Croftwood Care Ltd

Loxley Hall

Inspection report

Lower Robin Hood Lane
Helsby
Frodsham
Cheshire
WA6 0BW

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26 April 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 25 and 26 April 2016 and the first day was unannounced.

Loxley Hall has been operating as a care home under the ownership of Croftwood Care Ltd since July 2014.

It provides a maximum of 40 places for people who require personal or nursing care. It is situated in the village of Helsby, close to the local amenities. At the time of our inspection 34 people were living at the service.

There was a registered manager in place. 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.

We had not inspected the service since it had changed ownership.

People told us that staff knew them well and responded to their needs quickly. People had been involved in planning the care and support they received from the service. Their needs had been identified, assessed and reviewed on a regular basis. People's care reflected the care that they required and how they wished this to be carried out. Improvement was needed in regards to the completion of documentation relating to wound care to ensure that staff knew what oversight and treatment was required.

People told us that care was delivered by staff that were kind and caring. Relatives of the people who used the service felt welcomed and supported by all of the staff. Staff showed patience, had time for people and treated them with respect. People received care in a dignified manner that protected their privacy. Staff encouraged people to be as independent as possible and offered them choices in their day to day living.

Everyone we spoke with, including people who used the service, their relatives and external professionals said people received care that was personal and individual to them. A wide and varied range of activities was on offer for people to participate in if they wished.

People were protected from the risk of abuse as staff could demonstrate they understood what constituted potential abuse or poor care. Staff knew how to report any concerns and they felt confident the service would address these appropriately.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Mental Capacity Assessments were carried out where key decisions were required and the principles of the MCA had been adhered to. Applications had been made to the supervisory body for consideration under DoLS.

Staff told us they worked as part of a team, that Loxley Hall was a great place to work, that they felt they

received good support, morale was excellent and people were happy in their work. Staff received the training they needed to deliver good care. They told us that they received lots of training and were actively encouraged to access any training specific to their job roles and interests.

Staff communicated with others in a respectful and professional manner. The service worked with other healthcare professionals to ensure people's health and wellbeing needs were met. People received prompt medical and wellbeing services and staff assisted people to follow recommendations in relation to their health.

Staff had been employed following appropriate recruitment checks that ensured they were safe to work in health and social care. We saw that staff recruited had the right values and skills to work with people who used the service. Staff rotas showed that the staffing remained at the levels required to ensure all peoples needs were met and helped to keep people safe.

People had confidence in the management team and commented that the registered manager always had her door open. They found the registered manager to be approachable, supportive and available as required. People felt listened to and told us they had confidence that any concerns they may have would be addressed.

The registered manager and registered provider continuously assessed and monitored the quality of the service and actions plans were in place where areas of improvement had been identified. They obtained feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well.

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.

Risks to the health, safety and well-being of people were addressed and people were enabled to remain independent. Improvements were needed to the monitoring and recording of pressure ulcers.

People were protected from harm and received support from staff who knew how to keep them safe. The service had systems in place to safely support people with the management of their medicines.

The service had safe and robust recruitment procedures that ensured people were supported by suitable staff.

Is the service effective?

Good

The service was effective.

People received care that met their needs and expectations. Care was provided in line with the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.

Staff received induction, on-going training and support to ensure they always delivered the very best care.

People were provided with a choice of meals which met their personal preferences and they were supported to maintain a balanced diet and good hydration.

The service had excellent working relationships with other professionals to ensure that people's health needs were met.

Is the service caring?

Good

People and their relatives praised the kindness and compassion of the staff that supported them right up until the end of their lives. Staff took a real pride in the care and support that they delivered.

Staff had a comprehensive understanding of people's needs and worked with them to ensure they were actively involved in decisions and their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity and need for independence.

Is the service responsive?

Good

The service was responsive.

People had care that was responsive to their needs. Staff supported people to be as independent as possible and always placed people at the centre of their work.

There was a strong emphasis on meeting people's emotional and physical well-being through the provision of meaningful social activities and opportunities.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy at work.

The quality of the service was monitored effectively and the service was keen to further improve the care and support people received.

Loxley Hall

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.

The inspection took place on 25 and 26 April 2016 and the first day was unannounced. The inspection was carried out by an inspector from the adult social care team.

