

The Paddocks Care Home Ltd

The Paddocks Care Home

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

This inspection took place on 2 and 3 September 2015 and was unannounced. The Paddocks Care Home is a nursing care home providing personal care and support for up to 100 older people, some of whom may live with dementia. There were 85 people living at the home at the time of our inspection.

The home had a registered manager who had been in post since October 2010. 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.

At a previous inspection in February 2014, we asked the provider to take action to make improvements to some parts of the environment and practices in regards to infection control requirements. We found that this work

Summary of findings

had been completed to provide areas such as treatment rooms and sluices were clean and compliant with the Department of Health Code of Practice on the prevention and control of infection.

People told us they felt safe and that staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse and they knew how to report concerns to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to equipment and systems in the home to ensure people's safety.

There were enough staff available to meet people's needs.

Medicines were safely stored and administered, and staff members who administered medicines had been trained to do so. Staff members received other training, which provided them with the skills and knowledge to carry out their roles.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager had acted on the requirements of the safeguards to ensure that people were protected.

Staff members understood the MCA and presumed people had the capacity to make decisions first. Where someone lacked capacity, best interest decisions to guide staff about how to support the person to be able to make the decision were available.

People enjoyed their meals and were given choices about what they ate. Drinks were readily available to ensure people were hydrated. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and care tasks were carried out thoroughly by staff. Care plans contained enough information to support individual people with their needs and records that supported the care given were completed properly.

A complaints procedure was available and people were happy that complaints would be responded to. The manager was supportive and approachable, and people or their relatives could speak with him at any time.

The home monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible. Action plans to show improvement and analysis of these records were not always available in the home. Analysis of complaints had also not been carried out to identify themes and trends.

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 were supported by enough staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely stored and administered to people.

Good



Is the service effective?

The service was effective.

Staff members received enough training to do the job required.

The manager had acted on guidance about the Deprivation of Liberty Safeguards and staff had access to mental capacity assessments or best interests decisions for people who could not make decisions for themselves.

The home worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Good



Is the service caring?

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good



Is the service responsive?

The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given the opportunity to complain.

Good



Is the service well-led?

The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions plans were not always available to show whether this had been completed, nor was analysis of complaints easily available.

Good



Summary of findings

Staff members and the manager worked with each other, visitors and people living at the home to ensure there was a high morale within the home.

The Paddocks Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 September 2015 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information that we held about the service and the service provider. For example, notifications, which the provider is legally required to tell us about, advised us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During our inspection we spoke with 11 people who used the service and three visitors. We also spoke with 12 staff members, including care and kitchen staff, the manager and the provider's representative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We completed general observations and reviewed records. These included nine people's care records, staff training records, six medication records and records relating to audit and quality monitoring processes.

Is the service safe?

Our findings

The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character. However, we found that in one of the two staff files that we examined gaps in the staff member's employment history had not been checked. This meant that not all of the required information had been obtained prior to the staff member starting work.

We received information prior to this inspection regarding insufficient staffing levels, which may have resulted in staff members not having enough time to spend helping people with their medicines or eating. During this inspection we determined that there were usually enough staff available to meet people's needs. All of the people we spoke with told us that they thought there were enough staff available to help them when needed. One person told us that, "There is always someone around when you need them" and another person commented that, "Staff come quickly at night". All but one staff member also told us that there were enough staff to make sure people received care quickly. They confirmed that there were additional staff at busy times during the day, such as mealtimes and we saw that all staff helped during these times. We found during our inspection that call bells were answered quickly and that staff members were frequently available in communal areas.

The registered manager confirmed that staffing levels were determined using a staffing tool that took into account the level of people's care needs and the layout of the home. Additional staff were employed for those people who required one to one care or had complex care needs, such as for end of life care. The registered manager stated that an extra registered nurse was also available during the day and that planned leave or long term sickness was covered by agency staff. One staff member also told us about the agency staff cover and stated that where possible the same agency staff member was employed. They stated that recruitment for additional staff had started when existing staff members had recently resigned from their positions.

