

Kelam Health Care Limited

Paxton Hall Care Home

Inspection report

Rampley Lane
Little Paxton
St Neots
Cambridgeshire
PE19 6NY

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Website: www.paxtonhall.co.uk

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27 June 2017

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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

Paxton Hall is a care home providing accommodation for up to 39 older people, some of whom live with dementia. It is not registered to provide nursing care. 26 people were living at the service on the day of our inspection.

This unannounced inspection took place on 27 June 2017. At the last inspection on 16 January 2015 the service was rated as 'Good'. At this inspection we found overall the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility and with their medicines.

Staff had received training to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service. There were enough staff employed to ensure people that peoples needs were met.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible.

The management and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as to how they spent their day and the meals they wished to eat. These choices were respected and actioned by staff.

People's needs were assessed, so that their care was planned and delivered in a consistent way. There was a variety of activities and interests available for people to take part in so they did not become socially isolated.

People received the support required to maintain a healthy diet and were able to choose meals they preferred. People had access to a range of health care professionals, when they needed them.

People were clear about raising any concerns they had and were confident they would be responded to.

Staff understood the values of the service in relation to providing people with care that was dignified and in a respectful manner. We observed staff supporting people in a respectful and dignified manner during our inspection.

The provider had processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

When appropriate people were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Paxton Hall 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2017 and was unannounced. The inspection was carried out by one inspector 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.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with nine people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We also spoke with four relatives, a healthcare professional and a GP to obtain their views about the service provided at Paxton Hall.

We looked at records in relation to two people's care. We spoke with the registered manager, two deputy managers, three care staff, a supervisor and the cook. We looked at records relating to the management of risk, medicine administration, staff recruitment, training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Paxton Hall. One person said, "I feel safe because you can take any problem or request to the girls (staff) and it's dealt with." Another person told us, "The girls are very kind that is what makes me feel safe, I have never seen them speak to anyone here other than in a nice way." A further two made comments of "I feel safe because there is always someone around me." and "I feel safe with the staff around me, popping in my room to see if I am ok they do their best, they work very hard." One visitor said, I visit [family member] regularly they are very safe here with all the staff that come and go."

Staff were able to tell us they knew how to recognise and report any suspicions of harm or poor care. One member of staff said, "I would report any unusual bruising as we need to ensure people are safe." They were also aware that they could report any concerns they might have to external agencies. A member of staff said, "We could report our concerns to the local authority safeguarding team and CQC." Safeguarding processes and reporting procedures were in place and easily accessible to staff and visitors. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence whilst minimising risks. Staff we spoke with demonstrated that they were aware of potential risks to people including assisting people safely with their mobility and assistance with medicines. One member of staff told, "We need to ensure people use their frame when walking. Sometimes people forget and think they are able to walk unaided. We always need to check the area when using hoist to ensure they are clear from obstacles." Risk assessments had been reviewed regularly to ensure they continued to meet people's needs.

Staff files that we saw confirmed that there was an effective recruitment and selection process in place. Staff had been subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us that usually there were enough staff. There had been occasions where they had used agency staff to cover the shortfalls. People made comments, I ring my call bell and they [staff] are very quick to respond to me." "I ring my bell sometimes (to request medicines) for pain relief there is never a long wait they are really very good here I have no complaints." And "I ring my buzzer they [staff] are quick to come. The registered manager told us that staffing levels were kept under continuous review to ensure to the service met people's needs. They also told us that they had had to use agency recently to cover the staff vacancies.

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. We saw that staff's competence to administer medicines was assessed annually. Medicine Administration Records showed that medicines were administered as prescribed. One person said, "My medication is on time and I like to take it with water so they [staff] always make sure I have some in my glass and they [staff] say "here is your (name of medicine) and stand and watch me take it, I like that they

explain things to me, If I ask for pain relief there's no long wait". Another person told us, "My medication must be taken with food and they [staff] endeavour to do that quite promptly, I do ask for pain relief, I have had to wait sometimes, but the doctor has suggested I have (pain relief) patches now."

Regular health and safety checks were completed which included regular fire safety checks. Accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current on-going issues identified.

Is the service effective?

Our findings

People and their visitors expressed their confidence in the staff and felt that they knew the needs of their family members well. One person said, "They [staff] do come and chat and ask me about my life outside the home and what jobs I have had they do get to know you personally and make you feel special." One visitor said, "They know [name of person] is an avid royal and Ascot fan, and one of the staff members knows this and kindly brought them a book." Another visitor said "They're [staff] so supportive of [name of person] and very helpful. They know exactly how to care for [name of person]" Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's needs, and examples included; first aid, behaviours that challenge, manual handling, safeguarding and MCA/DoLS.

