Care Quality Commission

Kelam Health Care Limited

Paxton Hall Care Home

Inspection report

Rampley Lane
Little Paxton
St Neots
Cambridgeshire
PE19 6NY
Tel: 01480 213036
Website: www.paxtonhall.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Paxton Hall is a residential home, providing accommodation and personal care for up to 39 older people. There were 25 people living at the home at the time of our inspection.

This unannounced inspection took place on 02 December 2014. At our previous inspection on 30 April 2013 we found the provider to be meeting all the regulations that we looked at.

At the time of our inspection the home did not have a registered manager. The registered manager left the service in July 2014. 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 and associated Regulations about how the service is run.'

During this inspection we found that staff treated people in a way they liked and there were sufficient numbers of staff to safely meet people's needs. People received good

Summary of findings

quality care which had maintained their health and well-being. Staff kept family members well informed of events that affected their relative and people in the home, and their relatives were very happy with the care provided

People lived in a safe and well maintained environment. Medicines were stored correctly and records showed that people had received them as prescribed. Staff had received appropriate training for their role.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to have sufficient quantities to eat and drink.

We saw that staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us that staff ensured doors were shut when they were assisting them with their personal care.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

People confirmed they were offered a variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these

Effective quality assurance systems were in place to monitor the service and people's views were sought and used to improve it. The interim managers were bringing about change to support staff to ensure that people were receiving a good quality of care and support.

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.

Staff were aware of the actions to take to ensure that people living in the home were kept safe from harm

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good

Is the service effective?
The service was not always effective.

Some staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

Requires Improvement

Is the service caring?
The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff.

Good

Is the service responsive?
The service was responsive.

People and or their relatives were involved with their care plans. People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept very well informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in an open and professional way.

Good

Is the service well-led?
The service was well led

There were opportunities for people and staff to express their views about the service via regular meetings and surveys.

Good

Summary of findings

A number of effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

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 was planned to check whether the provider was 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 2 December 2014 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held available about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and any improvements that they plan to make.

During our inspection we observed how the staff interacted with people and how they were supported during their lunch. We spoke with twelve people who used the service and three visiting family members. We also spoke with the provider, the senior care workers, five care staff and a visiting health professional.

We also looked at six people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Good

Is the service safe?

Our findings

People we spoke with said that they felt safe and that they did not have any concerns about the way staff treated them. One person told us: “Yes I feel safe here. The staff are great always and look after me very well. If I had any concerns I would raise them with any of the staff”. Another person said: “I have worked in business all my life and tell it how it is. If I had any concerns I would raise them but I haven’t had to”. One relative reported: “Staff have always been very considerate of (my relative), and I’ve never seen staff be impatient with residents. I don’t know how they do it”. A family friend of a person said: “Yes my friend feels safe here. No doubt about that. In my view this home is one of the best around”.

Staff told us, and records confirmed that staff had recently received training in protecting people from harm. We spoke with two members of staff who were able to tell us how they would respond to allegations or incidents of abuse. They knew how to report incidents both within the home and to agencies involved in protecting people outside the home. One staff member said: “I feel well trained in recognising signs of abuse and I would have no issue to report any concerns to a supervisor”.

Care records showed that risk assessments had been written in enough detail to reduce the risk of harm occurring to people, whilst still promoting their independence. For example, one person had risk assessments and management plans in place in relation to them becoming anxious and agitated. We saw staff gently encouraging the person to remain calm and saw they became less agitated. We saw staff offered this person a cup of tea and brought the drink immediately thereby preventing an increased level of agitation.

People told us there were enough staff available when they needed them and that their requests for help were met quickly. One person told us: “If you ring the bell, they’re here soon enough”. Staff told us that staffing levels were about right and they were able to meet people's needs in a timely way. We saw that people's requests for help were met quickly by staff, and that there were enough staff available to help people with their lunch. We saw the service had increased the amount of staff time spent with two people receiving end of life care. We spoke to one these people who said: “I am very comfortable and have no pain at all. The girls cannot do enough for me and I am really grateful for this”. We saw another person who was not able to use their call bell and heard from staff that they frequently checked on the person’s welfare.

