Loxley Lodge Care Home Limited

Loxley Lodge Care Home

Inspection report

School Street
Kirkby In Ashfield
Nottingham
Nottinghamshire
NG17 7BT

Tel: 01623757475

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 15 and 17 May 2018. Loxley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Loxley Lodge Care Home is registered to accommodate up to 42 people in one building. During our inspection, 31 people were using the service, including some people who were living with dementia.

The service had a registered manager at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission 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.

People were not always supported by a sufficient amount of staff to meet their needs in a timely way. Improvements were also to ensure sufficient checks were carried out in relation to medicines.
Risks to people's health and safety resulting from the environment and in relation to specific health conditions had been assessed and mitigated in most instances. Further improvements were made following our feedback. People felt safe and were supported by staff who understood their responsibility to protect people from abuse. Staff were recruited safely and action was taken in relation to accidents and incidents to help prevent a reoccurrence.

People's needs were assessed before they moved to the home. Staff received appropriate training and support to perform their roles effectively. People were supported to eat and drink enough and to maintain their health and risks associated with people's nutritional and health needs were responded to. The premises had been adapted to meet the needs of the people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. Although some people did not have specific mental capacity assessments and best interest decisions, the registered manager was in the process of completing these.

People were supported by staff who were kind and caring. Action was taken to relieve people's distress and ensure they were comfortable. Staff described how they worked to meet people's specific needs and were aware of their preferences. People were supported to communicate and make choices and people had access to independent advocacy to help them express their views. People could be assured that their privacy and dignity were respected by staff.

People's care plans were in the process of being updated by the registered manager therefore contained variable amounts of person centred information. Not all of the care plans we viewed contained an accurate description of the person's current care needs. The registered manager took action to address this following our feedback. It was not always clear how people were involved and planning and reviewing their care. We have made a recommendation about involving people in the production and review of their care plans.

People did not always have a specific end of life care plan even when they had expressed their wishes with regards this aspect of care. People were provided with opportunities to make a complaint about their care and these were responded to.

Systems were in place to monitor the quality of the service; however these were not fully effective in identifying areas of improvement. People told us they enjoyed living at Loxley Lodge Care Home and staff told us the culture of the home was open and transparent. People's feedback was sought in relation to the running of the care home and action was taken to make improvements in relation to this feedback. Staff felt supported by the registered manager and the provider maintained oversight of the service. The provider had complied with conditions of their registration and we had been notified of the events which had occurred at the service with one exception.

This is the first time the service has been rated Requires Improvement.

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 home was not consistently safe

People were not always supported by a sufficient amount of staff to meet their needs in a timely way. Staff were recruited safely.

Improvements were required to ensure sufficient checks were carried out in relation to medicines.

Risks to people's health and safety resulting from the environment and in relation to specific health conditions had been assessed and mitigated in most instances. Further improvements were made following our feedback.

People felt safe and were supported by staff who understood their responsibility to protect people from abuse.

Action was taken in relation to accidents and incidents to help prevent a reoccurrence.

Is the service effective?

Good

The home was effective.

People's needs were assessed before they moved to the home.

Staff received appropriate training and support to perform their roles effectively.

People were supported to eat and drink enough and to maintain their health and risks associated with people's nutritional and health needs were responded to.

The premises had been adapted to meet the needs of the people.

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

Is the service caring?

Good

The home was caring.
People were supported by staff who were kind and caring. Action was taken to relieve people's distress and ensure they were comfortable.

Staff described how they worked to meet people's specific needs and were aware of their preferences.

People were supported to communicate and make choices and people had access to independent advocacy to help them express their views.

People could be assured that their privacy and dignity were respected by staff.

Is the service responsive?

Requires Improvement

The home was not consistently responsive.

People's care plans were in the process of being updated by the registered manager therefore contained variable amounts of person centred information.

Not all of the care plans we viewed contained an accurate description of the person's current care needs and it was not always clear how people were involved in planning and reviewing their care.

People did not always have a specific end of life care plan even when they had expressed their wishes with regards to this aspect of care.

