

# Mr & Mrs P A Whitehouse

## Chaxhill Hall

### Inspection report

Chaxhill Hall  
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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 inspected Chaxhill Hall on the 9 November 2015. Chaxhill Hall provides residential care for older people over the age of 65; some of the people living at the home were living with dementia. The home offers a service for up to 36 people. At the time of our visit 31 people were using the service. This was an unannounced inspection.

We last inspected in September 2014 and found the provider was meeting all of the requirements of the regulations at that time.

There was a registered manager in post 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.

# Summary of findings

People told us they enjoyed living at the home. People were supported by kind, caring and compassionate care staff, who clearly knew people's needs. Staff supported people to spend their days as they wished.

People were supported with activities, and enjoyed time spent with care staff and other people. People told us there were things for them to do in the home.

People told us they felt safe in the home, staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

People and their relatives spoke positively about the registered manager. They felt the registered manager was approachable, listened to them and asked for their views. People and their relatives felt involved in people's care.

People were protected from the risks associated with their care. Staff had clear guidance to protect people from risks such as smoking and falling. Care workers took action to help maintain people's independence.

Where people's needs changed, care staff ensured their ongoing healthcare needs were maintained. Healthcare professionals told us staff always sought their advice and acted upon guidance.

People's needs were maintained as the registered manager ensured there were enough staff deployed. People received their medicines as prescribed and the registered manager had systems to ensure medicines were administered safely.

The registered manager had systems to monitor the quality of service people received. People and their relatives told us their complaints were acted on by the management team. Relatives felt staff were approachable.

People's needs were met by care staff who had access to training, effective supervision and professional development.

People had access to appropriate food and drink and were supported to access external healthcare services. People told us their dietary preferences were respected. The home's chef and staff had full knowledge on people's dietary needs and ensured they had access to an appropriate diet.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were being cared for in the least restrictive way. However, where people had given consent around their care, this had not always been documented.

# 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?

The service was safe. People received their medicines as prescribed.

People told us they were safe. Care staff demonstrated good knowledge around safeguarding and would raise any concerns.

The risks of people's care were identified and managed by care staff. There were enough staff to meet the needs of people living within the home.

Good



### Is the service effective?

The service was effective. People's needs were met by care staff who had access to training, effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, staff took appropriate action.

Where people were being deprived of their liberty, the registered manager had ensured this was done in the least restrictive way. Care staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring. People and their relatives spoke positively about the care they received from care staff. Care workers knew the people they cared for and what was important to them.

People were treated with dignity and kindness from care workers and were supported to make choices.

Care workers respected people and ensured that their dignity was respected during personal care.

Good



### Is the service responsive?

The service was responsive. People's care and support plans were personalised and included information about what was important to people. People were supported with activities and care staff ensured people enjoyed their social lives.

Care workers responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People and their relatives knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Good



### Is the service well-led?

The service was well led. The registered manager had systems to control the quality of the service people received. These systems enabled the registered manager to make changes to the service.

People and their relatives spoke positively about the registered manager and felt they were approachable.

Care staff were supported to suggest and make changes to the service.

Good



# Chaxhill Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 9 November 2015. This was an unannounced inspection. The inspection team consisted of one inspector.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority commissioners.

We also looked at the Provider Information Return for Chaxhill Hall. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 of the 31 people who were living at Chaxhill Hall. We also spoke with three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four care workers, the chef, the deputy manager and the registered manager. We also spoke with a district nurse who was visiting people in the home. We looked around the home and observed the way staff interacted with people. We looked at seven people's care and medicine administration records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

# Is the service safe?

## Our findings

People told us they felt safe in the home. Comments included: "Yeah, I'm safe. I like it here", "Nothing we wish to grumble about. We're comfortable here" and "I feel safe here. I have my own room, which I can have locked". One relative told us, "They're safe there. It seems to be one of the good homes".

People were protected from the risk of abuse. Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I would always go straight to the manager. I have raised a concern before, and it was dealt with quickly". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or CQC. They said, "We've got clear information. We go to the manager, then the provider and then safeguarding or CQC. All the numbers are available." Staff told us they had received safeguarding training and were aware of reporting safeguarding concerns.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

People and their relatives told us there were enough staff to meet their needs. Comments included: "You never have to wait long. If there is an emergency, and you call for them, they tell you what's going on and always come back", "There is always someone around, they help me to get up when I want and go to bed when I want" and "They spend with me, they're good".