Staff received regular supervision and appraisal where they had the opportunity to discuss the support they needed and to discuss their work practice, training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA).

At the last inspection not all staff had a basic understanding of the MCA and DoLS. At this inspection we found that all staff we spoke with had an understanding of promoting people's rights, choices and independence. The registered manager had made applications to the local appropriate authority when they believed a person was being deprived of their liberty. The applications were based on assessments of people's capacity to make informed decisions. The manager was waiting for the outcome of the DoLS applications that had been submitted to the local authority. In the mean time we saw that people were provided with care that was in their best interests.

People's dietary and food preferences were recorded in care plans. The cook told us about the special diets people required, including meals for people with particular dietary needs. People told us that the staff regularly spoke with them to gather their views about the meals and to ensure that their preferences and favourites were included. One person said, "The food is good and plenty, they come and ask me first what I would like from the menu, if there is nothing I like for instance they will accommodate me with something else - they're good like that, it's all fresh vegetables as well, I never ask for anything in-between meals because I'm happy with what I have eaten but I dare say they would make me a snack if I wanted one." Another person told us, "The food is pretty good here I am never hungry in-between meals but I'm sure they would make me something if I was, breakfast time is up to the individual we can have it when we feel like it."

Drinks were readily available both with meals and at other times during the day. One person said, "We can ask for a drink anytime and the girls [staff] will always get you one." Lunch was a sociable occasion with people eating in small groups in various dining rooms. Some people had chosen to have their meals in their own room. One person told us, "The staff are good they will always come and ask if you're ready for

breakfast, if I'm not, then that's ok with them." Where people needed assistance with their meal staff were on hand to provide the help that was required.

People had access to a range of health services. There were records in place regarding visits and support from health care professionals including; GPs and community nurses which demonstrated that people were supported to access a range of health care professionals. The healthcare professional and the GP we spoke with, were both very complimentary about the care that the staff provided. They commented that the communication was very good with the service and that they (staff) sought advice and assistance when necessary. They both commented that staff were very knowledgeable about people's health care needs. Both told us they enjoyed their visits to the home as the staff are always happy in their work. One person said, I see the chiropodist regularly and have my hair done each week. "Another person said, "They are very good at getting a doctor out to you, I once fell on the steps and before I knew it the doctor was here.

Is the service caring?

Our findings

The interactions between staff and people using the service were seen to be kind, caring and friendly. Staff gave people reassurance to allay their fears where they were not confident when moving around the home. People were given time to respond to any instructions provided. For example, Staff were heard to give one person instructions on how to use their walking aid. They then waited for them to react before giving them further instructions and placing their hands on the frame. One person told us, "I would like to see the temperature up a little I'm a very cold person (laughs)." We saw that a member of staff reacted immediately and said to the person, "[Name of person] let me get you an extra blanket and cardigan." The person then went on to say, "You see look how nice these girls [staff] are. They are truly kind here. I know it's not like being in your own home but it's just as good and we have their company." Another person said, "They [staff] are very kind they know which day I like to have a bath and stick to that, I couldn't improve anything in here I'm very happy. They [staff] speak to me very nicely." A third person said, "The staff are very caring I have had a pressure sore that the girls [staff] have looked after beautifully, I have rung my buzzer in the night to say I would like to go into my chair as I was un-comfortable in bed they supported me to move straight away." Relatives that we spoke with were very positive about the care their family members received and one visitor told us that, "[Name of person] is becoming more and more independent in here with all the staff's help and the continued visits from the physiotherapist." This showed that staff were able to respond and act upon people's care and support needs.

Throughout the day we saw that the staff knocked on the doors to people's rooms and waited for a response before entering. Staff checked and asked people for their consent before providing them with personal care or assistance. We heard staff explaining the support they were going to give them and checked with the person they were happy before providing the support. People were reassured through knowing what was happening. We saw that staff closed the person's bedroom doors before providing them with personal care. One member of staff was heard asking a person, "Can I put this apron on you before I help you to eat so it doesn't spoil your clothes." They waited for consent and then proceeded to assist this person to eat describing every portion of food they were giving them and waited for them to swallow before offering more food. One person told us, "Staff always knock on my door and then come in. They always respect my dignity; it's nice that they let me choose what I would like to wear for the day as well".

