Laxfield House Limited

Laxfield House

Inspection report

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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

Overall summary

We completed an unannounced inspection of Laxfield House on 7 and 12 October 2015. Laxfield House Residential and Nursing Home is registered to provide accommodation for people who require nursing and/or personal care. The service provides places for up to 34 people. At the time of our visit 28 people were resident. This care home was purpose built.

There was a registered manager in place and they were present on the day of our inspection. 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.

We found a care home that was well run for the benefit of the people who lived there. Everyone spoke highly of the service offered and felt appropriately cared for. People told us that their needs were assessed, they were involved with their care and were consulted about changes. People experienced good nursing care with

Summary of findings

ongoing monitoring of health needs and prompt access to health services. There was varied, needs led social stimulation and people liked the variety and quality of food on offer.

Staff had the skill to support people and were well trained. There was a good team approach and collaborative working. Staff felt supported by management and liked where they worked. There was little staff turnover.

Management was open, approachable, inclusive and regularly listened to people who used the service. The provider was visible to people and visited on a daily basis. There were systems in place to monitor and respond to events that occurred and feedback from people was used to develop the service further.

Summary of findings

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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

People's medicine management was robust.

Is the service effective?

Good

The service was effective. People had their health care needs met and received care and support that met their needs.

Staff received a thorough induction and on going training.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were looked after by staff that treated them with kindness and respect.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive, caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs.

People were involved in planning their care. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's complaints and concerns were taken seriously. People's experiences were taken into account to drive improvements to the service.

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and their roles defined by a clear structure.

Staff were motivated to develop and provide quality care.

Summary of findings

Quality assurance drove improvements and raised standards of care.

Laxfield House

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 7 and 12 October 2015 and was unannounced. The inspection team consisted of one adult social care Inspector.

Information was gathered and reviewed before the inspection. This included all the information we hold about this provider, including statutory notifications. These are events that the care home is required by law to tell us about.

The methods that were used included talking to five people using the service, three of their relatives and friends or other visitors, speaking with six staff and one visiting health professional, pathway tracking four people using the service, observation of care and the lunchtime experience. We also looked at and reviewed records relating to medicines management, recruitment, training, audits and management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Laxfield House. One person said, "I feel safe – they are all very nice here. If concerned I would talk to the sister in charge". A visitor felt their relative was safe at Laxfield House and told us they would speak to the manager and felt confident they would resolve any matters.

Staff had received safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They told us that signs of suspected abuse would be taken seriously and investigated thoroughly. Staff knew about the whistle blowing procedures and felt confident to raise any concerns. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The service had not made any referrals regarding safeguarding for over a year but we were confident that the manager was able to use the local referral systems and knew how to refer should the need arise.

We saw that people had their call bells to hand to enable them to summon staff when needed. One person said, "They come when I press it." and another person said, "They are all very pleasant, I press it and they do come quickly". We found that there was always a qualified nurse on duty. Seven staff in a morning, five in an afternoon and three at night to support 28 people. Staffing levels were assessed and monitored depending on people's needs. This enabled care and support to be given in a timely manner and adjusted as people's needs changed. People in receipt of care told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. Staff said there was consistently enough staff on duty to support people.

People were supported to take everyday risks. We observed people walking freely around the home and going out into the lovely landscaped garden. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. One person told us, "I'm strong and steady and like to use the stand aid. I use my grab stick to reach things".

Risk assessments highlighted people at risk of skin damage or in some cases falling that may cause injury. Staff knew who required frequent moving to reduce the likelihood of a pressure ulcer developing. People at risk of skin damage had special mattresses and cushions to maintain their skin integrity. One person told us, "I have a special air mattress. It responds to your body. And it adjusts up and down". One person had a plan to prevent them falling from bed at night. Both the person and their family were aware of the need to have bed rails to keep them as safe as possible. This was documented in their plan. Another person explained to us about their plan to hoist them, "I always feel safe in it. I have my own sling. We all do".

We spoke to the visiting GP. They were keen to monitor all in their care and this included risks to people. The GP was knowledgeable about those at risk of falling, developing pressure sores and infections. The GP was consulted and helped formulate plans to keep people safe and prevent hospital admissions.

People told us they received their medication when they needed it. One person said, "My medication seems to be right and on time." Another person said, "I'm on endless medication. They manage it for me. They obtain it and distribute it when I need it. Yes it is the right medicine at the right time". We found medicines were managed, stored, given to people as prescribed and disposed of safely. Nurses were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. This included records of controlled drugs and details of specific medicines such as pain reliving patches moved to different sites of a person's body. There were colour coded body maps in place to administer creams. This ensured the right cream was applied to the correct part of people's bodies.

Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged. Medicines were continuously monitored with nurses taking responsibility on each shift and checking records to ensure no errors were made. We observed the practice of nurses and saw they knew people well, but asked if pain relief was required. They administered to one person at a time and then completed their records. We audited some high risk medicines and found that these were all accounted for. People received medicine when they needed them and they were safely managed.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated "I'm well looked after. Yesterday I was in pain and the nurses took care of it." Another person said, "I'm in my bed and they are good at checking on me. They help me when I need it and change the sheets to keep me fresh and clean". Staff undertook an induction programme at the start of their employment at the home. The manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. If the home used agency staff they were given an induction folder to guide them. This included specific information such as colour coded keys, a map and a profile on every person in the home and action to take in the event of an emergency. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. One staff member told us that they were observed by the manager to check their practice. They felt, "Supported and able to chat about anything as all staff were approachable". Staff consistently told us that training was good and supported them in their role. Staff had completed courses in food hygiene, infection control, fire prevention, first aid, moving and handling and person centred care for people living with dementia. The homes management supported staff's continued learning and provided updates when required. Staff were supported to achieve recognised qualifications in care. Nurses told us that they completed all the courses that care staff had and also completed nursing updates. This included syringe driver training [helps control symptoms by delivering a steady flow of liquid medication through a continuous injection under the skin], peg feeding [a tube directly into the stomach to feed a person] and verification of death [legal certification that death has occurred]. One nurse had completed a national qualification as a trainer [known as Preparing to Teach in the Lifelong Learning] They had also completed the managers award. This showed that succession management was being considered. One nurse explained to us how the nurses get together to develop their practice with reflective learning. Recent events on end of life care and how they could develop this was the latest discussion points. This showed us that there was a drive for continuous learning and improving of practice within the home to get care right for everyone in the service.

Staff felt supported by a regular access to the manager and the annual appraisal which considered their role, training and future development. All staff consistently spoke about the good communication and support from one another, the nurses and the manager. The manager regularly worked alongside staff to encourage and maintain good practice.

The manager was aware of people's rights. No application had been made with regards Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who may need their liberty restricted to keep them safe and provides protection for people ensuring their safety and human rights are protected. No one at this service had their liberty deprived or restricted. People were free to come and go as they pleased. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. All staff had received training about this. Staff were observed always asking for consent before continuing any offer of support and care. People said staff respected their choice. One person said, "They do ask me before they help me". Peoples care records also confirmed that written permission was sought on matters such as consent to photographs and the use of bedrails.

People were provided with a healthy diet and encouraged to drink often. People spoke highly of the catering. Comments included; "The menu is very good. I like to have a glass of wine with my dinner". A different person said, "My meal is on time and it is good". We spent time with the cook and found they had a wide variety of menus on offer. This covered a 42 day period and altered in winter and summer. The cook was knowledgeable about individual people and their likes and dislikes and what equipment was needed to maintain independence. These were all recorded along with key information as to who had a special diet and what that meant for the person and their health. The cook had knowledge of diabetic foods and food consistency needed for people who were at risk of choking. There was a cook on duty each day from 7am until 8pm and therefore people had access to hot food and drinks of their choice during that time. The cook was busy putting together a special events menu. This was to celebrate Halloween. This was being collated with pictures to make the menu more interesting. A person had requested toad in the hole and this had been added.

Good

Is the service effective?

People ate in a variety of places and we saw that their choice was promoted. We saw that people ate in the dining rooms, the lounge or in their own room. One dining room was bright and pleasant and people were being appropriately supported to eat. In another pleasant dining room a group of people were celebrating a birthday and toasting the person with champagne. All staff visited at one point to sing and wish the person happy birthday whilst presenting a cake. The person was appreciative and smiled.

People's care records highlighted where risks with eating and drinking had been identified, for example where there had been weight loss. Staff monitored these people's diets. Where necessary GP advice had been sought and supplements prescribed or fortified diets provided from the kitchen. Appropriate referrals had been made to the speech and language team (SALT) and dietician where needed.

People had their health needs met. The home had a very good relationship with the local GP who visited weekly and knew the people living at the home well. The GP was provided with information and details about a person's health and wellbeing for them to make a joint decision with the person and nursing staff as to how to support and treat specific conditions. The GP reviewed people's medicines on a regular basis. We observed a person attend a hospital appointment. Transport was arranged and everything was attended to smoothly.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or GP visits. Records showed that people had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support, for example, from opticians, dentists and chiropodists. One person told us they preferred to visit their own dentist and took a taxi when needed.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and the staff were organised and friendly. People using the service all appeared clean, smart and appropriately dressed and their demeanours engaged but relaxed. People told us consistently that the staff had a caring attitude.