There was a calm atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff had time to spend talking and engaging with people throughout the day. For example, one staff member supported people with their prescribed medicines. They took time with each person, to ensure they had their medicines and were comfortable.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "I

do think there is enough staff, day to day. If someone goes sick, which is rare, it can get a bit manic. However we always work well as a team and the manager is supportive", "I reckon there is enough staff. We have time to spend with people" and "I'm happy with staffing. We manage well and sickness is rare".

The registered manager told us the amount of staff deployed depended on people's needs. They informed us they ensured each shift had a staff group who could maintain people's needs. One care worker told us, "The manager has us structured really well." An external healthcare professional told us they had no concerns regarding staff in the home and their relevant skills.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled people to stay safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person required repose boots (pressure relieving equipment) as they had sore legs and cellulitis whilst in bed. Staff knew how to assist this person and protect them from any pressure damage. The person had also requested to have bed rails and bumpers on their bed to protect them from the risk of falling. Staff carried out a risk assessment to ensure this would keep the person safe.

Where people required assistance from care staff and equipment, there was clear guidance on how staff should support them. The equipment needed, including stand aids, hoists and slings were clearly detailed. Staff knew how to use equipment to support people. One person told us, "They know how to use it. I never feel uncomfortable in a hoist; they explain what they're doing". Staff told us if equipment was not safe they would remove it from use. The registered manager arranged for an external company to ensure all equipment was maintained and fit for assisting people with their mobility.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by the registered manager and deputy manager. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

# Is the service effective?

## Our findings

People and their relatives spoke positively about care staff and told us they were skilled to meet their needs.

Comments included: "The staff do a good job. They're all helpful and some have been there for a while", "The staff are good, they know what to do" and "The staff are lovely. I had a lovely girl help me this morning".

People's needs were met by care staff who had access to the training they needed. Care workers told us about the training they received. Comments included: "We have regular training, I have the training I need to meet people's needs" and "I'd definitely say we get the training we need to meet people's needs". Staff told us they had the training they needed when they started working at the home, and were supported to refresh this training. Staff completed training which included safeguarding, fire safety and moving & handling.

Staff told us they had been supported by the registered manager to develop professionally. Two care workers told us they were supported to complete their Qualifications Credit Framework (QCF) level 3 diploma in health and social care. One care worker told us how they were supported to complete this training. They said, "I was given access and support to do the work. We can always request additional training". Another care worker said, "You can ask for more training, to help develop. I requested training around dementia, which was really useful."

People were supported by staff who had access to supervision (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One care worker told us, "We have supervision every three months. They ask if there's anything we need. I requested palliative care training at my last supervision". Care workers told us they felt supported by the registered manager, and other staff. Comments included: "The manager is really supportive and I get on well with all the other staff" and "The manager is really positive. We work really well as a team too".

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. They showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, "Some people can't make the bigger decisions about their life. However could make decisions such as what to eat, what to wear. I always give them choice".

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support. The registered manager made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

Staff supported one person, who was living under a DoLS authorisation, to go out of the home on a regular basis to maintain their well-being and reduce the risk of them becoming anxious. One staff member told us, "We take them to the garage (local petrol station), and a walk down the lane. Their family also comes to take them out."

People spoke positively about the food and drink they received in the home. Comments included: "The quality of the food is good. I'd say the quality is like a good country pub", "I love the food and the puddings. I enjoy a good breakfast" and "I have plenty to eat and drink. Always a cup of tea or some squash available. Never go without".

The atmosphere at lunch time was calm and pleasant. Staff talked to people in a respectful way. One person wanted a clothes protector as they were worried they would spill some of their food, a care worker acted on this request and made sure the person was comfortable. Staff offered people a choice of meal and more food if they had finished their meal. One person said, "there is always plenty to eat". People who needed assistance with their meals were supported by care staff and were supported to make choices.

## Is the service effective?

People were supported to have a meal of their choice by organised and attentive staff. For example, one person was walking around the home while lunch was being served. Staff encouraged the person to sit down and have a meal. Staff continued to provide encouragement and the person enjoyed their meal.