Staff told us that although they were very busy they still had time to care. One staff member said: “What I really like about working here are the relationships we develop with our residents, they are so positive”. Another staff member said: “I try to create some time during my shift to spend some time with my residents to listen to them”.

Two staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

Staff conformed they had received training in medication administration. People we spoke with told us they received their medication regularly. One person told us: “The staff also ask if I require any pain relief”.

We found that medicines were stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medicines. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. A medication error had recently occurred and prompt action had been taken which resulted in the member of staff being unable to continue to administer medicines until they had received further training. This ensured that people remained as safe as possible.

Requires Improvement

Is the service effective?

Our findings

People we spoke with reported that staff understood their needs well, and helped them improve their health. Staff we spoke with told us about the care they provide and one said: "Our residents are our number one priority. We try to offer choice in everything we do. This can be really little decisions about what to wear or what to eat but it really does matter". One staff member told us: "I have worked in other, larger care homes and this is the best as far as I can see".

Staff were aware of the likes, dislikes and care needs of the people living in the home. One staff member told us: "My resident likes to hold hands when we talk to them. It reassures them that we are there and that we care". We looked at the person's care records and saw that this intervention was clearly recorded. We saw in another person's care records that their life history and experiences were documented. This showed us that staff had taken the time to listen to people and their relatives

All of the staff we spoke with told us they felt well trained and supported to effectively carry out their role. Although staff told us they felt supported they had not received regularly supervision since the manager left their post in July 2014. Staff told us and the training records we viewed showed that staff had received training in fire awareness, infection control and food safety, and we saw that staff implemented good infection control practices during our inspection.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Two of the staff we spoke with were trained and felt confident in understanding when an application for depriving somebody of their liberty should be made. We noted that not all staff felt well trained in this area, although a training programme was in place to ensure all staff receives the training to give them a better understanding and ensure they were complying with the legislation.

We saw that some people were able to consent to making everyday decisions about their care and support needs. For example, what to wear, eat and drink. However best interest assessments had not been instigated for everyone. Staff we spoke with were confident in discussing the importance of consent to care and told us they always ask people about what support they need before supporting them.

We observed lunch being served to people. Most people we spoke with commented on the high quality of food provided. One person told us: "The food is wonderful I always get plenty and I can always ask for more." We saw that where people were either unable to eat in the dining rooms as they were being cared for in bed or chose not to, they were offered timely meals and refreshments in their rooms. Where people required assistance at meal times we saw staff sensitively and respectfully assisting people in an unhurried and calm manner. Where people had any risk issues associated with potential inadequate nutritional intake we saw that dieticians and speech and language therapists had been consulted. This was to help ensure people ate and drank sufficient quantities. Comments made about the food included that it was, "Plentiful, tasty and always appetising." We saw menus were delivered individually to all people using the service so that they were aware of the choices on offer for food selection every day.

People's health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: "If I need to see a doctor the staff arrange this for me very quickly". We saw that a doctor, district nurse, physiotherapist, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people's needs. We noted all of this advice and information had been incorporated into people's care plans and risk management strategies. We spoke with one healthcare professional who was visiting the home. They told us that they had no concerns about the care that people received. They told us that people were referred appropriately and staff were always around to assist. People and their relatives told us if they needed to follow anything up with the staff they could always find them and ensured it was sorted out straight away. This meant people could be confident that their health care needs would be reliably and consistently met.

Good

Is the service caring?

Our findings

People we spoke with said that staff respected their privacy and dignity. We saw that staff knocked on bedroom doors and waited for an answer before entering. We saw that staff ensured doors were shut when they were assisting people with personal care.