Prior to the inspection, we looked at all of the information we held about the service in the way of complaints, compliments and statutory notifications. These are notifications from the service about matters that could affect the running of the service or the care and welfare of people who lived there.

During the inspection we spoke to twelve people who used the service and five relatives that were visiting at the time. We also spent time observing the interaction between people and staff as well as the activities that were taking place.

We had the opportunity to speak to eleven members of staff and this included the management team. We reviewed records relating the overall management of the safety and quality of the service, four records relating to staff recruitment and support and training records. Records regarding complaints and compliments were also reviewed.

The opinion and feedback from health care professionals, service commissioners and the local safeguarding team was also sought and this was very positive.

Good

Is the service safe?

Our findings

People who used the service said that they "Felt safe and reassured". They were positive that staff "Do all they can to make sure that we don't come to harm" and that "Everyone here is safe and very well looked after". Relatives shared this view and made comments such as "My [relative] feels very safe here, even when they are alone in their room" and "I have every confidence in the staff else I would not leave my relative in their care".

Staff supported people to manage their medication and people were happy to let staff do this. One person told us, "They help me with my medicines. It stops me having to worry as I would make a right mess of things". Medicines were ordered, administered and disposed of as per the registered providers policies and procedures. Medicines were stored in a locked cabinet in a person's bedroom or in the medicines trolley. Where appropriate, medicines were stored in a fridge and the temperature was checked regularly to ensure it was correct. We checked the medicines available against the medication administration records (MARS) for six people and found them to be correct. Some people had medicines prescribed on an "as required" basis. There was insufficient information available to guide staff as to when and how these medicines should be given. This could result in people not receiving medicines as required. We brought this to the attention of the registered manager and before the conclusion of the inspection a pro-forma had been sourced and staff had begun discussions with the GP about its use and implementation.

Staff were aware of their responsibility to keep people safe and to take any necessary actions to reduce risk. Care files showed a range of risk assessments and tools used to help keep people safe and to enable staff to deliver the support required. These included individual risk assessments for areas such as moving and handling and use of bed rails. The registered provider had also introduced recognised risk assessment tools for the monitoring of malnutrition and skin integrity. These were used appropriately and actions taken where any concerns had been identified.

Staff understood how to care for people who may be at risk of damage to their skin .The registered provider had ensured that, where assessed as required, people had an air mattress to minimise the risk of developing a pressure area. The mattresses were checked at regular intervals. However, the required pressure was not recorded to enable staff to check whether each mattress was correctly set. This meant that a person could be at risk of further skin damage from lying or sitting on a mattress that was too hard or too soft. The nursing staff were able to tell us how the pressure was calculated and we saw that they were correctly set. We brought this to the attention of the registered manager and the deputy manager on the day of the inspection and they took action taken to ensure that a record of the settings was made available to staff.

Staff were able to describe clearly their understanding of safeguarding and keeping people safe. Staff told us about the training they had received on the subject and were able to identify poor care and neglect. Staff knew what it meant to protect people from abuse and what actions they would take if they had any cause for concern. Notifications we reviewed as part of the inspection also confirmed that the registered manager understood their role with respect to keeping people safe and notifying the relevant authorities of any incidents.

One person told us, "There are enough staff. If I need help, I get it quite quickly when I ask or ring the bell." Another person said "Sometimes the staff can be really busy with someone else, but they will acknowledge me and come as soon as they can". At the time of the inspection, we observed that there was sufficient staff to meet the needs of the people who used the service. We saw that people had access to a staff member when they required it and people did not have to wait long for assistance. The registered manager completed a review of the dependency needs of each person that the service supported on a weekly basis. This informed their assessment of the staffing levels required.

Accidents and incidents at the home were recorded by staff for the registered manager to monitor and review. This enabled them to understand if adjustments to the way in which people were supported were required, such as increased monitoring or the provision of specific equipment. This information was collated and sent to the registered provider so that they could identify wider themes and trends within the service.

We reviewed how staff had been recruited to ensure they were suitable to work at the service and with vulnerable people. We looked at three staff files and saw that the relevant pre-employment checks had taken place. This included a full employment history, appropriate references and a check from the Disclosure and Barring Service (DBS): all of which had been received prior to the commencement of work.

People lived in a place that was clean, well-maintained and odour free. People said that it was a pleasant environment, spacious, warm and airy. A visitor told us, "It is one of the only places we have been where there is never a malodour" and another said "It just feels like home".

