

Paxigate Healthcare Limited

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Inspection report

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Date of inspection visit:
06 September 2022

Date of publication:
25 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Paxigate Healthcare Limited is a domiciliary care agency providing regulated activity of personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection there were five people using the service.

People's experience of using this service and what we found

Relatives all told us their family felt safe and well supported. Risks were identified, assessed and regularly reviewed. Staff felt well supported and received training appropriate for their roles. People were given their medicines safely and staff followed infection prevention and control procedures.

People were asked for their consent to ensure staff could provide care and support in the way that each person wanted. The principles of the Mental Capacity Act were followed. Policies and procedures supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff treated people with respect and upheld their privacy and dignity. Relatives described staff as kind and caring and were satisfied their family members were in safe hands. Staff knew people well and encouraged people to be as independent as possible. A relative told us, "[Family member] looks forward to the staff coming and helping them with their care, we feel they are cared for so well."

Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

Quality assurance systems had not always identified shortfalls found during our inspection. For example, in relation to the recruitment practice.

Audits were carried out to ensure the service was of high quality and the provider engaged people, their relatives and staff in giving their views about how the service could improve.

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

Rating at last inspection

This service was registered with us on 4 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Paxigate Healthcare Limited

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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This announced inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 September and ended on the 15 September 2022. We visited the location's office on the 6 September 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to

send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three relatives, three staff, including the registered manager, nominated individual, and care staff. We received feedback from a professional.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including comments from people who have received a service, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Improvements were needed in the recruitment of staff to ensure the provider followed their own policy and procedure.
- The required pre-employment checks had not been fully completed to help ensure staff employed were suitable. This included completing a new Disclosure and Barring Service (DBS) check and obtaining additional references. The DBS helps to prevent unsuitable staff from working with vulnerable people. Following the inspection, the registered manager confirmed that all checks had now been completed.
- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People felt safe with staff who supported them. One relative said, "I am confident that [family member] is very safe." Another relative told us, "I feel [family member] is very safe with the care that they receive."
- Staff had received safeguarding training and knew how to report concerns.
- The registered manager understood how to report any concerns to relevant agencies, including the local authority safeguarding team. "One member of staff told us, "If I had a concern about someone's safety I would go straight to the registered manager and I am confident they would act on it."
- Risk assessments had been completed when people started with the service. The registered manager confirmed these would be regularly reviewed.
- People's risk assessments detailed their key support needs. Where risks were identified, the records provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people. For example, the use of equipment if the person was at risk of falls.

Using medicines safely

- People told us they were safely supported by staff with their medicines.
- Staff had been trained to manage people's medicines safely. A relative told us, "[Family member] take their medication independently, but the [staff member] just makes sure they have taken it."
- There were audits of medicines administration records to ensure people were given their medicines properly.

Preventing and controlling infection

- Plenty of personal protective equipment (PPE) was available to prevent infections. One relative told us,

"Staff always wear their masks and wear protective clothing."

- The provider had policies and guidance to help staff to work in accordance with current guidance on infection prevention and control.

Learning lessons when things go wrong

- There were systems to record, review and learn from incidents and accidents that may occur at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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's needs had been assessed before they started using the service. This gave staff the information they needed to provide effective care and support.
- Relatives were happy with how staff supported people with their individual needs. One relative said, "The staff are amazing, they are patient and kind, they always ask if there is anything else, they can do to make things easier for us in supporting [family member]."
- The registered manager reviewed and updated people's care plans when their needs changed. This ensured the information about the person's needs were always up to date. One relative told us, "My [family members] care plan is updated. We discuss [family member's] care on a regular basis to ensure we are all happy."