People told us, “The level of care is good and compassionate. I’m comfortable warm and clean. [Name of staff member] is angelic”. A different person said. “It is marvellous here. I have a lovely room and everything is taken care of”. A member of staff said they chose to work at this home because, “There is a genuine feeling of love for the people here”. A relative said, “They do care for everyone so nicely. She is looked after so well. They always make sure they wipe her chin and help her be smartly dressed just as she would want it”.

We spoke with staff and it was evident that they knew people very well. Staff were able to speak confidently about how people liked to be supported and what their individual preferences were. Staff were respectful in how they addressed people and were mindful of confidentiality.

We observed staff supporting people and they did so in a quite confident way, ensuring personal matters were spoken about quietly. Privacy was respected and doors closed when needed. One person said they needed support with care before lunch. They pressed their button to demonstrate that staff would come. Staff came immediately and supported the person in a way that they requested. Staff showed dignity and respect for the person. One person said, “I get all the care I want here”. Another person said, “They [staff] are all very good at checking on me a lot. They are so pleasant”.

We found that people were involved in making decisions about their care and were influential in how the home worked. We were told by several people who live at the home that the manager and provider were very friendly and approachable. People told us that both were available most days and spoke with them. People were regularly consulted about the menu and any suggestions were actioned. People were asked about activities and these too were determined by people at the home. People told us that they had the independence and control over their lives to lead the life they chose.

Good

Is the service responsive?

Our findings

People were aware of their care plans and where they were kept in their rooms. Some people had more interest than others in these documents. One person said, “I’m sure it says all it needs to. They know what I want”. Another person said, “They have done a care plan. I have not asked about it”. Care records contained detailed information about people’s health and social care needs, they were written using the person’s preferences that were obtained from detailed assessments before the person moved in. They reflected how the individual wished to receive their care. Preferences such as preferred name, preferred gender of staff to give personal care, people’s likes and dislikes, their routine and friend and family contact information gave guidance staff needed to provide personalised care. People, family and professionals were involved as far as possible to develop these.

People were given the offer to visit and have lunch at the home and find out about the service on offer, before making a decision about moving in. Several people used the home to access respite care before coming permanent residents.

People told us that their individuality was respected and that they got the care and support how they preferred.

People enjoyed a variety of interests and hobbies. One person told us that they loved to do their art work, attend Holy Communion and afterwards stay for a glass of sherry. Another person told us how they went to a local church and took a daily newspaper. This person also liked to join in the chair exercises and thought the promise of a gin and tonic boosted the numbers in attendance as this was popular with people. We met and spoke with the lead person for activities within the home. It was evident that they involved people in the decision making about what social activities were conducted within the home. We met someone who wanted to stay in their room. They had just had a hand massage and chatted about the raised bed planting that they saw from their room. We found a good selection of day to day interests were on offer to people and a printed/pictorial leaflet of things on offer was given to people. We saw this in all the bedrooms and with people we spoke with.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. People knew who to contact if they needed to raise a concern or make a complaint. Several people told us that they had not felt the need to complain but they knew who the manager was and found her to be approachable and helpful. A complaints log noted any concerns and the action taken in the past. We examined this and found few complaints had been made, but where they had, these had been logged and appropriate action taken to resolve matters to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

The manager and provider took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. Lines of accountability were clear within other departments such as housekeeping and catering. There was frequent and good communication between all parties. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. These were relatively few as these types of events and were lower than average in this service. Staff comments about the management style within the home included; “Fair, approachable and they help you. I enjoy working here because of the good team. People can question why things are happening”. Another staff member said, “They let us get on with it. They are approachable and they resolve things for us”. The staff group was stable with little turnover of staff with people remaining in post for many years. We found a culture that was positive and inclusive and empowered people.

Everyone we spoke with confirmed that they knew who the manager was and that they saw her regularly. The provider had a variety of roles within the service and was visible to people on a day to day basis. Their attitude in all cases was positive and their moods light, friendly and good humoured throughout the inspection process. The manager was in the process of sending out a questionnaire to people that used the service. This was to gain their feedback on the quality of the service and what steps could be taken to develop it further.

The manager used events to drive improvement. An example was that the nursing team were looking at further ways to develop their end of life support to people. The nursing team had just enabled a person to attain a goal before they died. They were working with the two local hospices and attending relevant training, but the reflective practice sessions held by nurses focused on individualising the service on offer to people to make peoples experience as good as it could be.

Audits of the service were carried out. The provider took responsibility for equipment servicing and health and safety matters. We looked at these records and found them to be up to date and accurate. These included electrical testing, fire systems, fire risk assessments, chemical management and water testing as well as hoisting equipment including checking the integrity of slings used.

Medicine audits had been completed and action taken. Environmental health had visited and actions on recommendation had been taken. The manager was regularly reviewing policies and procedures used within the home. The manager was currently working on revising and amending the admission assessment to make this more detailed and person centred.