We looked at the recorded checks kept for the environment, including the bedrooms, lighting, gas, electricity, and water and fire systems. Personal Emergency Evacuation Plans (PEEPS) were in place for each person and kept up to date. An emergency box was kept securely on each floor with the required information and equipment should people need to leave the building in an emergency. The equipment people used was also checked and maintained to ensure that it was safe to use. Regular checks were carried out by the registered manager, the registered provider and the home's maintenance staff to help ensure a satisfactory and safe environment.

We found that weekly water flushes were not taking place in rooms that were vacant to minimise the risks of Legionella in stagnant water. Action was taken immediately. The kitchen had recently been awarded 5 * by the Environmental Health Department. Emergency plans were in place for such times as the continuity of the business was compromised.

Good

Is the service effective?

Our findings

People told us that staff "Make sure we see the Doctor, eat well and are well looked after". They said that they liked the food and that there was always a good choice of things to eat and drink. Relatives also felt that the service was effective in the care and support it delivered and comments included: "[My relative] has had a hard battle in life but to know the high standard of care and support they have been given has been a blessing" and "[My relative] has put on weight and seems much happier".

People were supported to ensure adequate diet and fluids were taken. People were able to have meals in the dining room or in the privacy of their own room. Breakfast time was flexible with people coming over a period of time to the table. We observed that most people liked to come to the dining room to have their food at lunch and tea time. People were offered a choice of where to sit and whom to sit with. Staff were available to support people and assistance provided to eat and drink if this was appropriate. Staff encouraged and assisted people to be as independent as possible. Meals looked appetising and there was plenty of choice available. A picture board was on the wall and this showed the choices for that day as well as the Allergen's contained within in the foods. If people required foods of a certain consistency or a special diet this was documented in a person's care plans and the kitchen made aware of their needs.

People were supported to ensure that their health needs were met. A GP visited the home on a weekly basis and people had the opportunity to meet with them aside from any other visits required. One of the GP's told us that they had an "Excellent working relationship" with the service and that the staff were "Proactive in managing and monitoring" health needs.

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 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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the provider had followed the requirements in the DoLS and several applications had been submitted to the local authority and were waiting for assessment. Where people were unable to give their consent to being accommodated in the service, appropriate applications had been lodged with the supervisory body for the use of such safeguards. Where restrictions were in place such as bed rails or lap belts these were recognised as a restriction. Both a mental capacity and risk assessment were carried out and consideration given to the least restrictive options. Following discussion with relevant others, decisions were documented, and it was made clear that actions taken were in a person's best interest.

People told us staff always asked their permission before they did anything for or to them. We also explored what staff understood by consent and what this meant for people. The staff respected and understood the need to gain people's consent to the care they received. We observed staff ask people for their permission before undertaking care tasks such as moving and handling and entering bedrooms. Staff were fully aware of people's right to refuse their proposed interventions, and told us they respected this. Where able, people were asked to sign to indicate their consent, for example, with their care plans and for having their photograph taken. The registered manager was aware of which persons had someone appointed to make decisions on their behalf via a lasting power of attorney and copies of the documents were held securely. The service also recognised that some people had no one to act on their behalf where they lacked in mental capacity to make key decisions. They had ensured that an Independent Mental Capacity Advocate had been sought for them.

Staff received regular training and they were provided with the knowledge and skills required to support people who lived at the service. Staff said they enjoyed the training offered and that it was a good mix of face to face, classroom and distance learning. They said that training encouraged discussion and debate with their peers. Staff were given time within their working week to complete training. There was an induction programme in place for new staff which included learning and shadowing an experienced member of staff. The induction programme had been revised to ensure that it met with the standards required of the Care Certificate. This is a set of standards that all care staff should adhere to. All staff had the opportunity to obtain qualifications such as the Diploma in Health and Social Care (QCF). One staff member told us that they never thought that they could achieve a qualification but had been encouraged by the registered manager. The registered provider had processes in place that enabled the registered manager to update training records and identify what training staff required.

The service also supported a number of student nurses on training courses, providing a suitable placement, oversight and mentorship. Staff said that this was positive and that there was mutual learning between themselves and the students. It was a way of keeping up with good practice guidelines.

