Mr & Mrs P A Whitehouse

Chaxhill Hall

Inspection report

Chaxhill
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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

This inspection took place on 3 and 4 May 2018 and was unannounced.

Chaxhill Hall is a residential care home for 36 older people. People living at the home have a range of needs including dementia. At the time of our inspection visit there were 30 people using the service. At the last inspection on 9 November 2015, the service was rated Good. At this inspection we found the service remained Good.

People benefitted from a service where their needs were put first and their safety maintained. There were enough suitable staff to meet people's needs. Risks to people were managed with the support and guidance of health professionals to ensure people remained safe. Staff worked openly with other agencies to safeguard people from harm. The building and equipment were well maintained and people were protected from risks associated with cross infection. When accidents or incidents occurred, the care people received was reviewed and lessons were learned to prevent a similar incident from occurring in future. We have made a recommendation about reviewing how medicines are managed, in line with best practice.

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 supported this practice. People's privacy was respected and they were treated with dignity and kindness. People were supported to maintain relationships with others who were important to them. They were supported to access appropriate health care.

People benefitted from a stable and caring staff team who knew them well. Staff took a personalised approach to meeting people's needs. People's preferences were taken into account by staff when providing care and people were offered choices in their day to day lives. People received good end of life care.

People's views about the service they received were sought and these were used to improve the service. People were able to raise complaints and these were responded to promptly and thoroughly. The culture at the home was open and transparent. Staff and managers worked together to provide a personalised service where people felt at home. We have made a recommendation about managers networking with other providers.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Chaxhill Hall

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 comprehensive inspection took place on 3 and 4 May 2018 and was unannounced.

The inspection was carried out by one inspector. Before the inspection, we reviewed information we held about the service including notifications. A notification is a report about important events which the service is required to send us by law. We reviewed information the registered manager had 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 also spoke with commissioners about the service.

Throughout the inspection we observed the support being provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people who use the service and another three people's relatives. We spoke with the registered manager, the deputy manager and three other members of the care staff team, a domestic staff member, the cook, maintenance person, a health professional and the Qualification and Credit Framework (QCFs) health and social care assessor for the home. We sat in on a staff handover meeting and toured the premises. We checked three people's care records which included pre-admission assessments, care plans, risk assessments and documents relating to assessment of mental capacity and Deprivation of Liberty Safeguards (DoLS).

We sought the views of a further two health and social care professionals and received feedback from one of those we approached. We checked medicines records for four people and observed two staff members administering medicines. We reviewed the processes in place for managing medicines, including the use of 'as required' medicines and medicines with additional storage and recording requirements. We looked at recruitment records for six staff, staff training and supervision records, complaints, accident and incident records, maintenance records and reviewed provider policies and quality assurance systems.

Good

Is the service safe?

Our findings

People's medicines were managed safely. Nobody we spoke with had any concerns about how people were supported to take their medicines at Chaxhill Hall. People's medicines were stored safely and securely. Individual protocols were in place for medicines prescribed to be given as required, for example for pain relief or anxiety. Medicines administration records (MAR charts) were completed appropriately and a medicines audit was completed each month.

Records demonstrated the registered manager had acted to ensure staff giving medicines met their expectations, when they found a shortfall in practice in November 2017. We observed one staff member did not consistently lock the medicines cabinet when they walked away from it to give medicine to people. This this did not present a risk to people at the time, as other staff were close by, however this was not good practice. They explained they only did this at lunchtime, when other staff were present. We discussed this with the registered manager who provided an immediate action plan, including competency checks for all medicines trained staff and random spot checks, to ensure staff giving medicines maintained expected standards at all times. Few medicines errors had occurred at the home, two were recorded in 2017 and none to date in 2018.

We recommend that the service review good practice guidance for managing medicines in care homes and take action to update their practice accordingly.

People were protected from the risk of abuse as staff understood their role in protecting people and how to safeguard them. People confirmed they felt safe living at Chaxhill Hall and we observed they were relaxed and at ease when interacting with staff. There had been no safeguarding incidents at the home since our last inspection. Comments from people and their relatives included, "I'm happy… I like my home" and it's peace of mind."