People were provided with opportunities to make a complaint about their care and these were responded to.

Is the service well-led?

Requires Improvement

The home was not consistently well led.

Systems were in place to monitor the quality of the service; however these were not fully effective in identifying areas of improvement.

People told us they enjoyed living at Loxley Lodge Care Home and staff told us the culture of the home was open and

transparent.

People's feedback was sought in relation to the running of the care home and action was taken to make improvements in relation to this feedback.

Staff felt supported by the registered manager and the provider maintained oversight of the service.

The provider had complied with conditions of their registration and we had been notified of the vast majority of events which had occurred at the service.

Loxley Lodge Care Home

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 15 and 17 May 2018 and was unannounced. The inspection team consisted of two inspectors 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 service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events which the provider is required to send us by law. We also sought feedback from the local authority, who commission services from the provider.

During the inspection, we spoke with 10 people who used the service. We also spoke with the registered manager, the cook, two domestic staff, two care assistants and three visiting healthcare professionals.

We looked at all or part of the care records of eight people who used the service, medicines administration records, staff training records and the recruitment records of three members of staff. We also looked at a range of records relating to the running of the service, such as audits and maintenance records.

We observed care and support in communal areas of the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People were supported by a sufficient amount of staff to keep them safe but told us there was not always enough staff to always meet their needs in a timely way. One person told us, "The staff don't always come as quickly as you would like. When you ask them to help you if they are busy they say can you wait and sometimes if you need to go to the toilet you can't wat. This happened to me recently." Another person told us, "There are not enough staff I have been saying that for a long time."

Staff told us that there was not always enough staff to meet people's needs including the provision of activities. One staff member told us "There are enough staff when we have a full team. Staffing can get stretched when there is a lot of sickness in the staff team or when there are lots of people needing specialist or bed care." Another member of staff told us that staffing levels were not always maintained and this impacted on their ability to provide adequate assistance at mealtimes and provide activities.

During our inspection we observed that staff were available to respond to people's requests for support and call bells in a timely way. However, we saw that people were not always offered the opportunity to move to seating of their choice before a meal time and that some people waited a long time for their meal. Records showed that the amount of staff the registered manager had identified as being required was not always maintained. The registered manager told us they were reviewing staff deployment during mealtimes, were in the process of recruiting more staff and looking at shift patterns in order to try and maintain appropriate staffing levels. This meant that although staffing levels impacted on the ability to meet people's needs in a timely way action was being taken to address this.

Checks on medicines were not always carried out frequently. We checked the controlled drugs stored at the home. Controlled drugs have strict controls over their administration and storage. Records showed that one person's controlled drug was given in January 2018 and not checked until March 2018. In addition, the controlled drug had been returned to the pharmacy as it was no longer needed but this had not been recorded in the controlled drugs book. NICE guidance dated 12 April 2016: 'Controlled drugs: safe use and management' states for most organisations stock checks should be at least once a week. Monthly checks pose a risk that it would be difficult to identify any discrepancies as it would be unclear when the issue occurred. The Registered Manager told us they would introduce weekly stock checks following our feedback. Medicines were stored securely and records showed that regular monitoring of the temperature of the medicines room and fridge were carried out.

People told us they received their prescribed medicines on time. We observed a member of staff administering people's medicines and saw they did so safely. Records showed that staff with responsibility for administering medicines had received training and had their competency regularly assessed. Information was recorded to assist staff in the safe administration of medicines such as a photo of the person, details of any allergies and guidance for medicines to be given 'as required.'

People could be assured that safe recruitment processes were followed. Before staff had started working at the home, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry

out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that appropriate references had been sought prior to staff commencing work. The registered manager confirmed that any risks identified as a result of recruitment checks had been responded to although these had not always been recorded. This meant that the provider had taken appropriate steps to ensure people were protected from staff that may not be safe to support them.

People told us they felt very safe at Loxley Lodge Care Home and that the registered manager responded to any concerns about their safety. One person told us, "I feel quite safe here. I am safe with all these people around me, the staff look after me that's for sure." Another person said, "I feel very safe, that's the reason I am here. It's because it is very safe and secure. Occasionally there is an issue with other residents but the manager sorts this out she is very approachable."