At our previous inspection in September 2014 we identified concerns around infection control practices and some areas around the home did not comply with the Department of Health code of practice for infection prevention and control. The provider wrote to us and told

us that they would make the adaptations required to comply with the code of practice by September 2014. During this inspection we found that clinical and sluice rooms in the home had been renovated and redecorated to prevent a build-up of dirt that may increase the risk of cross infection. Equipment was available for hand hygiene purposes in all bathrooms and toilets. Housekeeping staff were available throughout the different areas of the home each day, there were no offensive smells during our visit and all areas were clean and tidy.

All of the people we spoke with told us that they felt safe living at the home and that they could talk with any of the staff if they had concerns. One person told us, "The staff are always around to look after you, I have never felt scared or worried living here". Staff members we spoke with understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the registered manager and deputy manager responsible for safeguarding referrals, which staff members were all aware of. One staff member reiterated this by telling us, "The managers will not tolerate any staff member not being polite, courteous and respectful". Staff members had received training in safeguarding people and records we examined confirmed this.

Information we hold about the provider showed that they had reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as required. However, we received information before this inspection stating that there had been a few occasions when the local authority had not been notified about a safeguarding referral until after an investigation and action had been carried out. The registered manager confirmed that this had occurred during a period of their leave, but it had been responded to and the staff member involved had been advised of the correct procedure. This meant we could be confident that the registered manager has dealt with this matter appropriately and staff members had been made aware of the correct procedures.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition, behaviour, medicine management, moving and handling, and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff

Is the service safe?

to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as for fire safety, were regularly checked and we looked at records that showed that these checks were being completed. Assessments were available in each person's records and were also held in a central area to advise staff on actions they needed to take in the event of an emergency.

People were happy with the support they received with their medicines, one person told us that their medicines were always given to them at the times they expected. We found that the arrangements for the management of medicines were safe. They were stored safely and securely

in locked trolleys and storage cupboards, in a locked room. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' or limited or reducing dose basis, we found detailed guidance for staff on the circumstances these medicines were to be used.

We observed staff giving out medicines, which was carried out correctly and in line with current guidance in place to make sure that people are given their medicines safely. We could therefore be assured that people would be given medicines in a safe way to meet their needs.

Is the service effective?

Our findings

We received information prior to this inspection in regard to meals that were not readily available to people who needed an alternative diet, such as a puree diet. During this inspection we found that alternative diets, such as puree meals, were available and could be obtained or made at the home at short notice. This information was available to care staff and to kitchen staff to ensure that each person was provided with meals to meet their individual dietary needs.

People told us that meals and the quality of food provided at the home were good, and staff members knew what people liked to eat and drink. Comments from people included, "The chef seems to know what our favourites are" and, "I love the omelettes they do for tea sometimes". One person told us, "I always have two cups of tea with my breakfast" while indicating that they did not need to ask and that staff members knew this was their preference.

We observed that people enjoyed the food that they ate and that the lunchtime meal was sociable. People listened to background music and there were several conversations throughout the meal. Staff members gave people a choice of food and prompted them to eat and drink when necessary. We also saw that staff members adapted their support to each person. Staff members helping people were attentive, spoke with people appropriately and allowed people to eat at their own pace. For those people who were less able to recognise their meal, staff explained what meal had been provided or what food had been placed on the cutlery.

Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. The amount of food and drink being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights. Each person's ideal drink intake had also been recorded on the charts and staff members told us that if the person did not drink enough they would contact the GP for advice.

We received information prior to this inspection in regards to a delay in the length of time taken for people to receive access to and assessments from a health care professional. This may have meant that people were at risk of not having their health care needs met. During this inspection people

told us that they could see their doctor when they needed to and that they could visit the GP surgery or receive treatment from the doctor or district nurses in the home. There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. We saw that referrals to health care professionals, such as diabetic specialist nurses and tissue viability nurses, were made quickly so that people received the advice and treatment they required. We also saw that staff members had acted on advice they were given and that equipment or treatment was provided. People saw specialist healthcare professionals when they needed to and one person's visitor commented that staff members were available to take their relative to the dentist or other clinics when this was needed.

All of the staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. Staff members said that they had the opportunity to undertake additional training that was appropriate to their role. For example, nurses from the home visited a local hospital to receive training on tissue viability (reducing the risk of people developing and the treatment of pressure ulcers). Two staff members told us about training they had received in dementia care. They told us how this had influenced the way they approached their job when supporting people who were living with dementia. They also told us that they were supported by the provider to undertake national qualifications in care.

