

Potensial Limited

Paxton House

Inspection report

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Date of inspection visit:
13 December 2018

Date of publication:
25 January 2019

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

This inspection took place on 13 December 2018 and was unannounced. This was the first inspection of this service since registration with the Care Quality Commission in December 2017.

Paxton House provides care for people with a learning disability. The service has accommodation for up to eight people. There were five people receiving a service at the time of our inspection.

The service did not have a registered manager. The registered manager had recently left the service and notified us of this. A deputy manager from another home owned by the provider was supporting the staff with the area manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Paxton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values were displayed including choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. There were sufficient staff available to support people. Medicines were managed safely and people were supported to take their medicine as prescribed. The provider analysed accidents and incidents and used this information as a learning tool to improve the service.

Staff were supported and trained to ensure that they had the skills to support people effectively. People had access to health care facilities and the staff knew about any care and treatment that was being provided. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and people were helped to make decisions which were in their best interests. Where restrictions were identified, applications were sought to ensure these were lawful.

People were supported by staff who were caring and kind and who knew their needs, preferences and what was important to them. Staff understood how people communicated and they promoted different ways of communicating. Staff respected people's privacy and dignity, encouraged people with making choices, and promoted independence. Relatives and health and care professionals were involved with how care and support needed to be provided. People continued to have relationships with people who were important to them.

People's care was reviewed to reflect any changing support needs. People received support from staff to enable them to be involved with activities and do the things they enjoyed. People were encouraged and supported to express their views about the care and support provided and staff were responsive to their comments and any concerns.

There were systems in place to monitor the quality of the service and enable the provider to drive improvement. Staff felt supported and people knew who the deputy manager was; relatives had confidence in the management team. Staff had regular meetings to keep them updated on training and good care practice. The provider had an ongoing action plan that showed how the service was continually improving.

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.

Staff knew how to protect people from abuse and how to report their concerns. Risk assessments were carried out to mitigate the risks of harm people may face at home and in the community. There were sufficient numbers of suitably recruited staff to meet people's needs. People's prescribed medicines were managed and administered safely. Incidents were reviewed to ensure lessons were learnt.

Is the service effective?

Good ●

The service was effective.

Comprehensive assessments of people's needs were completed to help ensure the staff could provide effective support. New staff received an induction and were offered ongoing training with regular supervisions to help ensure they could deliver care effectively. Capacity assessments were completed to demonstrate when people needed support to make decisions that were in their best interests. People could choose what to eat and drink and received health care to stay well.

Is the service caring?

Good ●

The service was caring.

People were happy with the staff and felt they were treated in a kind and caring way. People's privacy and dignity was promoted and they were encouraged to be independent. The staff knew about people's care needs and included people and their relatives in decision making and in their care planning.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised, contained people's preferences and how they wanted to be supported. People's care plans regularly to help ensure care was delivered reflected their current needs. Staff understood how to deliver a personalised care

service. People were supported to participate in activities that interested them and could raise concerns where they were unhappy.

Is the service well-led?

The service was well-led.

Quality assurance systems were in place to ensure people received safe and effective care. The management team worked in partnership with others to bring about improvements. People felt the management team was approachable and listened to their views. Staff felt supported and listened to and understood what was expected of them.

Good ●

Paxton House

Detailed findings

Background to this inspection

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

The inspection took place on 13 December 2018 and was unannounced. The inspection was undertaken by one inspector.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the inspection visit.

Some people who lived at the home had limited levels of verbal communication to be able to give us their feedback of the care they received. Therefore, we observed the interaction between people and the staff who supported them throughout the inspection visit. We spoke with two people who used the service, one relative and three care staff.

We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Some people who used the service were not able to share their views with us about the safety of the service and we therefore observed how people were supported. We saw the staff communicated well with people and were confident they would know from the person's body language and actions if they didn't feel safe. Care records included information about how people preferred to express themselves and how staff could help them to communicate.

Some people showed behaviour which could harm themselves or others. The care records included information about what may indicate they were becoming upset or anxious. Staff knew how to support people to reduce the incidents and there were agreed phrases or actions which people understood which helped to reduce their anxiety. We saw staff use these agreed phrases when speaking with people.

Risk assessments were completed to ensure staff had sufficient guidance to follow when supporting people both at home and out. Some people went out independently and agreements were in place to promote independence and the staff also considered risks and actions to take if people were late returning home or missing. One person told us, "I always let the staff know where I am and when I'm going to come back. They have a number to call if they are worried, but I know how to keep safe."

The provider had taken action to minimise the risks of avoidable harm to people. Staff understood the types of potential abuse that could happen and how to recognise the signs and symptoms if they had been abused. Staff had clear understanding of the provider's safeguarding policy and how to report their concerns to ensure they protected people in the event of any allegation or suspicion of abuse. We saw where safeguarding concerns had been identified, the staff had raised these with the safeguarding team and notified us, so we could review the action they had taken.

People received support from staff who were recruited through a safe recruitment and selection process. The provider carried out pre-employment checks before staff started to work at the service. These included written references, satisfactory criminal record clearance, identity checks and their right to work.

