were closed so that people were not observed when having personal care.

Supporting people to express their views and be involved in making decisions about their care

- People could choose how they wished to spend their time, when they wanted to get up or go to bed and whether they preferred to sit in the communal areas or stay in their bedroom.
- Staff encouraged people to make choices for themselves, such as offering choices in what they wore, what they would like to eat and drink.
- One person told us they were able to make their own snacks and meals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. One person told us about being supported with shopping and cooking as part of their plan for when they moved to a new placement.
- People, their relatives where appropriate, and other health professionals had been involved in creating and updating people's care plans. Care plans were regularly reviewed to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.
- There were regular meetings held with people and health professionals to discuss their progress and plan the desired outcomes. For example, for one person a new wheelchair was being sourced as their posture had improved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported. Staff ensured people had access to information in formats they could understand. For example, we saw staff support one person to communicate with their GP via an electronic tablet device. This enabled the person to describe exactly how they were feeling.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- A number of people continued to attend local day services and staff took people out to the local park and shops. One person said, " We use to do a lot of things before COVID and we are now starting to go out more again. We've been to the cinema and bowling again."
- We saw photographs of some of the activities people had done including a visit from a horse charity, which was geared specifically for a person who loved horses.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.

- The provider had oversight of all complaints, action taken and outcomes.
- There was an up to date complaints procedure in place. One person said," If I had any complaints I would speak to [name of registered manager]."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- There was an end of life policy in place and staff had received training in end of life care.
- People at the end of their life had a care plan in place which detailed some of their wishes such as do not attempt cardiopulmonary resuscitation (DNACPR) and where they preferred to be at the end of their life.
- The registered manager had had some discussions with people and families around Advanced Care plans, which would ensure staff had the information they needed to fully support the wishes of the person at the end of their life.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were not sufficient to identify the issues we found during the inspection. For example, medicine administration records lacked detail of what medicines were for and potential side effects. 'As and when medicines' did not give staff sufficient information as to when they could be used and what they could do instead and had not been regularly reviewed. Furniture which posed a health and safety risk had not been identified and removed.
- Audits had failed to pick up gaps in information, for example, food and fluid charts did not contain a target for people and were not being regularly tallied up, body maps were not being consistently completed and bowel charts were not being completed as required.
- The provider and registered manager had not identified records were left in community areas putting people's confidentiality at risk.
- Feedback we received suggested staff were not always following the rehabilitation plan designed for individuals which was leading to inconsistent support.
- Not all staff felt able to speak up without fear of repercussions. Staff meetings were infrequent and staff wished for more to be able to talk through any issues all together.

The provider had failed to ensure systems and processes were effective in monitoring and mitigating risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed they had contacted the pharmacy to provide the information regarding medicines, 'As and when'(PRN)protocols had been reviewed and updated and daily documentation put in folders and kept in a workstation where senior staff could monitor daily. A staff meeting had been held to address the concerns raised during the inspection.

- Relatives confirmed they were asked to give their feedback. One said, "We have been invited to relative's meetings and we get an annual questionnaire. The registered manager is very approachable. If she knows we are in the building she always comes to speak to us if she is free." Another said, "No questionnaire as yet, but [loved-one] has not been there long. They always ask me how things are."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour and had submitted notifications to CQC when required. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care; Working in partnership with others

- The registered manager and care staff worked closely with other professionals to achieve good outcomes for people. This included working with health professionals and social workers.
- We saw evidence of referrals made to external professionals such as diabetic nurses and staff supported people to access their GPs.
- The provider liaised closely with local authorities and were receptive to suggestions as to how they could improve. There was an action plan in place following the last visit from the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. The provider had failed to ensure infection prevention and control measures were fully in place.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed ensure systems and processes were effective in monitoring and mitigating risks to the health, safety and welfare of people using the service.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were suitably trained, skilled, competent and supervised to carry out their duties.