People were supported by staff who understood how to protect them from avoidable harm and to keep them safe. The staff we spoke with described the signs of possible abuse and the action they would take. Staff were confident that the registered manager would take appropriate action in relation to any safeguarding concerns they raised. They were also aware of the local authorities' responsibility to investigate any allegations of abuse. We saw that easy read information was available within the home which included information about safeguarding adults from abuse and contact details for the local authority.

The registered manager was aware of their duty to report safeguarding incidents to the local authority. Records we viewed showed that the registered manager had responded appropriately when the local authority had requested information and that action had been taken to minimise the risk of abuse. This meant that the registered manager responded to concerns about possible abuse.

People told us that staff supported them to maintain their safety within the home and when providing care. One person told us, "The staff are very careful when transferring me and they let me know what they are doing." Another person told us, "They [staff] come and roll me regular (to provide pressure relief)."

Staff told us that they understood risks to people's safety and followed care plans and risk assessments to ensure they provided safe care. One staff member told us, ""Residents are safe because we have the right staff working to the care plans. The care plans say what we can and what we can't do." We observed that staff provided support to help people stand or walk and provided pressure relief if people were in bed and at risk of developing a pressure sore. On one occasion we observed staff supported a person to stand without using the equipment which was referred to in their care plan. We raised this with the registered manager who told us that the person's care plan required updating as their mobility was variable and they did not always use the equipment. They assured us they would update the person's care plan to reflect their current needs.

People's care plans contained risk assessments in relation to different aspects of care such as falls, nutrition and skin integrity. Most of these had been updated regularly although a small number of care plans had not been reviewed in the last couple of months. Risk assessment in relation to people's specific healthcare or equipment needs were in place if required in the majority of people's care plans. However, we saw that one person had bed rails and a risk assessment had not been completed to ensure the use of bed rails was safe for the person. Bed rails are sometimes used to reduce the risk of a fall from bed. It is important that consideration is given to whether the use of bed rails is suitable for the person because unsafe use could cause people harm. The registered manager completed this assessment immediately following our inspection.

We checked on other measures required to keep people safe. For example, some people had pressure relieving mattresses to reduce the risk of them developing a pressure sore. We found these were not always at the correct setting for the person using them which reduced their effectiveness. The registered manager provided information following our inspection showing that regular checks had been introduced and were being used by staff. Records showed that people received regular repositioning if this was required to reduce the risk of a pressure sore.

Regular checks were carried out to ensure the safety of the environment. For example, in relation to fire safety, water temperature and equipment. In addition, each person living at the home had a personal emergency evacuation plan which detailed the support they would need to evacuate the building in the event of a fire or other emergency.

Some of the people who lived at the home were living with dementia and sometimes expressed their emotions through behaviour. One staff member described how one person communicated through their behaviour and how they worked through a series of options to find out what the person wanted and reduce their agitation.

People told us the service was clean. One person told us, "Yes it's very clean," whilst another person told us, "The staff clean my room every day, it is so clean." We observed a good standard of cleanliness in people's bedrooms although we observed that some areas of the home, such as the upstairs dining room were not clean during our visit. We spoke with two domestic staff who told us that there were days when only one cleaner was at the home and this made it difficult to complete all the required cleaning. Despite this we saw that cleaning schedules were mostly completed and a recent external infection control audit had noted that a number of improvements had been made, including the general cleanliness of the home.

Staff told us they had received training in infection control and records showed this to be the case. We saw that staff adhered to infection prevention and control procedures such as using personal protective clothing and equipment (known as PPE). Staff told us that PPE was readily available and we also found that bathrooms contained soap and hand towels.

People were supported by staff who understood the need to report accidents or incidents to the management team. Records showed that the registered manager reviewed accident and incident forms and actions taken in response to individual incidents were recorded. For example, following a number of falls the advice of a physiotherapist was sought for one person and staff now followed the advice to help ensure the person's safety. The registered manager monitored accidents and incidents for any trends. This meant that accidents and incidents were responded to and changes made to help prevent a reoccurrence.

