

Loxley Lodge Care Home Limited

Loxley Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Loxley Lodge Care Home is a residential care home providing personal care to 22 people at the time of the inspection, including people living with dementia. The service can support up to 42 people. Loxley Lodge Care Home is purpose built and is split over two floors with communal areas on each floor. The provider had created a specific area, containing some of the bedrooms on the upper floor, which could be used by people who needed to be isolated from the rest of the care home for infection control purposes.

People's experience of using this service and what we found

People were supported by staff who had access to enough personal protective equipment (PPE). However, some staff did not always wear it correctly. Some cleaning tasks, designed to reduce the risk of health infections spreading, were not always carried out regularly.

People lived in a care home which was generally clean and tidy, and areas of the care home were being refurbished. Arrangements were in place to control visits to the care home and regular COVID-19 testing, of people and staff, was carried out.

People's care plans were in the process of being reviewed and updated. Although staff understood people's health needs, some care plans contained contradictory information which still needed correcting. People received regular and consistent support with their care needs and were safely supported to use hoists and other equipment.

People were supported by enough staff to meet their care needs, but the provider did not have all the required employment records for some of the newly employed staff. The provider rectified that after the inspection.

People received their prescribed medicines from staff who were appropriately trained, and medicines were safely managed. People were supported by staff who understood how to safeguard them from the risk of abuse or neglect, and knew how to raise the alarm with other agencies, such as the local authority and CQC, if necessary.

The service had improved since the last inspection. People, relatives and staff all spoke positively about the improvements implemented. The management of the service was more open and accessible, and the provider's quality assurance processes were more effectively implemented. The manager was continuing to make improvements and acted positively to feedback from other agencies about incidents and issues that arose.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 2 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 10 September 2020. Breaches of legal requirements were found, and two Warning Notices were served on the provider in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan, after the last inspection, to show what they would do and by when to improve safe care and treatment and effective governance at the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection, for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Loxley Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Loxley Lodge Care Home

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an 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.

The site visit was carried out by the inspector and the Expert by Experience contacted relatives and friends of the people, who lived at the care home, to obtain their feedback on the service.

Service and service type

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

At the time of the inspection the service had a manager who had recently applied to be registered with the Care Quality Commission. A registered manager, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service. We spoke with seven members of staff including the manager, clinical lead, care staff, administrator, cook, laundry worker, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed the care home environment and how staff supported people. We reviewed four people's care records and the care home medicine records. We reviewed three staff files, in relation to recruitment records, rotas, and the manager's quality audit records. We also looked at the infection prevention and control measures which the provider had in place.

After the inspection

We received feedback, by telephone, from 12 relatives and friends of people receiving a service. We also received feedback, by telephone and email, from six staff members and a community healthcare professional. We reviewed staff training data and a variety of the provider's policies and procedures. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety, and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff did not always use personal protective equipment (PPE) effectively. We saw some staff wearing their facemasks incorrectly. This increased the potential risk of the spread of health infections. We raised this with the manager, who immediately addressed it with the staff concerned.
- Enhanced COVID-19 precautionary cleaning routines were not consistently carried out. The manager had introduced regular cleaning of frequently touched areas of the care home, such as handrails and door handles. However, the provider's records showed it had not been done for several days prior to the inspection.
- The provider's infection prevention and control policies and procedures were not in line with current government guidance. This was raised with the nominated individual who immediately arranged for them to be updated.
- Staff had access to replacement PPE. There were ample supplies located around the care home for staff to use. This helped protect people, and staff, from the risks of health infection.
- People, and staff, were supported to maintain effective hand hygiene. Bathrooms, toilets, and people's bedrooms had supplies of hand soap and disposable hand towels.
- Best practice guidance on admissions was followed. Although the care home was not accepting new admissions at the time of the inspection, people who had been hospitalised, and then returned to the care home, were supported to self-isolate in line with government guidance.
- Visitors were prevented from catching and spreading infections. The provider had arrangements in place to control visits to the care home, and to ensure any visitors wore appropriate PPE.
- People, and staff, were regularly tested for COVID-19 infection. The provider also checked people for symptoms of COVID-19 infection each day.

Assessing risk, safety monitoring and management

- People's care plans were still in the process of being reviewed. Improvements had been made since the previous inspection, but some care plans still needed updating. For example, a person's care plan contained contradictory information about a person's medical condition. Staff spoken with all understood the

person's actual health issue and their care needs, but the care plan information was not accurate.