There were sufficient numbers of staff available to meet people's needs consistently. Some people had individual staff support to ensure their safety and they understood their responsibilities. One member of staff told us, "We are always around but that doesn't mean we don't give people the space they need. Sometimes this support means watching from a distance to give them personal space. Some people have two staff to support them when we go out. We have clear guidance about how this support is to be given." Another member of staff told us, "Having this staff support doesn't stop people going out, it makes sure they are safe."

The provider monitored and analysed accidents and incidents each week and ensured staff took action to reduce the risk of recurrence. Staff understood their responsibility to report incidents. We saw detailed accounts of incidents which reviewed what happened before, which staff were present and how staff responded. One member of staff told us, "We have to look at this because sometimes it could be something

that just one of us are doing, so we can learn to do things better and learn from each other." Incidents were discussed which ensured that the staff team learnt from those events and protected people from the risk of harm.

People stored their medicines in locked cabinets in their bedroom. People received the support they required from staff to manage their medicines safely. People could take responsibility for managing their own medicines and assessments were completed on the level of support people needed. Support plans contained clear guidance about the management of medicines for each person. Where people needed 'as required' medicines, information was recorded to help staff identify when these were needed.

Infection control standards were maintained. Protective clothing such as aprons and gloves were made available for staff to use and personalised pictorial cleanliness notices were used to remind people to wash their hands. Hand washing facilities were available at sinks. The home had an achieved a rating of five from environmental health department and no concerns were identified with how cleanliness standards were maintained in the kitchen

Each person had a personal emergency evacuation plan (PEEP) for in the event of a fire or other emergency situation. The fire officer had visited the service and recommended that a fire evacuation be carried out when staff was reduced, such as a night time. We saw this had been completed in a satisfactory time to ensure people's safety.

Is the service effective?

Our findings

People received effective care and support from a team of staff who had received training to understand how to provide their support. Staff completed a comprehensive induction programme when they started to work in the service. The induction training included shadowing experienced members of staff and completing the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care. There were regular evaluations during and at the end of the induction to identify any areas for improvement or further learning.

The staff felt they had the necessary skills to support people and had been given opportunities to get to know people and further training. One member of staff said, "I've recently been on autism training. This was really good and explained it by giving you different scenarios so you could understand what autism meant for people." Another member of staff told us, "We have a lot of opportunities to go on training here. It's good because we all do the same training and this helps with how well we work together. For example, we learn about the different ways people communicate. By working together, we can look at different styles but we don't just try something once, we keep trying to make sure we are using the best methods."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Where people did not have capacity to make particular decisions, assessments had been completed which showed how their capacity had been assessed. Staff were clear about upholding people's rights and decisions were made in line with best interest's decision-making processes. Family members and professionals who knew people, had been involved in making any best interest decision. Some people had personalised and individualised methods of communication and used pictures or signs to understand information. We saw these were used and understood by staff so they could provide understanding for people and to gain their agreement and consent. Where restrictions were identified, DoLS applications had been made to ensure any restrictions were lawful.

People received the support they needed to eat and drink. Information was recorded about people's individual dietary needs. People chose what they wanted to eat each day, developed menus with staff and

then went shopping one to one with a staff member to purchase their food. People were encouraged to help to prepare and cook their meals and join staff in the kitchen when their food was being prepared. Where people were not involved with cooking, they accompanied staff in the kitchen so they could experience the smells and taste the food as it was being prepared.

The staff worked closely with social and healthcare professionals to ensure people received coordinated health care. People had a personalised health action plan which staff supported people to follow. The staff worked closely with social and healthcare professionals to help ensure people received coordinated health care. People continued to health services they were familiar with and one member of staff explained, "[Name] still visits the same chiropodist near their previous home. It took a long time to develop their relationship and it's important to them that this continues." Where people had health appointments they could go alone or receive support from staff or family members.

The provider used best practice guidance and care was delivered in line with current legislation. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and language were identified. This helped to ensure people did not experience any discrimination.

People could access all areas of the home and there was a lift to enable all people to access the first floor. There were small lounges on both floors and some people had a kitchenette in their room to make snacks and drinks independently. There was also a self-contained flat on the second floor which was available.

Is the service caring?

Our findings

People were happy living at the service and were positive about the staff and how they were supported. One social care professional commented that, "People are now really content and happy." The staff had developed good relationships with people and understood their needs and any preferences. We heard staff spending time talking with people, talking about topics of interest to them and about forthcoming events.

Staff respected people's privacy and dignity and we saw staff speaking with discretion about matters of a personal nature. Staff recognised how important it was for people to feel positive about their image and to dress in a style of their choosing. For example, we saw one person was helped with their appearance and clothing before they went out for an interview. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People were encouraged to be as independent and to take responsibility for their life and daily decisions. We saw people could decide how to spend their time and staff knew what support they needed. We saw staff helped people to take responsibility for laundering their clothes, cooking meals and assisted to read bus timetables so they could plan what time they needed to go out. One member of staff told us, "We are here to help people towards independence." Another member of staff told us, "We look at how we can support people and help them to develop the skills they need. We look towards the future and it may be that people want to move to a smaller home or to a supported living service."

