

Atlanta Healthcare Limited

Claxton House

Inspection report

Church Lane
Claxton
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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

About the service

Claxton House is a care home that offers care and support for up to 15 people with learning disabilities or autistic spectrum disorder. There were 15 people using the service at the time of our visit.

The care service was not designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and participation within the local community was encouraged.

People's experience of using this service

- People were supported to be safe. Staff understood their responsibilities to protect people from abuse and avoidable harm. Risk was assessed and managed. People's human rights and freedoms were respected within the service's risk management plan.
- Routine checks and maintenance were carried out on the premises and equipment. Staff knew what to do in the event of an emergency, accident or incident.
- There were enough staff to meet people's needs and to spend time with them. Staff were recruited in a safe way.
- People's medicines were managed in a safe way and were reviewed by the prescribing doctor to make sure they remained effective. People had access to the healthcare services they required. Staff referred people promptly and followed the advice and guidance provided by other professionals.
- People had enough to eat and drink and were encouraged to follow a healthy diet and maintain a healthy weight.
- The service was spacious and met the needs of people who lived there. People's rooms were personalised. The service was clean and tidy throughout. Staff knew how to reduce risk of cross infection. They had access to the protective equipment and cleaning products they required to achieve this.
- Staff had the training and support required to meet people's needs. Care and support followed best practice, up to date guidelines, and legislation. Staff had opportunities to learn and develop their skills and qualifications.
- Consent to care and support was always sought in line with legislation and guidance. People were encouraged to make choices and decisions about their care and support and the things they did each day.
- Staff were kind and compassionate. People and staff had developed positive relationships. Staff were

passionate and motivated about improving outcomes for people and increasing people's skills and independence. Privacy and dignity was promoted by all staff.

- Staff knew people extremely well. They knew about the things that were important to people and the things that may cause distress. Staff knew the best way to communicate with people and how to offer support and reassurance when this was required. People led active lives and took part in culturally relevant activities in and outside of the home.
- There was a complaints procedure and people were confident speaking with staff about any concerns. People, relatives and staff were asked for their feedback and their views and opinions were listened to and acted on accordingly.
- Staff understood their roles and responsibilities. There was strong leadership and support structures in place. Managers were open, inclusive and accessible. Staff and managers shared a vision based on providing person-centred care and support and improving outcomes for people. There were effective systems in place to monitor the quality of the service and to drive improvement.

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

Rating at last inspection

At the last inspection we rated this service Good (report published on 17 June 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Claxton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The provider was also the registered manager. This means are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 20 March 2019. It was unannounced.

What we did

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection we saw how the staff interacted with people who lived at Claxton House. We spoke with four people who lived there. We spoke with one support worker, two deputy managers, the registered

manager/provider, and a healthcare professional.

We looked at three people's care records as well as other records relating to the management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe and to raise concerns if they had any. Staff knew people extremely well and could recognise when people were worried or anxious. Staff had received training and understood their responsibilities. They knew how to report abuse and felt confident action would be taken where needed.
- Staff had taken action to protect people from abuse such as alerting the safeguarding team when a person was in hospital and staff were concerned for their safety.

Assessing risk, safety monitoring and management

- Risk was assessed and managed, risk to nutrition and the risk of choking where people had swallowing difficulties. Staff had clear instruction about how to manage risk in the best way.
- Staff knew what action to take in the event of an accident or incident.
- There were protocols in place for staff to follow should a person not return from being out in the community.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff had enough time to spend with people. Staffing numbers and skill mix were calculated according to people's needs. Additional staff were deployed when this was required, for example, if there was an activity or outing.
- Staff were recruited in a safe way. Checks were carried out to make sure, as far as possible, only staff with the right characteristics and skills were employed.

Using medicines safely

- Staff managed people's medicines in a safe way.
- Staff received training and had their competency assessed. Medicines were stored securely. Records were accurate and up to date. This meant that staff could check the amount of medicines received into the service and check they had been given correctly and at the right time.
- People had their medicines reviewed by the prescribing doctor to make sure they were still required and remained effective.
- Staff had quickly identified when a person's prescribed medicine had not been suitable for them because of their condition. They had contacted the prescribing doctor to get the prescription changed.