We checked their training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, and dementia care. We observed staff members in their work and found that they were tactful, patient and effective in reducing people's anxiety or in delivering care.

Staff told us that they had supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed. They also told us that these were helpful and supportive. One staff member, who supervised other staff, told us how they were able to take action to reduce another staff member's concerns after this had been raised during a supervision session.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Is the service effective?

The MCA aims to protect the human rights of people who may lack the mental capacity to make some decisions for themselves. The DoLS are part of the MCA and aim to protect people who may need to be deprived of their liberty, in their best interests, to deliver essential care and treatment, when there is no less restrictive way of doing so. Any deprivation of liberty must be authorised by the local authority for it to be lawful.

The registered manager and staff provided us with explanations of the MCA and their role in ensuring people were able to continue making their own decisions for as long as possible. Staff members we spoke with told us that they had received training in this area. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent. Best interests decisions had been

made and recorded, which provided information for staff about how to act in the person's best interest and other people they needed to contact in order to make that decision.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and registered manager were aware of DoLS and what authorisation they needed to apply for if they needed to deprive someone of their liberty in order to provide necessary care and treatment. The registered manager was aware of changes following the 2014 Supreme Court judgement which clarified the circumstances under which a person may be deprived of their liberty. Following this, applications had been made for some people living in the home and further applications were being made where assessments indicated a person may be deprived of their liberty.

Is the service caring?

Our findings

We received information prior to this inspection in regards to concerns that people were not treated with dignity and respect in one part of the home in particular. During this inspection we found that all of the people we spoke with said that they were happy with the staff members and that the staff were kind, caring and compassionate. Comments included, "All the staff, the carers, cleaners, the cooks all give 100%", "The staff are exceptional" and, "You would not find a better home". People's visitors also spoke highly of the staff and one visitor commented that, "Always happy here, always got a smile on her face ". They all said that staff did as much as possible in caring for their relatives.

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms.

All of the staff were polite and respectful when they talked to people. We spent time in one area in particular observing how staff members interacted with people. We found that during every interaction staff were kind, calm and caring towards everyone they came into contact with. This included when people displayed behaviour that may upset others and we saw that this calmness diffused potential situations quickly.

People told us that staff members listened to them and acted on what they were told. For one person who had lived at the home for a few years, this had resulted in greater independence and ability in carrying out their own personal care than when they had first lived at the home.

Staff made eye contact with the person and crouched down to speak to them at their level so not to intimidate them. We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these. We observed staff working with a person to help them understand why they needed to help them with a hoist. This person was showing difficulties in understanding but time and patience was given to them to ensure they were fully aware of what was happening at each stage of the process.

People told us that they had been asked about their care on a regular basis; although they were not all aware of their care records. People's visitors told us that they were invited to be involved in their relative's care when their relative was not able to do this. One person's visitor told us that staff had asked them about the person, what they liked, where they had worked and their background. This enabled staff to speak with the person about something they were familiar with. There was information in relation to the people's individual life history, likes, dislikes and preferences in some people's care records. Staff members were able to show that they had a good knowledge of people's individual preferences.

Is the service responsive?

Our findings

People living in the home told us that there was enough to do each day and they were able to keep in touch with relatives and friends. They told us that their preferences were respected. They were able to get up when they wanted, choose what to eat and that these preferences were respected by staff.

We observed that staff were responsive to people's needs, one person told us, "I think they know me well". They provided people with drinks when people indicated that they were thirsty, food when it was requested and provided personal care.

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information provided that detailed what was important to that person, their daily routine and what activities they enjoyed. Staff members told us that care plans were a good resource in terms of giving enough information to help provide effective care. They were able to describe people's care needs, preferences and usual routines. These matched the information recorded in people's records. Charts showed that people who were not able to move easily and were at risk of developing pressure ulcers were repositioned every two to four hours.

The home employed two staff members specifically for the purpose of arranging activities, outings and entertainment. People had access to a number of activities and interests organised by these staff members. This included events and entertainment, such as exercise and games, or time with people on an individual basis. One person told us, "I enjoy the singing we had". Other people told us that they enjoyed the coffee morning held on one day of our inspection, which gave them the opportunity to try different types of coffee. A staff member told us about money that had been raised and plans to use it for an outing. While one person said, "I like to go out and [staff member] will take me out to the shops or for a cup of coffee". During our inspection we saw that staff members

sat with people, they were inclusive of all people in the surrounding area and made certain that people who were quiet or had difficulty communicating were also able to participate.

