

Nottingham City Council

# Loxley House Children's and Adult Community Care Services

## Inspection report

Loxley House  
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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

Loxley House Children's and Adult Community Care Services provide people using the service with the opportunity to be part of a family. Carers are employed by the service to provide either a long term or short term placement within their family home. People using the service were living with a learning disability, autism, or had communication needs. At the time of our inspection 30 people lived in a long term placement and 35 people used the service to receive a short break.

People using the service know it as 'Shared Lives' and this term is therefore used in the following report when referring to carers. This clarifies our statements for those reading the report who also use the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Loxley House had a registered manager. 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.

The service supported people who had varied and often very complex needs to live a safe and fulfilled life in a caring family home environment. Assessed risks to people were reduced or eliminated to support the safety of people using the service. People and carers were 'matched' to ensure they shared similar interests and people's needs could be supported in the carer's home.

There were audits and spot checks in place to make certain staff worked correctly and that people received the appropriate support at a good standard. People using the service and their relatives had various ways of sharing their views and this was encouraged.

People's support plans reflected their individual choices and goals. People were placed with a family that supported them to achieve these aims. Carers were supported to understand and meet the needs of the people they cared for. There was regular contact between the organisation and families providing support to people.

We found there were sufficient staff employed to meet people's needs, who had the appropriate training and support to deliver good quality care, which included training to meet people's health care needs.

People told us they felt safe when they were supported by staff and trusted them. All staff had regularly

completed training in safeguarding to enable them to recognise signs of abuse and know who to report such incidents.

People were supported to have maximum choice and control of their lives and support was provided in the least restrictive way possible. Staff understood and followed the Mental Capacity Act 2005 guidance. Staff asked for people's consent before providing any support.

The service monitored people's care and support needs and looked at people's aims and ambitions to develop new skills and interests. Carers and people using the service knew how to make a complaint and had no concerns about doing so, carers said the service listened to them.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Loxley House Children's and Adult Community Care Services

## **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 28 March 2018 and was announced. The provider was given 48 hours' notice because the location provides support to people in the community and we needed to be sure we could speak to people using the service, their relatives, people providing support and also staff.

This inspection was carried out by one inspector who spoke with people using the service at their local day centre.

Before the inspection visit we looked at the information we held about Loxley House including any concerns or compliments. We looked to see if we had received any statutory notifications from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the service.

During the inspection we spoke with eleven people who received support from Loxley House. We also spoke with six members of staff and the registered manager. We met and spoke with three family members and friends who were visiting people using the service.

We looked at four support plans to see how these were developed and to ensure these contained the choices and wishes of people using the service. We also reviewed the recruitment process, induction,

supervision and training files for four carers. Other records we reviewed showed how the service managed safeguarding referrals, complaints, accidents and those related to the service's internal quality assurance process. We also looked at the records provided and used by Loxley House such as the monitoring records maintained and up to date.

We looked at additional records such as medicine records, daily records, reviews of support plans, risk assessments and any activities that people had undertaken.

# Is the service safe?

## Our findings

The families of people using the service told us that they felt staff made certain people were safe. They confirmed that they were contacted if there were any issues that affected the person receiving support. People told us that they had confidence in the registered manager and other staff to keep people safe. One family member said, "I cannot fault the staff, they are always available when needed." When we asked three people using the service if they felt safe, without hesitation, they said they did feel safe. One person told us, "I feel safe and happy."

Staff confirmed that they had training relating to the safety of people, including awareness of various types of abuse; all training was regularly updated to ensure practices were meeting current standards. Staff knew their role and responsibilities to safeguard people receiving support and of the authorities to contact if needed.

As part of the referral and placement process a series of risk assessments were completed with regard to people's physical and mental health, the carer's home environment and for any activities the person would be involved in within the community. These were detailed and were used when considering matching placements between carers and people.

The carers we spoke with told us they supported people to follow their chosen interests as well as to develop new skills. They recognised that they needed to make sure risks to people were managed or eliminated.

Records showed robust systems were in place to support the safety of people using the service. Any accidents or safety related incidents were recorded. Actions that were required for any areas were recorded, allocated to a named person and dated for completion. Such actions were monitored and reviewed by the registered manager to ensure these had been fully completed and implemented.

The co-ordinators and registered manager regularly reviewed all risk assessments to ensure people's health or safety was not at risk. Any adjustments were made where needed. We saw risk assessments on support plans and any action needed was clearly detailed for staff to follow, supporting the safety of people.