Good

Is the service effective?

Our findings

The registered manager told us that before people moved to the home; an assessment of their needs was carried out. This assessment was used to develop care plans specific to people's needs. It was not clear from records how people were involved in planning and reviewing their own care although we spoke to one person who confirmed they had been involved. Records reflected that best practice guidance was used to ensure that people's needs were assessed and provided for. For example, nationally recognised assessment tools were used to determine risk levels in relation to nutrition and skin integrity.

Staff told us they received an induction when they commenced working at the home. They described this as sufficient for them to commence working. One staff member said, "I had to do fire, first aid and moving and handling training before starting and did three days shadowing (experienced staff members) before working alone."

People told us that staff appeared competent went providing support. One person commented, "Of course they (staff) look after me well." The staff we spoke with were complimentary of the training they received from the provider. One staff member told us, "We have lots of courses, mainly on line which works well." Staff also told us they were encouraged and supported to complete work based vocational qualifications. A staff member told us, "I am registered for my NVQ (national vocational qualification) and about to start." This meant that staff were supported to maintain and develop their knowledge and skills in care provision.

Records showed that staff had received training in a number of areas which the provider had identified as mandatory such as health and safety, first aid and fire safety. Staff were required to undertake annual practical (hands on) training in areas such as fire evacuation and manual handling. The registered manager told us they were planning for staff to receive supervision (a one to one meeting to discuss work performance) six times a year in future. Records showed that staff had received two supervisions in the last five months. This meant that the competency of staff was kept under review.

People were complimentary of the quality and choice of meals they received at Loxley Lodge Care Home. One person told us, "The food is good. I get a choice and there is plenty of it. In fact it is fabulous. I live for my food and there is a choice of roasts and you can have an alternative." Another person told us, "The food is good. It's really lovely." We observed that people were offered a choice of meal which included homemade soup, sandwiches, a hot meal option and dessert.

We saw that although the serving of meals meant that some people waited at least twenty minutes for their meal; staff provided support to people who required this. Some of the people living at the home required a modified diet, such as soft food. The staff we spoke with were knowledgeable about which people required this and we saw that food was provided in line with people's specialist requirements. The registered manager told us that people's feedback was sought about the food they liked to eat and that one person had expressed they would like a hot meal at lunch time and this preference was respected and provided for. This ensured that people were supported to eat the food they enjoyed.

Risks to people in relation to their nutrition were assessed and records showed that people's weight was monitored. We spoke with the registered manager and one person whose records showed their weight had changed. They told us this was following a period of illness, had been discussed with the GP and that no further action was required as the person was eating well and their weight was within a healthy range. We looked at the records of another person whose weight had changed and saw this had also been discussed with the person's GP and food supplements had been provided to ensure a sufficient nutritional intake.

People told us they had access to healthcare professionals and were supported to attend health appointments. One person told us, "If you need a doctor they can get you one really quickly." Another person told us that a member of staff had accompanied them to hospital when they had an appointment. People also confirmed they had access to a chiropodist and that a district nurse visited daily for those people that required nursing support.

The staff we spoke with were knowledgeable about people's health conditions and how this may impact on them. For example, one staff described how one person was at risk of developing a pressure sore and the action they took to minimise this risk. Another staff member told us about how they encouraged and supported a person to maintain a healthy weight. Records showed that the advice of healthcare professionals had been sought when people's needs changed. We also observed that timely medical support was sought for a person following the advice of a visiting healthcare professional during our visit.

Visiting healthcare professionals told us that most staff were knowledgeable about the people they supported and contacted them appropriately if people's needs changed. They told us that when concerns had been raised with the registered manager these were responded to. This meant that timely referrals were made to healthcare professionals and their recommendations were acted upon.

Systems were in place to provide information about people's health and care needs in the event they were admitted to hospital. We saw that this information was in different formats in some care plans and the registered manager told us they were in the process of standardising these. Information included a photo of the person, information about any allergies, medical conditions and specific support requirements.

