

Indigo Care Services (2) Limited

Lofthouse Grange and Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 and 25 January 2019 and was unannounced. At the last inspection in June 2018 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the service was rated 'Inadequate'. At this inspection, we found that although there were continued breaches of the regulations, improvements had been made and that the service was now rated 'requires improvement'.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. There were 45 people living at the care home at the time of the inspection.

The care home accommodates up to 88 people across two separate units. One of the units specialises in providing care to people living with dementia.

The service did not have a registered manager in post at the time of the inspection, however the service had appointed a manager who was in the process of registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff, people and their relatives expressed concerns about staffing levels. Staffing dependency tools we reviewed were not always reflective of people's current needs. Rotas we were shown did not always match actual staffing levels. However, we found that there had been improvements made with regards to staffing continuity. Levels of agency staff had reduced, and staff were able to build more effective relationships with people. People and their relatives told us that there had been improvements since the last inspection, however they were still concerned about staffing levels.

We have made a recommendation around staffing levels.

We found that medicines storage areas were clutter free, and staff used an electronic medicines administration records system which helped reduce errors. However, we found instances where practice could be improved to reduce risks to people.

Governance systems and processes had improved and we saw that they were beginning to have a positive impact on certain aspects of the service such as infections, weight loss and falls. However, these processes were not fully embedded and some of the issues we had previously identified in medicines management and staffing had not been addressed.

People told us they felt safe, and staff knew how to protect vulnerable people from harm. The service was

clean and there was sufficient equipment in place to prevent the spread of infection such as personal protective equipment and hand gel dispensers.

Staff told us they received good support in the form of induction, training, ongoing supervisions and appraisals. Staff told us the leadership team at the service were approachable and supportive, and that morale at the service had improved since the last inspection.

People's health and wellbeing was being monitored effectively by staff. Health professionals we spoke with were confident the service was making appropriate referrals, and any guidance or information from healthcare professionals was cascaded effectively to staff. People's nutrition and hydration needs and preferences were recorded accurately.

People and their relatives told us staff were kind, caring and compassionate. People told us staff worked to uphold their independence and offer them choices to help empower them. Staff described how they protected people's privacy and dignity.

People were appropriately assessed before using the service, and care plans contained person-centred information and guidance for staff which was regularly updated. People told us there was a good level of activity and stimulation on offer which took into account people's preferences.

Staff held meetings with people and their relatives, and implemented changes where identified. Staff also demonstrated that they were responding to complaints appropriately. People told us they knew how to make complaints and were confident in the leadership of the service in acting on their concerns.

You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Although improvements were noted in staff continuity, we found ongoing concerns with staffing levels and how staffing levels were calculated.

We found ongoing concerns with medicines management systems and processes.

People told us they felt safe living at the service, and staff were able to describe how they would protect people from harm. Risks to people were assessed appropriately.

Is the service effective?

Good 

The service was effective.

People told us they thought staff had the right skills to meet their needs. Staff training and performance was monitored effectively.

The service operated under the principles of the Mental Capacity Act 2005 and staff were knowledgeable about the principles of the act.

People's health and wellbeing was monitored appropriately with good communication between staff and other health and social care agencies to ensure people were healthy.

Is the service caring?

Good 

The service was caring.

People we spoke with told us staff were kind and compassionate. We observed kind interactions between staff and the people they care for.

People's independence, privacy and dignity was upheld and protected by staff. People told us they were encouraged to make decisions for themselves.

The service took into account and respected people's religious

and cultural beliefs. People had access to advocates, and were well groomed and clean which indicated good care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained person-centred information, and care plans were updated regularly. People told us they had input into their care plans and their preferences were considered.

People and their relatives told us they were confident they could raise complaints and that they would be addressed by the leadership team.

People we spoke with praised the activities coordinators and the level of activities on offer. There were varied activities on offer and we observed that people enjoyed them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Although improvements had been made in quality assurance and monitoring, there were still ongoing concerns with staffing and medicines managements.

People, their relatives and staff were positive about the new leadership team at the service and found that they were approachable and would act on their concerns.

The service sought feedback from people who used the service and acted on their input to make improvements.

Lofthouse Grange and Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 January 2019 and was unannounced.

The inspection was conducted by two inspectors, a pharmacy inspector and two experts 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.