Relatives told us that staff were kind, caring and compassionate and that staff recognised how important they were to people. One relative told us, "The staff are very care and very responsible. By this, I mean they are interested in everyone and look out for them and make sure they are safe and well." They told us that staff involved them with making decisions, setting of goals and planning the care to ensure that people were supported in the way they wanted this. Staff respected people's choice and supported them to maintain and gain control about their care and support. Social care professionals told us that staff had contributed and made a positive impact on people's lives and the transition to their new home had been 'handled very sensitively and restrictions have been reduced.'

Staff promoted people's privacy and confidentiality. People's information about their health and support needs was kept confidential and secure. Staff understood data protection and confidentiality and ensured people's information was only shared with other professionals involved in their care where this was needed.

People maintained good relationships with their relatives and friends and some people had moved to the home to be nearer to family. Staff explained this meant that people had more regular contact with family, which people enjoyed.

Is the service responsive?

Our findings

Comprehensive assessments of people's needs were completed before they started using the service. Staff involved relatives and professionals involved in people's care, in identifying people's individual needs and how these should be met. Social care professionals confirmed that the staff took time to get to know people and understand how they wanted to receive any care. They confirmed that they worked well with partnership organisations to ensure they had necessary information and knew what was important for people.

People's care plans included personalised information about their support needs to enable staff to provide consistent support. People's relatives told us that there was clear communication back between them and staff. Designated staff contacted family members each week to share information about their care and activities they had been involved with. The staff explained that this helped with the review process and identify if there were any patterns with behaviour or with incidents that they needed to review. Care plans were formally reviewed each month and relatives were involved in these to ensure they were accurate and up to date.

People were supported to choose and engage in a range of activities that interested them. Staff had spent time with people to help to understand how they wanted to spend their time and supported people to engage in a wide range of activities. One staff member told us, "The transition has been great. People now have an active life and have lots of opportunities to get involved with different activities." A social care professional told us, "The staff are very proactive and getting people out and about and involved." People told us they could choose how to spend their time and enjoyed visiting friends, going to local social groups and visits to places of interest as well as enjoying meal outs and shopping. People were also supported to attend educational courses at college and had opportunities to carry out voluntary work.

People had personalised and individualised methods of communication and these were well used by staff to provide understanding for people and to gain their agreement and consent. Some people had picture boards which detailed all activities they would be involved in during the day and helped them to plan what they wanted to do. The board recorded each activity, including getting dressed and what clothes to wear. One member of staff explained, "Some people like to know what they are doing and this reduces their anxiety."

There was a small team of staff who provided the support which helped people to develop relationships with staff who they knew. Photographs of staff were displayed detailing, 'Who is at Paxton House today.' Staff explained that this helped to reduce anxiety for people as they knew who would be supporting them.

People and relatives felt the deputy manager and senior staff were available and approachable and had confidence in how the service was managed. They felt they could speak with them if there were any concerns and were aware of the complaints procedure. The provider had not received any complaints but people and relatives were confident that any concerns they had would be listened to and taken seriously.

At the time of this inspection nobody who used the service was in receipt of end of life care; the service was currently provided for younger adults.

Is the service well-led?

Our findings

Staff felt supported by the deputy manager and senior care staff. All staff had received regular individual supervisions and worked alongside the deputy manager whilst providing day to day care and support for people. One member of staff told us, "There has been changes with the manager but I have never felt unsupported. We have a good team here and all the senior staff work with us so we get the support we need."

There were systems in place to monitor the quality and safety of the service in relation to the environment and the safety of the service. Care audits were completed to review whether records reflected people's actual support needs and had been amended when their needs had changed. Accident and incidents were reviewed. Accidents and incidents had been recorded and analysed to identify any trends. Any risks or learning points identified were discussed with the staff team and referrals were made to professionals as required.

Staff felt that they would be supported to question practice and raise concerns about poor practice under the Whistle Blowing policy. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. One member of staff told us, "We have a challenge charter so if I want to question someone about how they are working, we are encouraged to challenge each other. We have to remember that we are here for people so need to do the right thing and speak out."

There were regular team meetings held where different topics were discussed including the care of people who used the service and if there was anything the service could do differently for the benefit of people. One member of staff told us, "We have team meetings where we can talk about what's happening and any changes, but it's focused on people living here. We also have time each morning before people get up to talk about what we can do better and make different plans."

The provider worked in partnership with other professionals to ensure people received the support they needed. Health and social care professionals reported that they had positive working relationships which enabled them to work in partnership to produce good care and review how improvements could be made. One social care professional told us they had a link worker system and there was a designated 'point of contact' to ensure effective communication'. They told us they were good at keeping in touch with them to ensure they had relevant information and were kept up to date.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. The provider had a finance management system in place to monitor and manage people's personal finances and their funding arrangements to safeguard their monies. Monthly audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the provider checked for any patterns and trends to ensure actions could be taken as needed.

The provider was committed to seeking people's views about the service and would be carrying out the first annual review of people views. To compliment this, when people visited the home they were asked to complete a short satisfaction survey. We saw these included comments; 'Very impressed, very skilled staff team.' And 'Excellent support and interaction observed.'

The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.