People's dietary needs and preferences were documented and known by the chef and care staff. The home's chef kept a record of people's needs, likes and dislikes. They also told us, "I know what people like and dislike, we ask them and I occasionally have lunch with them." Staff told us they had all the information they needed and were aware of people's individual needs. The chef told us they were given information around people's weights to enable them to provide additional nutritional supplements, such as frozen lollies and milk powder to add more calories to meals.

A few people in the home were living with diabetes, which was controlled through medicine and their diet. Staff were aware of each person's needs and support they needed

around their dietary needs. Staff provided advice to people over their dietary needs and ensured people had access to a choice of food. The chef told us they provided a sugar free version of each pudding. For example they made two rice puddings, one which was sugar free. This enabled people who were living with diabetes to have the same option as other people living in the home.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists. For example one person had clear stroke discharge care plan. A healthcare professional spoke positively about the service. They said, "The staff are really proactive. Staff seek our advice and follow it. I think the care is good."



# Is the service caring?

## Our findings

People and their relatives spoke positively about staff and their caring nature. Comments included: "I'm happy here, I feel cared for"; "We're happy, everything is about our choice" and "There is a lovely atmosphere here. The staff are caring; there is a nice level of intimacy".

Relatives spoke positively about the relationships care workers had with people living in the home. They spoke confidently about the continuity of care staff and a stable management team in the home. Comments included: "The staff are good. I have a good laugh with them", "They spend time with me, they're good" and "I think the carers make a massive difference to their [relatives] life. Really good support".

People were cared for by care workers who were attentive to their needs. For example, one relative told us how care workers had identified a change in their relative's needs. They said, "They identified they had a bad cold, they had been watching them. They were able to spot a change in their behaviour". They told us they were happy that care workers were able to make sure their relative was given the support they needed to get better.

Care workers spoke positively about the time they had to spend with people, and told us they were supported to spend time with people. Comments included: "I love looking after the residents and getting to know them"; "I love looking after people; the registered manager likes to ensure we have time with people" and "I enjoy helping people".

Care workers clearly knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one care worker was able to tell us about things which were important to one person who was not able to communicate verbally. They said, "they can nod and you can tell a lot from their eyes. They like to hold your hand and other things. It makes them feel secure."

The atmosphere was calm and friendly with care workers engaging with people in a respectful manner. We observed

warm and friendly interactions. Staff offered people choices and respected people's wishes. One person was offered a drink and a snack by a care worker. The care worker knew the person was diabetic and supported the person to make a choice which wouldn't have a negative impact on their well-being. They supported the person to make a choice over their drink and snack. The person told us, "they're very supportive and let me know everything I need. They always respect my choices."

People were supported with their meals at a relaxed pace. One person needed assistance from a staff member to meet their nutritional needs. The staff member sat with the person and assisted them in a relaxed and compassionate manner. They talked to the person and looked at their body language to identify if the person was happy with their meal. They maintained eye contact with the person and provided gentle encouragement. The person ate all of their meal, the staff member told us, "they usually enjoy their food. We know what they enjoy; they have ways of letting us know."

People were supported to make advanced decisions around their care and treatment. For example, one person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for at Chaxhill Hall and not go to hospital for any treatment which may prolong their life and not improve the quality of their life. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure.

People were treated with dignity and respect. We observed care workers assisting people throughout the day. Care staff told us how they ensured people's dignity was respected. Comments included: "I use towels when assisting them to wash, I wouldn't leave them exposed or cold" and "I always shut the doors and the curtains. Make sure we're not disturbed. We also know if residents don't want male or female carers for personal care and we respect this." One person told us, "The girls definitely treat me with dignity and make sure I'm comfortable."



# Is the service responsive?

## Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were changed to reflect the person's needs.

People's care plans were personalised and contained information on people's life histories and preferences. We saw detailed life histories which care staff used to understand what was important to people. Staff knew how people liked to spend their days. One couple liked to spend their time in their own company; they told us staff respected this choice. They told us, "We know there are activities, however we're not that sociable. We're happy everything is our choice."