Prior to the inspection we gathered and reviewed information from a variety of sources. These included the local authority commissioners and safeguarding teams, NHS infection control team, notifications from the provider that they are legally obliged to send us, and local Healthwatch. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection we reviewed a range of documents relevant to people's care and the operation of the service. These included care plans, seven people's medicines administration records, health and safety checks, and quality assurance processes. We also conducted a tour of the premises and used the short observational framework for inspection tool (SOFI). This is a tool developed for inspectors to capture the experience of people who use services who may not be able to express this for themselves. We did not ask the provider to submit a Provider Information Return (PIR) prior to the inspection. 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 spoke with 12 staff, including the manager, care manager, deputy manager,

improvement manager, senior staff, care staff, catering staff and domestic staff. We also spoke with a visiting health professional. We spoke with 14 people who used the service and seven relatives of people who used the service.

Is the service safe?

Our findings

At the last inspection in June 2018, we found that the service was rated 'inadequate' for the key question 'is the service safe?'. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we noted that some improvements had been made. However, we still found concerns with medicines management which demonstrated a continuing breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, have rated the service as 'requires improvement' for 'safe'.

We reviewed the service's systems and processes around medicines management. We reviewed seven people's medicines records and care plans. We reviewed the medicines storage facilities at the service. Although improvements had been noted, we found ongoing concerns. One person who had a movement disorder disease was taking two different medicines to improve their symptoms. One of their drugs had become less effective and the other medicine had given the person a known side effect, however the home had failed to arrange a review by the person's doctor and there was no care plan to support the person's needs.

A second person had recently been discharged from hospital following a stomach bleed. The hospital had changed the person's medicine during their stay as the old medicine may have caused the stomach bleed. The home had continued both the old and the new drug, increasing the risk of the person having a further bleed. We reviewed how the quantities of medicines were checked in and out of the home. We found on the day of the inspection that staff had discontinued and then restarted an antibiotic medicine on the electronic system. The quantity recorded in the home was incorrect; this prevented staff from knowing whether they had enough medicines to give to people in the home and to check whether medicines have been given.

We found that even though staff were recording fridge temperatures, we found fridges that had not had the thermometer reset as staff informed us they did not know how to do this, which meant the fridges were recording temperatures above the recommended range.

We concluded the above evidence demonstrated a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines storage areas were clean and uncluttered. The home had an electronic care plan and electronic system. The care plan was easy to use and staff were alerted on the mobile phone device if there were any missing doses and when a person needed to be checked more frequently. The care manager showed us daily reports from the electronic MAR system which they said would reduce incorrect stock checks and missed medicines.

We reviewed staffing arrangements and levels at the service. Continuity of care had improved since our last inspection. The levels of agency staff had reduced considerably in that there were no longer agency staff on day shifts regularly, and staff were allocated specific floors so that they could improve their relationships with people who used the service. However, people and relatives we spoke with also told us they felt that

although continuity had improved, there were remaining concerns over staffing levels. Comments from people we spoke with included, "I don't think there are enough staff, I never ring the buzzer but there is a lady, she needs two people and if they are seeing her and something happens elsewhere they just can't stop, so they have to wait", "The carers are very helpful and caring but there are not enough of them and they are overworked". Comments from relatives included, "Staffing levels are sometimes a little low. Usually three staff on in the afternoon and a couple of times a month or so you hear staff saying I can't do this or that. There has been a high staff turnover since I've been coming here. There are not a lot of agency staff recently, but there is definitely more continuity now", "During the week it is fine, weekends that's where there is a strain".

A staff member we spoke with said, "It feels like there are enough staff now, but we are not at capacity. I imagine it will change when we are. I'm a little bit worried if we get full up again I hope we get more staff". Another staff member said, "I think staffing is getting there, but not quite there yet. We are getting good people in. People are staying. We still have agency on nights but it is getting there".

We reviewed the dependency audit tool for November 2018 and December 2018 which the service used to calculate staffing levels. The assessments of people's needs were not always accurate. For example, on the dependency audit tool, one person scored zero for their mobility. However, they had been rated as high risk in their mobility assessment. Another person scored zero for the skin integrity needs. They had been scored as high risk on the relevant assessment in their care records. This meant that staffing levels and skill mix was not being reviewed or adapted to respond to the changing needs of people using the service. The systems and processes in place to decide the staffing levels for people's needs were not robust because the initial and ongoing dependency assessment was not always accurate.