- People received consistent support. The provider's records we viewed showed people were regularly checked to see if they required repositioning or to have their continence support needs met. Daily care notes were regularly reviewed by the manager and action taken if any issues were identified.
- Improvements in care had been made. A health care professional told us, " It is much better now. They do all the preparation work before we arrive to do our assessments. We don't even have to remind them anymore."
- People received support in a timely manner. The provider's Nurse Call system had been upgraded since our last inspection and was now audible in all parts of the care home. A Nurse Call is the system by which people can summon help from staff by pressing an alarm button.
- People were safely supported. Staff were observed safely supporting people to move using a hoist. Each person had their own hoist sling for their individual use.

At our last inspection the provider had failed to take effective action to ensure the premises and equipment used by the service were clean, and to maintain standards of hygiene appropriate for the purposes for which they were being used. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The care home was generally clean and tidy. Required improvements in hygiene, found during our previous inspection, had been actioned.
- Except for one sluice room, which was not in use at the time of this inspection, the care home was free of malodour. The manager told us they would address the sluice room issue.
- Items of essential equipment were clean. This helped reduce the risk people would encounter equipment which was not hygienic.
- Parts of the care home had been redecorated and items of equipment and furniture had been replaced as part of the provider's ongoing improvement of people's living environment.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed, in order to meet people's assessed care needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were not always safely recruited. The provider had recruited many new staff since the previous inspection. Pre-employment checks of applicants' suitability to support vulnerable people, such as obtaining appropriate references, were not in place for some staff recently employed. This was discussed with the manager who immediately arranged to obtain appropriate references for those staff; and for appropriate employment records to be kept.
- Enough staff were deployed to meet people's assessed care needs. The manager calculated the level of staffing required based on assessments of people's individual support needs. This was then reflected in the care home staff rota.
- The provider's staffing contingency plans were effective. Since the previous inspection the provider had

occasionally used Agency care staff, to ensure rota gaps were covered, while they recruited additional permanent staff.

Using medicines safely

- People's prescribed medicines were safely stored, managed and administered. The return of no longer needed medicines to the pharmacy was well managed by the provider.
- People's prescribed medicine was administered to them by senior care staff who had received the necessary training and competency checks from the provider.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training and were aware of safeguarding procedures. This meant staff knew what to do, and how to report, if they felt someone might be at risk of being abused or neglected.
- Staff had access to safeguarding policies and procedures. Copies were available for staff to refer to. Staff understood how to contact statutory agencies about issues if they felt unable to raise their concerns with the provider.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have effective governance systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was now more positive. Staff told us the manager was approachable and listened. One staff member told us, "Hats off to [Manager] though, they have so much passion about the service and the people who live here. [Manager] is really turning things around."
- Staff told us they felt listened to, respected, valued and supported. One staff member told us, "[Manager] is building a strong team now." Another staff member told us, "[Manager] is always happy to help if I require any assistance or advice."
- Staff understood what they needed to do. The manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality monitoring process had improved since the previous inspection. Quality audits were conducted regularly and had led to improvements being implemented. The manager recognised further work was needed and was prioritising improvements to areas which ensured residents received safe and effective support.
- Management checks on the care provided were regularly carried out. The manager reviewed care notes each day and carried out regular spot checks to observe how staff provided care for people. That meant the manager was assured people received the care they required.
- Care records were used to support the provision of timely and appropriate care for people. The manager had reorganised how care was recorded so notes were completed at the time support was provided.

Continuous learning and improving care; Working in partnership with others

- The service was continuing to improve care. The service had taken the necessary action to learn from

previous safeguarding issues and from feedback received from the local authority social care team and other agencies.

- The provider's approach to receiving critical feedback had recently changed. The provider now engaged with other agencies to establish more effective communication which enabled problems to be identified and resolved at an earlier stage.
- People's relatives were more involved and communicated with about their loved one's care. One relative told us, "Since the new manager started, they have really upped their game. They communicate brilliantly." Another told us, "'We've also had a letter saying it's not too long before we can arrange a visit. Any problems they ring us. They are straight on the phone".
- Staff worked in partnership with people and their relatives. Relatives told us this had improved since the last inspection and they were now informed about important issues, and involved in decisions, relating to their family member.

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

- Equality and diversity support needs were met. People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's equality and diversity policy; and staff training.
- The staff team were positive about the care people received. A staff member told us, "I get job satisfaction every day. I try to give the best to my ability, and hope I play a part making it a better place for the residents.
- The provider regularly contacted relatives about the COVID-19 situation, to ensure relatives understood the arrangements which were in place to support people.
- Feedback from the people we spoke with was positive. One person told us, "The carers look after me really well. I can't fault them; they are just nice."