Relatives told us they were involved in planning their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. Relatives explained how they were involved in discussing their relatives changing care needs with staff. Comments included: "The staff let me know if there were any problems" and "I'm involved, they let me know if there is anything that's changed or they [relative] needs".

Where people's needs changed, staff responded to their needs effectively. For example, one person had been unwell prior to our inspection. Care staff noticed this person's mobility had been affected and they were worried they would fall whilst walking with their stick. A senior care worker asked if they would like to use a frame to help maintain their mobility and independence. With the consent of the person the senior care worker arranged with the district nurse for a walking frame to be provided for the person.

People told us they enjoyed their social life in the home. One person said, "There are things to enjoy here. I enjoy playing boules". Another person told us about arts and crafts and spoke positively about art they had on display. They said, "I like arts and crafts. I did some of the fire and a poppy near the entrance (of the home)."

People enjoyed activities and interaction from staff throughout our inspection. People were engaged in conversations and singing with other people and staff, which they enjoyed. In the morning the activity co-ordinator played boules in both lounges. People clearly enjoyed this and they were encouraged by the activity co-ordinator. In the afternoon the activity co-ordinator assisted people with arts and crafts, people told us they enjoyed this. Some people chose not to get involved with activities, however told us staff spent time with them or they had access to other things they liked. One person told us, "I get my paper delivered every day."

People and their relatives told us they knew how to raise concerns to the registered manager. Comments included: "I'd always contact the manager", "We know who the manager is and we'd let them know if we were unhappy" and "Definitely know how to complain and I would when I need to".

The registered manager maintained a record of the compliments and complaints they had received. For example, one person raised a concern to the registered manager about how a staff member spoke to them. The registered manager investigated this concern and took action to ensure this poor practice was not repeated. One relative spoke positively about how the registered manager acted on their concerns. They told us, "They'll listen to you. I raised a concern about people being left alone. They sorted it out."

# Is the service well-led?

## Our findings

Everyone we spoke with was complimentary about the registered manager. People told us communication was good and they had positive relationships with the registered manager and care workers. Comments included: "The manager is great. She'll definitely listen to you", "Very pleasant. They come and talk with us" and "I think she manages the service well".

People had regular contact with the registered manager and told us she was very approachable and friendly. Comments included: "Definitely approachable. Always open communication", "She's a very nice lady, always happy to talk" and "Always willing to talk and answer questions".

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. Comments included: "The registered manager really supports us to make decisions and put the residents first"; "She likes to promote good care, we're involved and we can challenge poor practice" and "The manager is approachable and supportive. Really helpful".

People and their relative's views were regularly sought and acted upon. The registered manager carried out surveys of people and their relative's views as well as resident meetings. At one residents meeting, people's views on the food they received were discussed. People were able to make suggestions of what they would like to see on the menu. People told us their views were acted upon. At the last quality assurance survey, people and their relatives were positive about the service provided. However, some comments were raised around laundry processes and the garden. The registered manager had responded with the changes they were planning to make, and discussed feedback with people and their relatives at meetings. One person told us the laundry had improved. One relative said, "I feel the manager listens, makes improvements. The home has a good reputation locally".

People were protected from avoidable risk because the registered manager took effective action to challenge poor practice. For example, the registered manager had been informed of a medicine administration error. Following this incident they looked at ways to reduce future incidents. All care workers were made to attend medicine refresher training and had their competency assessed by the registered manager and deputy manager. The concerns were discussed with staff at a team meeting and clear directions around administering people's medicines were discussed. There had been no further medicine administration errors. A healthcare professional told us, "There is good management of care in the home." One relative told us, "the home in my opinion is definitely well run."

The registered manager had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as care plan audits, medicine audits, and scheduled checks within the home. Where audits or observations identified concerns, clear actions were implemented. For example, staff had to complete weekly check lists (which were completed when a duty had been completed) to ensure people had the care they needed and that the premise was kept clean. The registered manager and deputy manager audited the check to ensure staff were assisting people as expected. These checks gave care workers clear responsibilities and involvement in running the service.

Care workers spoke positively about their involvement in the home, and told us they were able to suggest improvements. One care worker told us, "We run one weekend every fortnight. We are definitely asked for our view. How did things go." Another care worker told us, "The manager promotes good communication. It's a big thing. We're able to suggest changes and definitely encouraged to be involved."