Rotas showed that the staffing levels at the service were not always in line with planned numbers. We were told by the improvement manager and the manager that the numbers were 11 staff over four floors of the service, one of those was a floating member of staff to assist on the residential side of the service if needed. On the day of our inspection, we saw the floating member of staff was the deputy manager. Due to other tasks, they were not always available to support staff on the units. Staff told us this often happened which impacted on the assistance required to people who needed two staff.

We discussed the staffing levels with the manager, the care manager and the improvement manager. The staffing levels in place were seen to be the same for 45 people using the service as they had been when we last visited the service and there were over 70 people using the service. The service was in the process of increasing admissions. We were unable to gain any clarity from the management team regarding their plans to ensure staffing levels were appropriate for people's needs.

We recommend the provider reviews their dependency assessment process to ensure staffing levels are appropriate to people's needs

People we spoke with told us they felt safe living at the service. Comments included, "The best thing about living here is I feel safe because I'm not on my own", "I feel safe because people are nice to me", "It's alright here, everyone gets on okay together. We go where we want, it's pretty quiet and feels safe. We are not isolated, there are plenty of houses around". A relative we spoke with said, "There is good security here".

There were processes and procedures in place to safeguard vulnerable adults from abuse. Staff received training in safeguarding vulnerable adults, and staff were able to describe how they would identify the signs of abuse and ensure they were investigated appropriately. A member of staff said, "There is also a whistleblowing line for anonymous calls. It reassures me a bit. I've never used it, there's information in the

staff room".

We conducted multiple tours of the premises and found that the environment was clean. Automatic hand gel dispensers in communal areas and bathrooms were functional. Staff had good access to personal protective equipment (PPE). Sluice rooms were secure. Food in communal fridges had been labelled to show when they had been opened. People we spoke with told us that staff wore appropriate PPE. During lunch we observed people had their hands cleaned with wipes, and staff wore aprons and gloves. A visiting relative we spoke with said, "It is cleaner now. There was room for improvement. Now it's definitely cleaner. My dad noticed a big improvement definitely".

We reviewed the service's health and safety documents and procedures. A number of regular health and safety checks were carried out, such as fire safety and equipment checks, servicing of lifting equipment and window restrictor checks. There were daily, weekly, and monthly checks. The October 2018 action report discussed a missing pull cord among other areas to be repaired and these were followed up. Certificates such as gas safety and electrical safety inspections were up to date. Fire doors and lifts were checked and were in working order.

Risks to people were assessed appropriately with guidance for staff on how to minimize risk. Staff we spoke with were aware of risk management. One member of staff said, "With falls for example, if there are more than three in a month or more than two in a day it gets referred. If you score a two or less on the malnutrition universal screening tool it gets referred. If you think someone is at risk you just see the deputies and put your concerns out there. People get put on to weekly weights, it gets put as a must do task on their care plan".

Is the service effective?

Our findings

People and relatives, we spoke with told us staff were competent and trained to meet people's needs effectively. One person said, "They just set to and get on with it, they know what they are doing". A relative said, "They have the right skills, I can't think of an occasion where they haven't".

New staff received an induction into the service which included training the service considered to be mandatory and undertaking 'shadow shifts'. Staff told us they felt the induction and training was appropriate for them to meet people's needs. At the time of the inspection staff were 95% compliant with their required training.

Trained staff were given ongoing support through regular supervisions, annual appraisals and spot checks. Supervisions contained positive feedback as well as actions to improve on. For example, one supervision read, '[Staff name] is very kind and caring and listens to what residents want. Improvements: continue to gain knowledge and experience on electronic systems and care planning. Feedback from a resident, they said [Staff name] was lovely and kind.' A member of staff we spoke with said, "We have supervisions every month, an appraisal, and spot checks. It's constructive. I feel well supported".

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was compliant with the principles of the MCA. There were policies and procedures in place for completing mental capacity assessments. Mental capacity assessments we reviewed were completed appropriately and best interest decisions were made with the input of a multi-disciplinary team such as healthcare professionals and the person's family. Applications were made for DoLS where necessary. These were tracked and followed up by the registered manager. Staff received training in the principles of the MCA. One staff member we spoke with said, "Generally people don't have capacity on the dementia unit for most things. Complex decisions like money, finances, choosing to live here. Other things such as what they want to eat or wear or do we enable them to do that".