One person said: “I like my door shut and staff are always very good at closing it on their way out”. A member of staff said: “I love working here. It is a brilliant place to work and for our residents to live. Our residents are fantastic. We treat and care for our residents as if they were our own family members”.

We observed people being assisted with their personal care in a discreet manner. Comments from people who used the service regarding the staff included: "Great staff, kind, hardworking, good fun and supportive". We saw that staff showed patience and gave encouragement when supporting people. For example one person who asked a question repeatedly was answered on each occasion and the staff would place their hand on their shoulder to give them reassurance. One person said: "Everyone looks after us very well and they try their best to help us. The staff are so nice here”.

Relatives told us that the staff were caring and respectful towards their family member and spoke to them appropriately. They also told us that staff were good at keeping them up to date about what was happening with their family member. One told us: “My family member fell and had fractured their hip, the staff phoned me immediately and I was able to get there before the ambulance arrived”.

We saw staff were calm and not rushed in their work. People commented on the, “friendliness and kindness” of the staff. We saw that staff were able to spend time individually with people, talking and listening to them. Staff we spoke with were knowledgeable about people’s care and support needs of the people.

People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms in which to entertain visitors. People told us they were able to choose what time to get up and to go to bed. Another staff member said: “We are encouraged to spend time with our residents and this is a part of the job I love”.

We spoke with one person who was receiving end of life care and saw that their care plan was detailed and personalised. We noted that a doctor was assessing the person on a weekly basis and that district nurses were advising staff on the care and support needs required to care for the person to a high standard. We saw that the person was comfortable and had been prescribed pain relief on an as needed basis. Staff were confident whilst delivering care to the person and felt well trained in this area. We saw evidence of careful monitoring through position, food and fluid intake charts. The person we spoke to said: “I am really comfy and the girls look after me so well, they are very kind”.

We saw a lot of positive interaction between people and staff. People told us how, wonderful the staff were. Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member said: “I know my residents very well. For example when I am making teas and coffees, I always know who may be reluctant to drink enough. I make a positive point of encouraging these people to drink. I also know which biscuits my residents like the best and I make a point of always trying to give people their favourite choice. This really pleases people and lets them know that I take account of their preferences and I know what makes them happy”.

We saw personalised details in the care records which showed us the staff had taken time to gain insight into people’s lives, particularly around their preferences for personal care delivery. We saw examples such as one persons preferred brand of moisturiser and another’s preferred method for removing facial hair.

We spoke to people using the service about how involved they were in making decisions about their care and support. We received responses which included comments such as: “Yes I am involved in all discussions relating to my care and I make all my own decisions with a little support”. One person using the service who was feeling unwell and did not want to eat any lunch and wanted to return to their room for a lay down. We saw the staff member calmly and sensitively took action in accordance with the person’s wishes.

We spoke to one relative who told us about the “Family and friend” days where friends and family are invited in to take part in the planned event and to share feedback about the

Good

Is the service caring?

service. We were told: “The home is so welcoming and inviting. We can stop for lunch at any time and the family days are great fun.” The relative added: “The activities lady is so creative and motivated, excellent really.”

Good

Is the service responsive?

Our findings

Staff told us that there was sufficient detail in the care plans to give them the information they needed to provide care consistently and in ways that people preferred. Care plans had been reviewed regularly so that any changes to people's needs had been identified. Records showed that when people's needs had changed, staff had made appropriate referrals for example to the dietician, dentist and or opticians and updated the care plans accordingly.

Care records showed that planned care was based on people's individual needs. We observed interactions by staff with people using the service and found that the interventions described in the care plans were put into action by staff. We spoke to two people who made adverse comments about the staff. However; both openly told us that they were struggling in making the transition into a care home from their own homes. Staff told us that extra time had been allocated for staff to spend time listening to these people to assist in raising their low mood. We saw very personal and intimate detail in the care records which showed us that staff had spent time listening to people in order to be responsive to their needs. For example, where staff had detailed what one person had worn on her wedding day and what her favourite flowers and colours of choice were.