Preventing and controlling infection

- The service was clean and tidy throughout. People were involved in cleaning their own rooms where they could be.
- Staff received training about infection control and effective practices. They understood their responsibilities and knew how to protect people from the spread of infection.
- Daily cleaning schedules were in place and checks were carried out to make sure these were followed.
- Staff had all the personal protective equipment, such as gloves and aprons, that they required.
- A new audit had been introduced following external training staff had attended about infection prevention and control.

Learning lessons when things go wrong

- There were systems in place to check incidents and staff understood how to use them as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents to prevent recurrence.
- Action had been taken to change the foot plates on a person's wheelchair to reduce risk.
- The provider had identified that staff had not always signed for prescribed creams they had administered. Action was taken to prompt staff to sign and follow safe procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved into the service. Assessments included people's physical, mental health and social needs. They took the needs of people already living at the home into account, to make sure staff could meet everyone's needs.
- Care and support was provided in line with legislation, standards and evidence-based guidance. Staff kept up to date with current legislation through healthcare professionals and further training.
- The provider was the chairperson of a support network for care providers and a qualified dementia coach. They shared new knowledge and practical skills about supporting people with dementia with all staff.

Staff skills, knowledge and experience

- There was an ongoing staff training programme. New staff had induction training to make sure they had the skills and behaviours expected of them.
- Training updates were delivered to staff before each monthly staff meeting.
- The deputy manager had a qualification in teaching and told us how they ensured a variety of teaching methods were used to meet the different learning styles of staff. Where possible, people who used the service also attended training. They had attended training on first aid and infection control.
- Staff told us they received the training and support they required to do their jobs and meet people's needs.
- A member of staff told us they had recently attended training about nutrition and hydration. They found this training helpful and had learned more about fortifying people's meals with milk when people were not having enough calories.
- Staff were asked about their training and development needs during staff supervision with their manager.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink and to follow a healthy diet.
- People had their nutritional needs met assessed and met. Where risk was identified then action was taken.
- Healthcare professionals such as dieticians or speech and language therapists were involved where this was required and staff supported people to follow their guidelines.
- Staff had identified that one person did not always drink enough. This person enjoyed making drinks for staff and visitors. Their care plan instructed staff to make sure the person also had a drink when they made drinks for others. This helped the person to drink enough each day.
- People were involved in food preparation and menu planning.
- The lunchtime meal during our inspection was appetizing and nutritious. People were relaxed and enjoyed their meals while chatting to each other and staff.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as local hospitals and community nursing teams.
- Important information about how best to support the person was sent with people when they had to go into hospital.
- When people went into hospital or attended appointments they were supported by a staff member from the service.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals as soon as this was required. They were supported to attend health reviews such as well-people clinics.
- Staff knew people well and quickly recognised when they were unwell and needed medical attention.
- People had access to gym equipment and were encouraged to live active lifestyles and take exercise. People and staff did this together.
- Staff had supported one person to reduce the number of cigarettes they smoked each day.

Adapting service, design, decoration to meet people's needs

- The environment was spacious and met people's needs. There was a choice of communal areas people could use and a dining room and conservatory.
- People's rooms were personalised and decorated to suit the person's needs and tastes.