Staff support: induction, training, skills and experience

- New staff received an in-depth induction to the service, which included meeting the people they would support. They spent time shadowing experienced staff and were assessed throughout their induction period and beyond to ensure they carried out the different care duties effectively.
- Staff received training in areas important to their work, including specialised care. For example staff confirmed they received a good range of training and that they could ask the registered manager for additional or refresher training in any subject. One staff member told us, "I received training in understanding [how to best support] a person living with Parkinson's disease. It helps to understand their needs and the importance of their medication."
- Staff spoke highly of the support they received from the registered manager. One staff member told us, "We are able to discuss and make suggestions to improve the service and I can speak with the registered manager at any time if I am unsure of anything".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their meal preparation where needed.
- People's dietary requirements, including their likes and dislikes were included in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager supported people to access health or social care professionals as needed.
- Staff all knew what to do if a person became unwell or needed additional support and would liaise with other professionals e.g. GP if this was necessary.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was a record of consent within people's care plan in relation to care, records and sharing of information.
- Staff received training in the Mental Capacity Act and knew how to put this into practice. No-one having their care provided by the service was currently subject to any restrictions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and felt respected. One relative said, "The staff are very kind, considered and so very helpful. we've got a lovely relationship with them. They are dedicated and really want to get to know us. They are not just here for the job." Another relative said, "Staff are very professional, and they have got to know my [family member] very quickly and know what they like and dislike."

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

- Relatives told us they were involved in decisions about the care of their loved ones. A relative said, "The care plan was compiled by the registered manager, my [family member] and myself. Together we worked out what care was best."
- The person's care plan included a record of their involvement, preferences and choices. One relative told us, "When we started using Paxigate the registered manager explained about the care and support they could provide, and a contract was signed."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. Relatives told us that staff encourage their [family members] to do as much for themselves as possible.
- Relatives told us staff always respected people's privacy and dignity. "The staff always ask before carrying out any personal care, they are very respectful and always knock before entering."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans outlined their individual preferences and they were supported in a way that met their needs and achieved good outcomes. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- People's likes and dislikes were well known to the staff team.
- People and their relatives confirmed they were involved in the development of the care plans and could contribute to how they wanted to be supported. One relative said, "The care plan has been discussed with me and my [family member]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager informed us that information could be offered to people in different formats, such as large print or pictures, and in different languages to meet people's needs if required. This was not currently required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people in a way that enabled them to stay living in their own home. One person said, "The carers are just lovely and friendly and talk to me while they work. They lift you up when you're feel low. They are like an extended family."

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved. All those we spoke with had no complaints about the care that was provided by the staff of the service. Comments, included, "We couldn't ask for a better service." And "The staff are wonderful and so caring."

End of life care and support

- The service was not providing care to anybody who was receiving end of life care.
- Care plans showed there had been discussions with people about their preferences for life

saving treatment in the event of a medical emergency.

- The registered manager stated they would liaise closely with healthcare professionals to ensure people remained comfortable and in their own home if this was their choice.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that the governance system had not identified failings in the recruitment procedure and the manager had not managed this effectively.

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

- Improvements were required to the providers quality assurance system as not all shortfalls had been identified prior to our inspection. For example, we found shortfalls in the recruitment procedures. We raised this with the registered manager during our inspection. They took immediate action to address this shortfall.
- The service had a registered manger in post.
- Audits carried out had monitored, complaints, medicines incidents, missed visits and people's support plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager had several years working in the care sector, and this gave them an extensive knowledge base to use in their role.
- The registered manager understood their responsibilities to be open and honest when things go wrong, including their responsibility in relation to the duty of candour They also knew what they needed to report to CQC and other relevant agencies.
- Feedback about the culture and approach of the service was very positive. One relative said, "I would definitely recommend Paxigate, they provide an excellent service and make sure [family member] gets everything they need."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People's views were sought, valued and responded to. Examples included choice of staff and change of visit times. One person said, "I usually get my say in what I want done and they respond straight away without question."
- There were regular communication with staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.
- The registered manager reviewed events and shared any learning with the staff team as necessary to help improve the service to people.
- The registered manager worked with other professionals to ensure support and the right care for people.

For example, liaising with relevant health care professionals involved where people's needs changed. A professional said, "I can say that the registered manager always responds to my emails promptly and professionally. They are aware that there are some challenges in meeting [person's] need's but they have been flexible, accommodating and sensitive to their needs."