We saw robust and well organised recruitment procedures were completed for all new members of staff. All legally required checks were undertaken before any new staff started work. This meant people could be assured that only appropriate staff provided their support.

Staffing numbers were sufficient to ensure that all areas of the service ran smoothly and efficiently. The registered manager and members of staff told us that staff retention was good and staff expressed their pleasure at working with such a supportive team of people.

Medicines were safely managed. Records showed that medicine administration records were fully completed and up to date, providing evidence that people received their medicines at the prescribed time.

We saw that only trained members of staff supported people with their medicines. Up to date policies and procedures also ensured the safe handling of medicines.

People were protected by the prevention and control of infection. Staff were trained in infection control and there were clear policies and procedures to maintain and support infection control.

Lessons were learnt in the event of anything going wrong. Records showed that action plans and improvements were implemented to prevent any repeat of an incident.

Home visits were made to assess the suitability of all prospective carers. Health and safety checks were completed on the carer's property to ensure it was safe and suitable for a placement.



# Is the service effective?

## Our findings

People's needs were initially assessed and then a carer would be matched to that person. Staff ensured that the smallest detail was considered, such as activities and likes and dislikes of both people. One example was a person did not like the fact that one placement lived on a hill, so an alternative placement was arranged. One person who received support told us, "I am very happy to be here." Another person told us, "I am happy now." A family member told us, "The support provided is superb." If there was the smallest detail that did not suit a person, then the carer was changed or staff worked to find the correct match.

When we asked one person using the service about their choice of placement they explained their experience. We were told that they met their carers in the first instance and then they stayed over for the night to make certain they were comfortable and happy. They said it was their own choice who provided their support.

Regular meals and preferences regarding various foods were fully supported by staff. One person using the service said that they enjoyed meals at their favourite place on certain days. Another explained that during a holiday they had liked the food that was cooked for them.

Members of staff we spoke with all confirmed that they felt supported and that the registered manager was readily available if needed and had an open door policy.

There was a training database in place that highlighted when staff were due to undertake any updates to their training. Training was also discussed at supervision that was regularly undertaken. This process ensured that staff had the opportunity to ask for any training they felt would support their role. This monitoring made sure that staff knowledge was current and appropriate at all times.

Carers completed an induction programme which included essential training such as safeguarding, first aid, health and safety and the safe handling of medicines. This induction period included regular competency checks, discussions with the person using the service and their family. This was confirmed by people receiving support as well as their family. This meant that constant information was gathered about the person providing support to make certain they were appropriate.

We checked that the service was working within the principles of the Mental Capacity Act 2005 (MCA). Discussions with staff and our review of records showed that staff knew and understood their responsibilities regarding the MCA. 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 were supported to make their own choices about their every day lives. People using the service said that carers did support them and that this was in a way they had chosen. People described their daily

routines and specific days out they had enjoyed. They named the people who supported them and everyone we spoke with was very complimentary.

Records showed that people using the service had their needs and choices updated regularly. If a person's needs changed in any way, this was written into their support plan. Staff explained that regular discussions ensured that a person's needs were monitored and any change was reviewed and addressed immediately. We saw that family members were included in reviews, one family member we spoke with told us they were always informed if any meetings or reviews were planned.

Healthcare services were accessed when needed. Records showed that people attended their appointments, such as with a chiropodist or occupational therapist. There were full details of a person's health history to support their well being and also to inform professionals as necessary.

# Is the service caring?

## Our findings

Family members we spoke with confirmed their relatives were treated with kindness and respect. One family member told us. "They (Shared Lives carers) always knock on the bedroom door." Another told us they.. "bend over backwards to make certain needs are being met." A person using the service said, "This is the best thing that has happened in my life," another told us that Shared Lives carers were.. "wonderful people."

People's support plans provided detailed information about all aspects of needs. For example, records contained details of how the person liked to sleep, either with lights on or off. Information also covered such areas as allergies, communication needs and daily routines.

People's views about the service were regularly obtained. This presented an opportunity to monitor and gather comments from people using the service. This provided a check that people were receiving the care and support they needed in the way they wanted. People told us their dignity was promoted and that staff were kind and compassionate towards them. We heard examples of how the Shared Lives carers supported people and one person told us they.. "take me bowling, I like that."