Ensuring consent to care and treatment in line with law and guidance

- 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were following the principles of the MCA.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. We observed staff offering people choices and respecting their decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- A healthcare professional described the service as caring and said staff were very supportive to people. They told us that staff would not accept any inferior service from others and would challenge this on the behalf of people who used the service.
- People were treated with kindness and compassion. People told us that all the staff were kind. People and staff had developed positive relationships. Interactions between staff and people were relaxed and respectful. People approached staff with confidence and trust.
- There was a family atmosphere and people had developed relationships and strong bonds with other people who used the service.
- People were clearly delighted when they saw other people returning to the service during the day from their activities in the community. They greeted each other warmly and were very pleased to see each other.
- Staff listened to people and made people feel like they mattered. They knew about each person's communication needs and the most effective way to communicate.
- Some people used pictures to express how they were feeling. They were shown pictures of people expressing different emotions and asked which one applied to them. This helped people to express their emotions and communicate with staff.
- One person was unable to communicate verbally but used signs that they and staff had developed over the years. They had significant anxiety about receiving any hospital treatment. Staff had supported the person to have a medical procedure. They used a combination of signing and pictures to explain to the person what was happening. A staff member stayed with the person while they had the procedure.
- A tool for assessing pain in people who cannot verbally express they are in pain was used. This meant that pain was identified and treated quickly.
- Staff quickly recognised when people were distressed or upset because they knew them so well. They identified that a person had toothache and supported them to have dental treatment. They knew that if another person was less communicative and did not greet staff in their usual way then this meant they were upset about something.
- One person had been referred to their GP because staff had recognised they were low in their mood.
- Whenever people had to go to hospital or attend appointments, staff accompanied them and stayed with them to support them.
- The provider had arranged additional training for staff for the purpose of hospital avoidance for one person. This was clearly documented in the care plan and meant staff could provide treatment at the service instead of admission to hospital.
- One person had recently attended a hospital appointment where they received some news about their health. The person told us how supportive the staff member who went with them had been. They said about moving to the service, "I've never been so happy, all the staff are lovely."

- People had lived at the service for a long time and there had been very few changes to staff. This meant that staff knew people very well and had genuine compassion for them.
- Support was reflective of people's changing needs. The provider told us they wanted the service to be a home for life. One person was at the end stage of their life. Staff were keen to describe the person's character and the things they had liked to do. This person had enjoyed an entertainer/ Elvis impersonator coming into the home regularly for many years. They had been at the service shortly before our inspection visit. We were shown a photo of the entertainer in the person's room singing an Elvis song just to them. The person's expression showed they were completely engaged and enjoying this experience.
- Staff described how they had gained a person's trust. They had been reluctant to receive support with personal care. Staff took time to explain what they were doing, they gave the person space and respected their wishes until the person began to trust them and accept this support.
- Staff offered people emotional support through all aspects of their lives, for example, emotional needs in relation to bereavement of family members. Staff supported people to visit and put flowers on their relative's grave.
- Most people had grown up in the local community. They sought comfort through maintaining their connections within the community and with their local place of worship and staff supported this.
- Group meeting for people and staff were held designed to provide people with emotional support and development.
- Through this group one person had overcome significant anxiety about being late. The group had helped the person to develop techniques to overcome this anxiety. They had supported the person to practice being late on purpose and this had showed them they had nothing to fear. The person told us they no longer worried about being late and no longer had this anxiety.
- Another person used this group to increase self-confidence. They enjoyed history and historical figures and had progressed to giving talks about these subjects at 'residents meetings'. They told us how much they enjoyed doing this.
- Another person had increased their assertiveness skills and as a result were better able to manage their personal relationships.
- People's birthdays were a big event and another way that staff made people feel that they mattered. A party was held and care was taken to ensure that people received a birthday gift they really liked. One person liked to go to a hotel each year for their birthday. Staff supported them to do this and the person spent much of the year talking about this experience and looking forward to the next birthday.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support. This was done through care planning and reviews. Care and support plans were written to meet people's individual needs and preferences.
- Staff knew people well and communicated effectively. People told us they were offered choices and could make decisions.
- Staff described how they gave people choices
- Monthly meetings were held so that people could express their views. Meeting records showed that people were asked about the things they liked to do. They had chosen new paint colours for the lounge and the type of cakes they wanted for their birthday cake and where they wanted to go on holiday.
- People were involved in the recruitment process for new staff and were asked for their opinion of each candidate.
- People used advocates when they required support to make a decision and to make sure the decision made was in their best interests and upheld their rights.
- Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training about respecting people's privacy and dignity. They knew how to do this when providing personal care.
- We saw throughout our inspection that staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.
- People were supported to be as independent as possible. Staff supported a person to use public transport independently. This was achieved through staff showing the person how to use the bus route and then following them in a car until they were confident to do the journey alone. They had taught the person how to use alternative bus routes in case there was ever a problem such as a road closure. The process was undertaken slowly and over time to suit the person needs and abilities.
- Another person was supported to attend courses and gain qualifications with the intention of progressing to obtaining paid employment.
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was person centred. People were involved in developing their support plans so their needs and preferences were known to staff.
- People continually developed their skills and were supported to follow their aspirations and goals. One person had attended education in maths and literacy so they could improve their chances of finding paid work. Another person had paid employment. Other people attended day centres. People had attended cooking sessions to increase their cooking and food preparation skills.
- People followed their chosen hobbies and interests. One person attended a weekly workshop so they could make continue their model making hobby.
- The provider had purchased a wheelchair accessible minibus so that people who were becoming less mobile as they grew older could continue to go out and access the community.
- People had links with the local community and church. Neighbours were invited to parties and events held at the service. The local boat club invited people to attend their annual event. People were from the local area and were supported to maintain links with people they had known all their lives. This reduced the risk of social isolation.
- People had developed important relationships with other people who used the service and staff were supportive and respectful of this. A separate flat had been provided for a married couple who used the service.
- There were a variety of activities available to people which were socially and culturally relevant. People had an annual holiday and chose where they wanted to go.
- Staff knew how to communicate with people effectively. Communication support guidance was available for each person.
- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Information was available in picture and easy read formats.