As well as training staff received supervision. This was done on a one to one and a group basis throughout the year. Staff confirmed that they regularly had the opportunity to sit with senior members of staff to discuss issues of a personal and professional nature. Staff files held records of supervision but we found that 'one to one' sessions were not carried out as regularly as the registered provider's policy. This had already been identified through a quality audit and the reasons why identified. A deputy manager had recently been appointed and they, along with other senior staff, had just completed training in how to conduct effective supervision. Sessions had been planned for the remainder of the year. The registered manager had ensured that she carried out an annual appraisal of each staff member in order to review their performance and to discuss on-going development for the following year.

Good

Is the service caring?

Our findings

People who used the service used words to describe the staff such as " Kind", " Caring" ," So so helpful" and " Thoughtful". Relatives said staff that they met were "Respectful", "Empathetic", "Bubbly" and "Instilled confidence".

One person who used the service explained "Of course I would prefer to be at home – who wouldn't - but this is the next best thing and they make it as much like home as they can". Another said that "I am not the easiest person to look after but the staff are so easy going that they cope with me!"

Relatives told us that "Staff here give 110% and go that extra mile to make sure everyone is comfortable". One person had commented in a recent letter to the staff that "Yours is a very hard job which requires a huge amount of patience and skill, not only for dealing with residents but stressed and worried family members and friends. You all do it so well"

From our observations over the two days, it was clear that staff and people who used the service interacted in a way that showed natural and genuine affection. Staff displayed a caring and passionate approach to their work. Comments included : "I get really emotional talking about my work as I am so passionate about it", "I treat everyone like family, if it's not good enough for me then it's not good enough for them" and " I really miss the people and the place if I am away from work for a few days".

People were treated with dignity and respect and all staff saw this as their responsibility. We asked one staff member if anyone in the service was a dignity champion. They told us" We all are, it's not a role for one person, we all have to be champions and understand good care".

Staff recognised the importance for some people of keeping independent. A number of people had been supported to purchase mobility scooters that could be used indoors as well as outside. This meant that people, whose mobility was poor, could take themselves around the home. One person said has given me a new lease of life, I can get to the toilet, dining room and back to my room without being reliant on others to push me in the wheelchair".

People were also supported to keep links with family, friends and the outside community. They had secured a grant and purchased a lap top so that people could use the internet for research, shopping or to Skype family and friends.

The service provided care to people up until the end of their lives. Staff had completed "The Six Steps to Success Programme" which had been developed in the North West of England by the Cheshire & Merseyside Clinical Network and the National End of Life Care Programme. The programme aimed to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. Staff worked, wherever possible, with the medical staff to ensure that someone could stay there if this was their preferred place of care. The GP commended their approach to end of life care stating that they gave "Exceptional end of life care that was proactive, reflective and compassionate". Staff were not afraid to

talk to people and their families about their wishes to ensure that their needs were met. A family member told us they had a "Caring and compassionate approach to a person at the end of their lives" and another had written following a bereavement that "My [relatives] care was unquestionably done with dignity and humility which was so important"

Good

Is the service responsive?

Our findings

People told us that they were treated "Like a person" by the staff and they "Took time to get to know everyone and what care we need". A relative also commented "Everyone is treated with kindness and they get individual care".

Relatives were confident that staff responded well to people and that their care and support made a difference. One person said" [My relative] has grown in confidence and their health has improved since they came here" and another "My relative has been a different person since they came to Loxley Hall as staff are so good with them".

Staff within the home had their own specialist interests for which they were supported to undertake additional training and lead roles. For example, continence care, podiatry and skin care. Staff told us that this was effective as they all knew who to go to for support with a particular situation or condition. They felt that this enhanced the care and support that they were able to give.

We spoke with the continence lead who outlined their role and how they were involved in enabling people to maintain their continence through regular regimes and education. They also carried out a thorough assessment to decide upon a referral to the continence service and then made sure that people had access to the right products if required.

A pre admission assessment was completed prior to a person entering the service and this addressed their physical, mental, emotional and social needs. It also indicated key people in their lives including those that may have legal responsibility for decision on their behalf. This information then formed the basis of a care plan to direct staff as to how to provide support.

Care plans were put in place reviewed on a monthly basis to ensure that they remained relevant and an accurate description of the care required. These were personal to the person and described their preferences and wishes in the way that they would like to have their support delivered.