People we spoke with told us they had good access to healthcare professionals, and staff communicated well with district nurses, GPs and other agencies to ensure people's health and wellbeing were effectively monitored. A visiting relative said, "Yes I feel they monitor [Person name's] health, they speak to professionals. Staff noticed he was really unsteady. She called me and a GP saw him and organised antibiotics. There is good communication". A visiting health and social care professional we spoke with said "There have been improvements I've seen, used to get a lot of referral requests to our service which were not

appropriate but they've come up with improved monitoring arrangements and they are picking up red flags to reduce unnecessary referrals".

There was a weekly GP 'ward round' where a visiting GP saw every person that staff had concerns with, or people with whom the GP wanted to follow up and track their progression. This was documented clearly with actions for staff to take, such as the administration of new medicines or extra monitoring to be undertaken such as their weight or skin integrity.

People told us they enjoyed the food provided and that their nutritional and fluid needs were met. We reviewed a lunchtime experience and saw there were regular snack trolleys available. One relative told us how their loved one had put on a significant amount of healthy weight thanks to the efforts of catering and care staff. Comments included, "The food is lovely", "If you don't like either main option they'll make something else. Last night I couldn't eat one and didn't like the other, they made me a mushroom omelette. Whoever services for pudding I'll say do me a little one. They always ask you. I usually have seconds", "The food is nice, you get a variety". Food looked appetising and of good quality. Documents clearly recorded people's food and nutrition preferences as well as any specialised diets they were required to follow as prescribed by healthcare professionals.

Is the service caring?

Our findings

People and their relatives we spoke with told us that staff were kind and caring. Comments from people who used the service included, "I can't fault them at all they are caring, compassionate and make sure that the environment is always stimulating", "I like the staff here as you can speak to them about anything and you get good meals and can go to bed and get up when you want". Comments from relatives included, "Staff are respectful and kind without a shadow of a doubt. Dad has always been very private, for him to smile and respond yes. I think there is a relationship", "Staff are friendly, patient and genuinely caring and do what they can for people. You can see that people are comfortable with them".

Staff we spoke with had detailed knowledge about people, their life histories, families and preferences, indicating they had good relationships. We saw staff eating their lunches with people which indicated staff had comfortable, caring relationships with people. We observed kind and caring interactions between people and staff during the inspection. People using the service looked clean and well kept, which indicated that they received good care.

Staff told us they understood the importance of protecting people's privacy and dignity when delivering personal care. One member of staff said, "We always talk them through it, use bath towels and close doors. There is a massive thing around just talking to people. One person can get embarrassed, he has his own CD player so we use that and he manages that way".

One person we spoke with said, "Staff treat me respectfully, I do my own personal care, they help sometimes but respect the fact I want to do stuff myself". Another person said, "If I say I can do it myself they let me. I choose what I want to wear. They keep me covered up when helping me have a shower". During lunch time, we saw staff offering people with dementia related conditions plated options of food so they were empowered to make choices for themselves.

Care plans recorded people's religious and cultural needs. We spoke with one person who told us staff facilitated regular religious services for them, and that staff always respected their beliefs and values.

The service understood the role of advocates (people who help vulnerable adults make important decisions about their care) and independent mental health care advocates in meeting people's needs. Signs were visible in communal areas with information on how to access an advocate. We saw examples where people's advocates had been involved in decision making.

Is the service responsive?

Our findings

A full assessment of people's needs was completed prior to them moving into the service. Records showed involvement of health and social care professionals such as district nurses and community mental health team nurses for people's physical and mental health needs. The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way. Care and support was reviewed regularly to understand progress and make plans to support people as appropriate.

Information was personalised and people's preferences were included. For example, one person preferred to have their personal care needs met by a female member of staff.

Care plans were reviewed regularly or in response to a change in need. People's relatives told us they were involved in people's care plans. One relative we spoke with said, "Yes, we have reviews regularly. We've had two in the last couple of months. It's a good thing". A person we spoke with said, "Yes, I had input with my care plan when I first came to say what I liked and didn't like".

There were also daily handovers which contained information about people's mood, food and fluid intake, mobility, and any other relevant issues for staff.

Staff understood their roles in providing end of life care. Care plans included details about how they wanted to be cared for at the end of their lives and what arrangements had been made with funeral homes and religious organisations.

The service demonstrated compliance with the accessible information standard (AIS). The AIS is legislation which requires adult social care agencies to make information available in formats people with communication difficulties or impairments can understand. The service offered information in braille, green paper and large print where requested.