People were supported to be as independent as possible throughout the day. People had access to equipment to help them with their mobility. During lunch staff kept checking with people to ensure they were enjoying their meals and offered additional help whenever they felt this might be needed, for example one person required assistance to cut up their meal. Lunchtime was very relaxed and people were given the time to eat. They were offered their desserts once they had finished their main meal. People could choose to have their meals in their rooms and had access to utensils and condiments to help them eat and drink independently.

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate

their wishes.

Is the service responsive?

Our findings

People's need were initially assessed on admission to ensure that their care needs could be met. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. One person said, "When I first came here the [registered] manager went through everything with me. I know what a care-plan is I used to be a nurse it carries all your information. I have not seen it since, I don't really need to, nothing has really changed with me and they always come and ask me any way if I am alright and if there is anything I would like to ask or say to them." Two people told us that their families dealt with their care plans. One person said, "I don't know what a care-plan is I have never seen one but I'm sure my daughter deals with all that. I feel I am supported to make decisions. The staff always ask me what I want or what I would like" and "My daughter will oversee anything for me, I personally have no complaints but I would tell the manager if I had - she's always about."

People we met said that they felt they were treated as individuals. One person said, "I believe they know me as a person. Well they know I like bourbon biscuits and always make sure I have some, I only have to ring the buzzer if I'm feeling a little bit lonely they come and have a chat with me."

People's care plans were reviewed to ensure that their support needs were kept up to date. Staff completed monthly reviews of the care plan and changes were noted and implemented where needed. An example of this included changes to a person's mobility and assistance they required. Daily records were completed detailing the care that had been provided. Staff told us there was a detailed handover that takes place to inform them if there is any changes to a person care. For example one person was being cared for in bed on the day as they were feeling unwell. People could be confident that their care was provided and based upon the most up to date information.

There were various activities available in the home and examples included coffee mornings, a walk to the local church, knit and natter sessions, manicure and pamper days and a gardening club. The activity coordinators told us some people were given individual time as they had difficulty taking part in group activities due to their communication difficulties. This ensured they were not 'socially isolated'. One person said, "The activities are good, they always ask you to join in I like a good jolly old sing song - it's good it breaks your day up." Another person said, "The activities are good there's arts and crafts and they bring people in to sing with us, especially the lady from the church, she sings hymns beautifully and they print of the hymn's for us so we can sing along to them I really enjoy that, I might be wrong but I don't think I have not been outside the home on any trips." A third person told us, "I like to knit and the activity lady is very good she brings the wool in for me." A monthly church service was also held in the home

People had access to the complaints process. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the registered manager, staff and provider. One person said when asked about making a complaint, "Yes I would go to [name of registered manager] she is very approachable with any concerns suggestions or complaints, I totally make all major decisions in my life and any others are made by my family. I have no complaints only compliments. I am

satisfied with having a direct approach and that's good enough for me". Another person told about a concern they had with a member of staff and their attitude which they did not like but said, "It was dealt with, [name of registered manager] is very good like that, she acts upon what you tell her."

Is the service well-led?

Our findings

A registered manager was in post. 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.

People, relatives and staff all told us the registered manager and her team were all approachable and listened to what they had to say. Comments included, "They are always coming to check on us." "There isn't a day goes by that they don't come and see us when they are working."

The registered manager and staff were dedicated in providing a good service and were positive and enthusiastic about supporting people living at the service. One member of staff said, "This is the residents [people who use the service] home and we do whatever they need." Staff we met described the culture in the service as open and friendly and that people were treated with dignity and respect. The staff told us that the registered manager worked alongside them to monitor the care and support. One member staff said, "we work as one big family and I love it here." Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity at all times throughout the inspection.

Staff told us the [name of the registered manager] and [name of deputy managers] of the service were approachable and supportive. They told us the service was well organised and well led. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. One member of staff told us "[Name of registered manager] is a very good listener and works to making the lives better for the people living here. We can go and see them at any time and they will always have the time."

The registered manager and provider carried out a regular programme of audits to assess and monitor the quality of audits of medicines, staff training, care planning and financial audits. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care or mobility needs.

Minutes of the 'residents' meetings were available. There is an annual survey is undertaken and responses are recorded and analysed. Comments from the survey include, 'You do an amazing job and it is very much appreciated.' 'We truly feel that Paxton Hall and its staff are a credit to the care sector.' People told us they were asked their views. One person said, "The staff are always asking us what we like and if there is anything else we need." Another person said, "My family attend the meetings I am happy that the girls [staff] are always asking if there is anything else I need." This showed us that people were asked for their views and that these were acted upon .