The premises had been adapted to suit the needs of the people who lived there and to keep people safe. For example, we saw that window restrictors were in place to reduce the risk of a fall from windows and that signage was in place on toilets and bathrooms to help orientate people. The home had been decorated to provide a stimulating environment and sensory items were used to provide stimulation for people living with dementia. The registered manager told us they had consulted people about the decoration of the home. This meant that people's preferences and support needs were reflected in how the premises had been adapted and decorated.
We observed that people made use of the garden during our visit and this had been designed with people's needs in mind. For example, we saw that the garden was accessible via a ramp and that raised flower beds were in place to aid access for people in wheelchairs. We found that some of the grab rails used in the garden were not stable and fed this back to the registered manager who confirmed that action to rectify this had been taken following our visit.

People told us they were involved in decisions about how their daily support was provided. One person told us, "They (staff) help me get up and they ask what time. I like to get up really early."

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.

The staff we spoke with showed an understanding of the principles of the MCA and records showed that staff had received specific training. A staff member described how they sought consent from people before providing care and support. Most people's care plans contained details of people's capacity to make decisions and where people had been assessed as lacking the capacity to make certain specific decisions; an appropriate best interest decision had been made and recorded. We found that some care plans which were in the process of being updated did not contain specific mental capacity assessments and best interest decisions. The registered manager told us they were in the process of completing these and provided evidence following our visit to show this was the case.

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

Records showed that a number of applications had been made to the local authority if people were identified as potentially being deprived of their liberty and some of these had been authorised. Staff showed an understanding of the DoLS process and what this meant for people with authorisations in place.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person told us, "They (staff) are really lovely and they care for me extremely well. They know I am intelligent and they treat me well and respect me." Another person told us, "They are very kind staff. They are always caring and asking if we are alright. They are considerate and very good to me. I like it here."

During our visit, we saw several examples of warm and friendly interactions between people and staff. We saw that staff worked well as a team and rotated between spending time with individual people at different times, greeting them warmly. This meant that people received interaction with different staff members over the course of our visit. We saw that when a relative arrived to take their relation out, the staff member asked where they were planning to go to ensure that the person was wearing appropriate clothing. We saw that people responded positively to interactions from staff.

Staff showed an interest in people's welfare and took action to ensure they were comfortable and got the support they needed. For example, the registered manager noticed that a person was not sitting comfortably in a chair and offered them an alternative. The person looked more comfortable once they had been assisted to move chairs. Another person told us they had trouble seeing at meal times and staff explained where their food was by referring to times on a clock face. This meant that staff showed compassion and anticipated and responded to people's needs.

The staff we spoke with knew the people they were supporting well. Staff told us they enjoyed their jobs and getting to know the people they supported by sitting and talking with them about their past. People's care plans contained information about their background and their likes and dislikes. One person's care plan contained information about how they liked to read the paper. We found that arrangements were in place to have a newspaper delivered each day and was being read by the person during our visit. Another person was celebrating a birthday during our visit and staff celebrated this by providing a birthday cake and singing happy birthday.

People were supported by staff who were aware of support people needed to communicate or understand information. Care plans contained information about how to support people with their communication, for example by ensuring they maintained eye contact and touching their arm to gain their attention. The registered manager and staff told us about a person they had supported whose first language was not English. They told us they would use signs and gestures to communicate and involve family and interpreters when needed. This meant that staff took time and action to understand people's wishes and choices.

People had access to independent advocacy. The registered manager was aware of the role of an advocate to act as an independent person to speak on people's behalf or represent their best interests. We saw that information about advocacy was on display at the home. One care plan we looked at showed that the person had been visited by an advocate.

People were supported by staff who respected their privacy and dignity. One person told us, "They (staff)

always knock on the door before coming in. I close my door if I want privacy too." Another person said, "They (staff) knock on the door before they come in and they are careful when I am dressing too."

The staff we spoke with gave examples of how they ensured they respected people's privacy and dignity. These included knocking on people's doors before entering and ensuring doors and curtains were closed when providing personal care. We also observed that staff respected people's privacy by ensuring they could not be overheard when discussing a person's changing health condition.