People we spoke with were confident they knew how to raise a complaint, and felt confident the manager would deal with any problems they had. One person said, "If I had any concerns, I would speak with the care manager as she is very approachable". A relative said, "They always remind us how to make complaints. The manager was very keen on us filling in questionnaires, she wanted that to move forward".

People told us they were satisfied with the entertainment and activities on offer. Comments included, "We do lots of activities such as chair exercises and we go out on trips on the bus", "The hairdresser comes every week and when we go on the bus, we go to places like White Rose shopping which I really enjoy", "There are exercises, music. There are things to do every day". There were dedicated activities coordinators who planned weekly activities and entertainment. We observed an exercise class, an external entertainer and sing-alongs during our inspection. The service gathered information about people and their hobbies and used this to inform activity planning.

The service had gone 'paperless' and was using an electronic system of recording medicines administration

and care plans on mobile phones. Some staff told us they did not like this system at first but that they had received sufficient training and support. This meant that staff had instant access to important updates.

Is the service well-led?

Our findings

At our last inspection in June 2018 we found the service was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some improvements had been made, the service continued to breach the Regulations.

We reviewed quality monitoring systems and processes at the service, and found that although improvements had been made in a number of areas, these processes were not fully embedded as there were ongoing concerns identified in other areas which were sufficient to have breached the Regulations discussed in the key question of 'Safe', specifically Regulation 12 (Safe Care and Treatment) for concerns found in medicines management. For example, concerns with monitoring of the effectiveness of medicines, temperature control and medicines administered on discharge were found.

We concluded that the calculation of staffing levels using the service's dependency framework was not always robust. We reviewed several care plans where people demonstrated high levels of need, for example one person had a history of falls, required assistance transferring and the use of specialised equipment, but were scored as low dependency for mobility. We saw people who had demonstrated anxiety and did not have capacity to make certain decisions, but they were scored low for cognition on the dependency tool.

Therefore, we concluded the service continued to breach Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had begun analysing data it collected and this had led to timely actions. For example, there was a monthly weight loss action plan which listed people who had lost weight, their malnutrition universal screening tool score, whether other healthcare agencies were involved and what specific actions were being taken for each person to improve their weight. For example, some people were placed on fortified diets and some people had been referred to the dietician. There were similar monitoring arrangements in place for issues like skin integrity, accidents and falls. The service monitored complaints for trends and themes to see if any patterns could be identified and actions taken.

The manager conducted daily walkarounds, these had been modified since the last inspection and clear actions were recorded and followed up where issues were noted. The manager also held daily 'flash' meetings with staff members from different departments where they could discuss issues and share information. Senior staff also conducted out of hours visits to ensure people were safe, people's sleeping and monitoring care plans were implemented, and whether people who were up and dressed had chosen to do so.

The service held clinical governance meetings which discussed a number of areas that were being monitored such as safeguarding alerts, training needs, coroner's reports, whistleblowing's and the results of internal audits. At the last clinical governance meeting those present noted a reduction in infections, accidents and falls, but that training levels had dipped so staff were booked on outstanding courses. Where a recording issue had been noted, the manager discussed this at the next flash meeting as an action.

Staff we spoke with told us the culture of the service had improved significantly and that they were confident in the leadership of the service. Comments included, "I'm happier now, a while back it was awful, I thought about leaving. The changes were positive, the manager has a totally different attitude to the role. We can always go to them, they always respond quickly to things", "It didn't feel like a nice place to work. The changes have been positive. I can go to the manager for anything, there is more support. We didn't get support before".

People and their relatives told us they felt the manager was approachable and would listen and act upon their concerns. Comments from relatives included, "They do listen. It's a new manager we've got. I feel they are approachable and can sort issues out", "I was very concerned, staff were leaving, morale was really poor. We noticed a big improvement all round. Not saying there aren't issues, they are definitely moving forward tremendously, regarding my dad how he looks, care, cleanliness, staff morale, food there has been a massive improvement", "We are quite hard work and we are here a lot so we give them a lot more grief but they always respond well, we've never had any issues".

The service demonstrated that they gathered feedback from people and their relatives. We attended a residents meeting. People were introduced to a member of staff who had been promoted, and they discussed ideas for themed food nights which would be taken to catering staff for implementation.

The manager sent appropriate statutory notifications to CQC. Statutory notification are notifications of significant events such as a safeguarding concern, death or disruption to the operation of the service which registered providers and services are legally obliged to send.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were ongoing concerns with medicines management and records.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems and processes had not fully embedded as there were ongoing concerns with staffing and medicines management.