People were able to receive visitors throughout the day and we saw that there were visitors to the home at all times during our inspection. They told us that they could go out (with or without their visitors) around the home or to the local town centre. One person told us, "I like my independence" and another said, "I can go where I want to, there's no restrictions". Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people saw friends and relatives. One person said, "My son and daughter visit me nearly every day". Another person's visitor told us, "I sometimes come to the home at eight in the evening and stay until my [relative] goes to bed at 10.30pm, the home never stops me seeing my [relative] no matter what the time is".

Everyone we spoke with told us that the registered manager and staff were approachable, listened to their concerns and tried to resolve them. They knew how to raise a complaint if they were unhappy, with one person indicating that they would go straight to the deputy manager, whose office was based in the home. One person told us that they had made a complaint about meals provided at the home and that this was being addressed by the provider.

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. People told us that they felt action would be taken if they raised concerns. We examined the complaints records and found that there had been six complaints made to the home in the preceding 12 months. These had been investigated, although information was not always available to show the action taken or whether the complaint had been responded to. We spoke with the registered manager and the Regional Operations Manager, who confirmed the actions that had been taken and that this had been discussed verbally with the person making the complaint. We saw evidence that work had been carried out in response to complaints where equipment had not been working.

Is the service well-led?

Our findings

We found that the home had a quality monitoring system in place but that actions and analysis of information was not always readily available. The registered manager and staff members completed audits fed into the organisation's quality monitoring report. We found that people's care records were regularly audited to ensure they had been completed correctly by staff and contained accurate and up to date information about people's needs. The provider's representative told us that a reporting system for accidents and incidents that compiled the information entered had been established. Information was forwarded from the home to the provider electronically and an action plan was then developed by the provider. However, this was not available in the home during our inspection and we could not see what action had been taken as a result. Complaints analysis and recording of the actions taken was also not well documented, which meant that an overall view of possible trends and themes could not be easily seen or responded to by the service.

The most recent satisfaction survey to enable people and their relatives to give their views on the running of the home was completed in 2014. This information had been collated and showed a high positive feeling about the home and the care that they received. The results also showed that a significant number of people were less happy about meals provided at the home by an external catering company. Action had been taken to provide meals cooked at the home as often as possible until this could be completed entirely.

People told us that they were happy living at the home and their visitors also expressed that they were glad their relatives lived at the home. All of the people we spoke with told us that they would recommend the home to other people. They told us, "I can't speak too highly of them" and "The staff, they seem to hand pick them". One person told us why they were living at the home, "I've known the manager since she was young, that why I came to this home".

They told us that there were regular meetings for them and their relatives and they had been asked for their views on the running of the home. One comment we received about this was, "The care home always listen, they are always caring". Meetings kept people up to date with proposed

changes. As described by one visitor, "The owner is putting more into this care home than he should, he thinks of the residents and not of the profit margins ". We put this statement to another visitor, who agreed that this was accurate.

During our observations, it was clear that the people who lived at the service knew who the registered manager was and all of the staff who were supporting them. People and visitors we spoke with told us that they spoke often with the registered manager and they were happy that staff members and the registered manager were approachable and that they could discuss anything with them at any time. They also felt that staff members were a happy and friendly group who got on well.

Staff told us that the morale was good and they spoke highly of the support provided by the whole staff team. Staff told us they worked well as a team in their respective areas and supported each other. One staff member told us how a kitchen assistant had been concerned about approaching care staff if this was required. This staff member spent a day shadowing care staff and getting to know them so that they would know what to do if they found a situation they could not deal with. Staff told us the registered manager was very approachable and that they could rely on any of the staff team for support or advice.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the registered manager regularly. They told us about staff meetings they attended and that information was fed back to staff who did not attend the meetings during daily handover periods. This ensured that staff knew what was expected of them and felt supported.

Staff members told us that the registered manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection when the registered manager visited each area in the home during our inspection. People knew who she was and why she was there. One staff member told us that they could talk to the registered manager and she would sort things out. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

The home has had a registered manager in post since October 2010.