Improving care quality in response to complaints or concerns

- People told us they would talk to the registered manager or one of the care staff if they had any concerns.
- The provider told us they encouraged complaints through meetings and displayed information around the service about how to make a complaint.
- The provider had a complaints procedure which they followed but had not received any formal complaints since our last inspection.

End of life care and support

- People had opportunities to discuss their end-of-life wishes where this was appropriate.
- Staff had received training about end of life care. They had access to relevant professionals should they require support and advice.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A healthcare professional told us the service was person-focused and provided a very good standard of care and support. The service had been able to meet people's needs even when other services had not.
- Staff and managers had shared visions and values and were aware of their responsibility to provide a high-quality, person-centred service, based on the provider's ethos and values.
- Managers and staff had an open and transparent approach and took action if things went wrong.
- The provider and staff had developed their own model of care to support people who used the service. This model of care was focused on people and guided staff to support people in a holistic way.

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

- The provider who was also the registered manager provided strong leadership along with the two deputy managers. People and staff we spoke with told us they were visible, accessible and supportive.
- Staff liked their jobs and said they would recommend the service. There was a low turnover of staff with many staff having been employed for many years.
- The provider/registered manager understood their legal duties and sent notifications to CQC as required.
- There was effective quality monitoring. Checks and audits were carried out routinely. This meant any shortfalls could be identified and resolved quickly and used to improve the service.

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

- People, relatives and staff were engaged and involved.
- Meetings were held for people and staff so they could give their feedback, and share their views and ideas.
- People were also involved and engaged through care reviews and speaking to staff and managers whenever they needed to. People were confident to approach staff with their views and opinions and staff listened to them.
- Staff feedback was used to develop the service. For example, staff had asked for changes to the layout of a person's room so they could support them better and this was done.
- Surveys were sent to relatives and stakeholders to ask for further feedback.
- Staff had developed good relationships with healthcare professionals and with neighbours in the local community.

Continuous learning and improving care

- The service was involved in a pilot scheme run by Norfolk County Council to improve continuous assessment against five key areas of quality.
- Staff had opportunities to attend further training and gain further qualifications. They were encouraged to develop professionally.
- Lead roles had been developed so that staff could attend additional training and make improvements to specific aspects of care such as end of life, oral health, dementia and infection control.

Working in partnership with others

- Staff and the management team worked alongside external agencies and professionals sharing information to ensure that people received the right support and good outcomes.
- A healthcare professional told us staff were quick to contact them when people required their input and staff always followed advice and guidance.