Records showed that staff had received training in privacy and dignity and some members of staff had been designated as dignity champions within the home. The registered manager told us that the dignity champions took a lead role in promoting people's privacy and dignity and ensuring that staff adhered to these principles when providing care. The registered manager also told us they had purchased equipment to help preserve a person's dignity when being supported to change their position. This meant that the principles of privacy and dignity were embedded in the home.

Requires Improvement

Is the service responsive?

Our findings

People told us they were supported by staff who knew their preferences and supported their independence. One person told us, "They (Staff) know me very well. They know where I like to go and what I like to eat." Another person said, "They (Staff) know me well. They know everyone; what they do and what they like, your food and music and things like that." A third person told us, "I like to be independent. They (staff) say we are here to help you."

People had care plans which provided guidance and information to staff about their care and support needs in relation to different areas of care, such as personal care, nutrition and sleep. These generally contained sufficient information about people's preferences as to how they wished to be supported. For example, one person's care plan contained information about their night time preferences such as whether they wished the light to be left on and how many pillows they used. Care plans were in the process of being updated into a new format during our visit. The registered manager acknowledged that some of the older care plans did not contain much person centred information and this would be addressed when people's care plans were updated into the new format.

Staff we spoke with knew people well and described how they provided support to meet people's specific needs. Not all of the staff we spoke with told us they regularly looked at people's care plans, however one member of staff described being heavily involved in producing and updating them. The majority of care plans we looked at contained sufficient and accurate information for staff. We brought one person's care plan to the attention of the registered manager and this had not been reviewed in the months preceding our visit and did not contain an accurate description of the person's current need. The registered manager updated the care plan following our feedback.

The registered manager told us that people and their families if appropriate were involved in the production of care plans. Whilst this may be the case, it was not clearly evidenced how people and their families were routinely involved in the production and review of care plans and only one person could be recalled being involved in planning their care.

We recommend that the service involves people and their families in deciding how care is provided and that this is recorded.

People did not always have information within their care plans about how they wished to be cared for at the end of their life. In other cases information about end of life care was limited and did not detail that people and their families had been given the opportunity to have discussions about this aspect of care provision. The registered manager told us about one person who had provided information about their wishes but this was not recorded in their current care plan. They told us that this information might have been archived and would ensure it was recorded in their current care plan.

Despite the above, we reviewed compliments from relatives which were complimentary about how their relation was cared for at the end of their life. For example, one compliment stated that staff were,

"constantly checking and calling nurses to get additional medicines and to try and improve their condition." They were complimentary of the care and attention shown towards their family member and themselves following their relations death which they described as, "very moving."

People provided mixed feedback on the activities available to them at the service. One person told us, "I play cards and dominoes. I like a game; it makes a change." However other people expressed they did not like the activities on offer or did not get the opportunity to participate in activities which interested them. One person said, "I do my own activities. We made those butterflies. I like things like that but we don't do that anymore." Another person commented, "When I first came here the activity co-ordinator used to take me from my room to the main lounge (where activities are provided) but they don't seem to take me down now".

Despite the above, we saw that different members of staff engaged in activities with people such as colouring and playing dominoes. The registered manager told us that people were offered opportunities to access the community, such as the local shops, cafes , local day centres and a computer course. They also told us people enjoyed a creative arts course provided at the home and we saw that a display had been created following the completion of the course. They told us they had recently planned some physical movement sessions and intended to engage people with other short courses with the council. Following our inspection, the registered manager introduced 'resident of the day' which included a member of staff speaking with the person about their interests and activities they would like, with a view to including these in future.

The registered manager was fully aware of the Accessible Information Standard and told us how they would implement its principles. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They showed us they were in the process of developing a communication card which would be placed in the front of each person's care record which identified their communication needs and how they should be supported to receive and understand information. One person's care plan showed how the services of an interpreter had been used to ensure that their care plan reflected their cultural needs. We saw that this person's care plan contained in depth information about how to ensure the person's cultural needs were met.