A member of staff had been appointed to co-ordinate a range of activities, hobbies, interests and events for people to participate in. A member of staff we spoke with showed us photographs from a range of events they had organised for people, including BBQs, parties and craft activities. We noted that forthcoming activities were well advertised around the home. These included arts and crafts, cooking, knit and natter and sing-a-longs, which people told us they enjoyed. We saw that books and craft materials were available so that people could have easy access to them. We sat with some ladies who were knitting and having a natter. They told us they loved knitting and nattering and talked about what they had done in the past and what work they had done when they were younger. They told us they were very much looking forward to the festive activities and events that had been arranged for example, carol singing, a special Christmas service called Christingle and the making of mince pies. One person said: "I like my own company and I generally keep to my own room but there is always something going on if you want to join in. There is never any pressure to do so".

We looked at the minutes of the regular residents meeting and saw action had been taken in response to issues or ideas raised. We saw a discussion had taken place recently about Christmas and several actions had been implemented. One person with dementia kept forgetting that Christmas was approaching and said how much they loved this time of year. Staff decorated their room in a festive theme so they could recall and enjoy the Christmas feel. A Christmas sing-along was planned as people using the service had said how enjoyable this was. One person requested Yorkshire puddings to accompany their Christmas lunch and chef agreed to provide these for all who wanted them.

There was a copy of the complaints procedure available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concern's if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the manager. We looked at the last formal written complaint made to the previous registered manager and found that this had been investigated and responded to in line with the provider's policy. This meant that people could be assured that their concerns and complaints would be managed in line with the provider's policy.

Most people using the service were positive about their views being acted on by staff and the supervisors. One person said: "I have raised issues if I have needed to and I am always listened to". Another person said: "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it".

Good

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager at the home. The previous manager had left in July 2014. Two of the senior care workers, with support from the provider, had been managing the home whilst a permanent manager is recruited. The provider had been visiting the home regularly to support staff and ensure that people were having their needs met and staff were provided with the support that was required. A staff member told us: "The owner has been visiting regularly as we have no manager. He is always openly encouraging suggestions for improvements". One relative told us: "The girls are always around and I cannot praise them enough for their hard work. They are doing a fantastic job."

We received many positive comments about the two seniors from staff who told us that they were both approachable, fair and communicated well with them. One staff member commented: "They are fantastic; they work on the floor to see what's going on". Another commented: "They both listen and ensure we are told things that are important". Another staff member said: "Staff morale is really good and we work well as a team. It is brilliant working here". We spoke with this member of staff who was clearly enthusiastic and passionate about their job.

We found that staff had the opportunity to express their views via staff meetings and handovers.

Staff told us they are encouraged to make suggestions to improve the quality of service provision. They did this either individually in supervision or in one of the regular team meetings. Examples given by staff, where improvements had been made, included a revision of allocation of work between the first and second floor of the service.

People were given the opportunity to influence the service they received and residents' meetings were held by the manager to gather people's views and concerns. We viewed the minutes of this meeting held in July 2014 which showed that people were kept informed of important information about the home and had a chance to express their views.

There were a number of systems in place to monitor the quality of service provided to people living at the home. The senior staff conducted a number of monthly audits to assess the service and we viewed audits undertaken covering all aspects of medicines management, fire health and safety. We saw that where actions had been identified these had been followed up to ensure that action had been taken. For example, where it had been identified that a member of staff had failed to sign for administered medication the action taken had been recorded and further training had been provided.

The administrator maintained a training record detailing the training completed by all staff. This allowed the Provider and Senior Staff to monitor training to make arrangements to provide refresher training as necessary. The senior told us they regularly 'worked the floor' (this meant they worked alongside the staff in providing care) to ensure staff were implementing their training and to ensure they were delivering good quality care to people.