One of the nurses held a lead role in skin care and provided support and education to the staff around tissue viability. They were able to tell us about the care and support provided to two people who had pressure ulcers or wounds at the time of the inspection. Photographic evidence demonstrated the improvement that had been achieved in reducing the severity of a leg wound. However, the risk assessments and care plan documentation were not in place to support the care and oversight that was being delivered. This meant that there was a risk that someone who was not familiar with the person may not be able to provide the correct treatment. Following the inspection, the registered manager forwarded to us the revised and completed documentation.

Staff used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. Staff monitored people's weight to identify whether there was a loss or gain. This was recorded in the relevant care plan. Where there were concerns, there was evidence of a discussion with the persons GP and

a remedial action plan put in place e.g. fortified diets and or supplements

An activity co-ordinator had been employed to deliver and organise activities within the home. People said "We think the world of him" and that they were "Gentle, kind and good fun". A relative told us "His enthusiasm and dedication is second to none" .We saw that they put a lot of time and thought into the activity plan so that there was a mix of physical and mental stimulation. They tried to think of new things to do as well as keeping a routine that some people preferred. Posters and leaflets were done each month so that people knew what was planned. We observed a film show where seats were arranged in rows, the lights were dimmed and people were offered snacks and a glass of wine. One person said "I really look forward to the films as its like being at the cinema".

The registered provider had a complaints policy in place and this had just been updated. It was displayed in the reception areas of the service. People and families said that they had not had cause to make a formal complaint but would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly. There was a confidence that concerns would be dealt with appropriately. All formal and informal complaints were recorded along with the actions taken.

Good

Is the service well-led?

Our findings

People said that "This is a wonderful home and it's got a lovely manager". People felt that the service was managed well and staff said that they were supported. One relative said "I knew that this was the right place from the moment that I walked in as the staff and manager were so welcoming" and another said "We fought for a place here as it has such a good reputation locally".

We looked at some of the recent compliments that had been received into the service and they were very complimentary about the staff and the management. Statements included "In the light of media coverage of poorly run care homes, I would like to take the opportunity to let you know, that in my opinion, this must be classed as one of the finest", "The staff work tirelessly, nothing is too much trouble" and "From the Nurses to the kitchen staff, cleaners and manager, all are shining examples of how a care home should be run".

The home had a registered manager who was registered with the Care Quality Commission. During the inspection we saw the registered manager was active in the day to day running of the service. She had been at the home for many years and it was clear that she knew the needs of the people and her staff well. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was knowledgeable about these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

As the registered manager was not a Nurse, the service had a clinical lead who was a qualified Nurse to oversee the needs of the people who lived there. They knew people's needs well and were committed to looking at best practice within the service.

We found that staff retention was good and staff were happy to cover additional shifts where required. Staff told us they felt supported by the registered manager and they loved coming to work. Many staff had also been at the home for a long time and said that the management as well as the people were the reasons that they stayed: They were positive about how the registered manager runs the service and said she was, "Always fair", "Very supportive" and "Puts all of us before herself". Staff felt that management listened to them and that they were treated as people not just employees.

Staff meetings were held regularly and people had the opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which contained evidence of discussions with staff about key issues as well as the people living at the service. The minutes showed that the staff were kept up to date with the management of the service. Staff had been prepared by the registered manager for a CQC inspection and knew about the inspection process.

The quality, safety and effectiveness of the service were checked by the registered manager but also by members of the management team and the registered provider. On first day of our inspection, the area manager was carrying out a monthly visit. Quality audits covered all aspects of the service including: care

files; accidents and incidents; training; complaints; bed availability; infection control; health and safety; medications and environment. The registered provider and registered manager evaluated these audits and action plans were written where areas of improvements were identified. Progress was then evaluated the following month. Some of the issues that we identified on inspection had already been picked up though the service audit system and remedial actions plans were in place. This demonstrated that the audit process was effective and that there was robust on-going monitoring.

The service has long standing links with the community being one of the only care homes in the village. There are good connections with local schools and businesses that support the service with fund raising and events. The service also holds a defibrillator .This is a device which delivers an electrical shock to the heart and gives the heart a chance to start in a normal rhythm again. Staff were trained to use the equipment but it was also available to others as part of the community action plan.