People were provided with information about how to raise concerns or complaints about the home. We saw that information about how to make a complaint and what to expect in response was on display in the home. People told us they felt comfortable to approach the registered manager with any concerns or complaints they had. Some of the people we spoke with told us they had previously made a complaint and that their issues had been dealt with promptly and effectively.

We reviewed two complaints which had been received by the registered manager. Both of the complaints had been documented and detailed the action taken to resolve the issue. The action from one of the complaints included a group staff supervision to help prevent a reoccurrence.

Requires Improvement

Is the service well-led?

Our findings

We looked at some of the audits which had been undertaken at the home. Whilst we saw these were effective in identifying some improvements which were required, they had not fully identified the issues with mattress settings and medicines to ensure people's safety. In addition, we found that care plans did not always contain mental capacity assessments or evidence how people were involved in decisions about their care. This meant we were not assured that audits were fully effective in identifying areas of improvement. However, we found that the registered manager was responsive to our feedback and had added improvements required to their action plan which they were in the process of addressing. They also made some changes following our visit.

People told us that they enjoyed living at Loxley Lodge Care Home and described a friendly and helpful atmosphere. One person said, "I like it; it's very friendly. The staff are wonderful and help me as much as they can. I cannot fault them." Another person told us, "It's just like a big family."

The philosophy of the service was that, "The staff will work as a family with a hands on team spirit ethos." We observed that the home had a friendly and welcoming atmosphere and staff told us they enjoyed their work. One staff member told us, "The staff work as a team. It is very relaxed and has a homely atmosphere. People get good care."

The provider complied with the condition of their registration to have a registered manager in post to manage Loxley Lodge Care Home. The registered manager was proactive in ensuring that people's equality, diversity and communication needs were being met. They were also aware of their responsibility to notify us of certain significant events which occur in a service, such as serious injuries or allegations of abuse. We checked our records and found that we had been notified of most of these events. We found that we had not been notified of one serious injury which had occurred at the home. The registered manager assured us this was an oversight and told us they would ensure that notifications would always be sent in future.

People were cared for by staff who felt supported by the registered manager. Staff described the registered manager as approachable, visible and knowledgeable about the people living at the home. One staff member said, "The Manager knows every resident. They are hands-on." People who lived at the home also described the registered manager as approachable and one person told us the registered manager would always help the staff if needed.

Staff told us they felt comfortable approaching the registered manager with any concerns or problems and were confident these would be addressed. One staff member said, "I would approach [registered manager] with any concerns. I feel comfortable raising issues." The staff member confirmed that their performance at work was regularly at the end of their work probation period and through supervision. They told us they got feedback on their performance at work. This meant that the home had an open and transparent culture and that staff were provided with feedback to help them develop in their roles.

People and their relatives were provided with opportunities to provide feedback about the home. We saw

that the results of questionnaires had been collated by the registered manager into a document which detailed the action taken in response to feedback and suggestions. For example, one person had requested they received a hot meal at lunch time and we saw this was provided during our visit. Other improvements had been made to the furnishings and decorations of the service as a result of people's feedback. Although none of the people we spoke with could recall attending any meetings to discuss the running of the home and to seek their views, we saw minutes of meetings which indicated these took place. Minutes showed that the views of people were sought in relation to areas of service provision such as the food and the development of a sensory room. This meant that people's views were sought regarding the running of the home.

The registered manager actively pursued learning and information sharing opportunities to help improve the quality and safety of the service. For example, the home had participated in a research project for the last two years which consisted of an in depth audit of health problems of people who live in long term care with a view to improving care. The registered manager had also attended specific dementia training and were planning to provide more training for staff so they could better understand the needs of people with dementia. This meant that there was a focus on continuous learning to provide better care to people.

People could be assured the provider had oversight of the service. The registered manager told us that a representative of the provider visited the service regularly to undertake audits and that they spoke to the director of the company every day. They told us that if they required additional resources, such as the provision of equipment, this was provided. This meant that the provider supported the registered manager to undertake their responsibilities.