Shared Lives carers knew people well and explained what daily routines were followed and the reasoning for these routines. We saw that support plans reflected these routines and reflected individual choices. A Shared Lives carer said that they encouraged people to express their views and to make their own choices on a daily basis.

People using the service confirmed that they were regularly asked what they enjoyed and what they were planning for the future. This was then added to support plans and arrangements made to work towards such goals and aims. Support plans included personal preferences and choices about how the person wanted their support to be given and our discussions and review of records showed that these wishes were met. .

People's support plans were written in a way that explained how people preferred their care to be provided. Records contained details about the needs of people, their likes and dislikes as well as the specific support they required. This demonstrated that those providing care were knowledgeable about the people they supported.

People could be assured that information about them was treated confidentially and respected by staff. Records relating to people's care and support were stored securely.

## Is the service responsive?

### Our findings

Staff expressed their knowledge and understanding of their specific job and their responsibilities within that role. People using the service told us they thought that staff did a good job. A family member had complimented staff for putting people using the service, "At the heart," another had said that staff were, "Approachable."

Support plans were regularly reviewed to make sure they contained up to date information and reflected any change in a person's needs. These included such areas as a person's personal history, communication needs and any specific aims or wishes the person had expressed. There were detailed instructions for staff to be aware of the individual's preferences and choices.

We noted that where chosen by the person using the service, details had been recorded regarding their wishes for end of life support. One person we spoke with told us they knew what they wanted to happen at such a time.

Family members confirmed that regular reviews took place and that contact was a regular thing from staff. This made certain that people had the support they needed and a chance to discuss any issues.

Records showed regular routines and daily activities that staff supported people with. These clearly reflected the mood of the person as well as the choices for each day. One person using the service had written, "I enjoy the meals I have."

We spoke with a group of people who were attending a day centre. They confirmed they enjoyed their chosen activities and that staff always supported them when needed. One person told us that they enjoyed it better in a quiet area and that staff knew this. All staff said they felt that they worked well together to make certain that people had the support they needed and in the way they chose. Our discussions with family members also confirmed this was the case.

We discussed the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us that they had always ensured that this had been carried out. For example, information and any questions were accompanied with clear pictures to assist understanding and support a person's independence.

People we spoke with said they had no reason to complain or raise issues as there was constant contact with staff and any issues were dealt with quickly. They also had information about who to contact if they needed to speak to authorities about anything and were confident in the procedures in place within Loxley House.

Records showed that although there were no current complaints, the registered manager had dealt appropriately with matters brought to her attention. Our discussions with people using the service and with

family members, as well as questionnaire feedback, confirmed that any issues were dealt with in a timely manner.

# Is the service well-led?

## Our findings

People using the service and their family members were very positive about the service. A family member told us that the service was, "Superb." Another said that staff created, "A wonderful atmosphere." People using the service were all very complimentary and happy with the support they received.

Staff told us that they enjoyed their work and felt valued by the registered manager. Staff were very positive and all said that they worked together as a team to ensure each person's needs were being met as the person had chosen.

People using the service were regularly asked for their views about the support they received. Questionnaires, that contained pictures as well as words, were made available for people to record their views.

We were able to read a sample of the questionnaires that had been recently completed. Comments were all positive and one family member had written to compliment staff and said, "It is important that your hard work is acknowledged formally."

All comments were reviewed and analysed to form an overall picture of any areas that may require improvement. This meant that any potential themes or trends would be easily identified and quickly remedied.

There were systems in place to monitor and check the quality of the service and support that was provided. These checks included regular audits of records, spot checks on medicines, training and risk assessments. The registered manager actively encouraged suggestions and feedback to adjust or amend service delivery where necessary. Family members confirmed that support staff were regularly observed by the registered manager during their daily routines. This meant that staff followed procedures that were in place and that they provided support in an appropriate manner.

We found staff were knowledgeable about key policies and procedures which included whistleblowing and dealing with signs of abuse. Staff spoke to us of their responsibility to inform a member of the management team, or external organisations such as the CQC or social services, should they have any concerns about people's welfare.

Policies and procedures were in place to cover all areas of the service. Areas covered included dealing with medicines, safeguarding, death and dying and a statement of purpose for the organisation. These documents were regularly reviewed and updated as required.

The registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on the provider's website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.

Loxley House provided a service that was tailored to meet the individual needs of people and support them to live as independent and fulfilled a life as possible.