Risk assessments had been completed to establish potential risks to people. This included risk of falls, malnutrition and pressure sores. Where potential risks had been identified, care plans described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis and in response to changes. Staff routinely sought the assistance of health care professionals to guide them in managing people's more complex needs.

A personal fire evacuation plan was in place for each person. The safety of equipment and the home environment was monitored and maintained. Regular checks protected people against risks associated with fire, legionella and equipment failure. Staff completed records of incidents and accidents. A monthly summary was produced and analysis of this information enabled trends to be identified and responded to.

People were protected against the employment of unsuitable staff. A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. All staff completed an

induction, which involved required training and working alongside experienced staff to familiarise them with each person's support needs.

Staffing levels were determined by the registered manager in response to feedback from people and staff, observation and their knowledge of people's needs. For example, an additional staff member was now rostered to start work at 7am, rather than 8am, as night staff had recently been finding it difficult to "get to the buzzers quickly enough" at this time. People using the service and staff told us there were enough staff to meet people's needs. Relatives said staff made time for them too. Agency staff were not used at Chaxhill Hall. The registered manager was available out of hours to provide support to staff if needed.

The home was clean and smelled fresh, people and their relatives confirmed it was kept clean at all times. People were protected from risk of infection through action taken following audits in line with national guidelines on infection control. Chaxhill Hall had been awarded a food hygiene rating of five (very good) by the Food Standards Agency in February 2018.

Good

Is the service effective?

Our findings

People's needs were assessed by the registered manager before a place at Chaxhill Hall was offered to them. Assessments took into account recommendations by health and social care professionals and the wishes of the person and their close relatives or advocate. People's diverse needs and any adjustments needed in the delivery of their care were considered. People's needs were reviewed regularly and in response to any changes. When indicated, technology was used to support people's independence. For example, pressure sensor matts were used to alert staff when a person at risk of falling got out of bed.

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. When people had capacity to consent, they had signed their care plans to indicate their agreement with them. When people lacked capacity to consent to care, this was documented and care plans had been agreed in their best interests.

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). Inclusion Gloucestershire visited two people living with physical disabilities at Chaxhill Hall in December 2017. They are a charity who work with the Local Authority (LA) and champion the rights of people living with disabilities. The report from this visit, received in April 2018, suggested the registered manager seek advice from the LA DoLS team regarding potential need for DoLS authorisations for some people living at the home. Further to this, the registered manager had submitted 13 DoLS applications to the LA and a further nine applications were submitted the week after our inspection. An application for authorisation to deprive one person of their liberty had already been approved; There were no conditions attached to this authorisation.

The registered manager could explain current requirements for DoLS to us, but had not received manager level training updates in DoLS, MCA assessment and safeguarding in the previous three years. We also discussed with them how recording of MCA assessments could be improved upon. The registered manager told us they would arrange for the home's management team to refresh their manager level training, at their first opportunity, to ensure the team were all suitably updated.

People were cared for by staff who received appropriate training and support to enable them to fulfil their role. Training included infection control, health and safety, first aid and moving and handling. Training specific to needs of people using the service was provided, including dementia care. Dates were booked for staff who had not yet received training in the MCA, end of life care and communication. Training in 'challenging behaviour' was to be rolled out to the whole staff team. Staff had regular individual meetings known as 'supervision', as well as annual performance appraisals. A staff member said, "Training had got better. We have top-ups every year."

Staff who were new to care completed the Care Certificate. This is a set of national standards that health and social care workers adhere to in their daily working life. All staff were encouraged to go on to complete Qualification and Credit Framework (QCFs) awards in health and social care. Staff and the QCF assessor told us the registered manager was very supportive of staff in this. One staff member told us they had previously found it difficult to settle into a job. They had been working at Chaxhill Hall for three years and were working on their Level 2 QCF. They said, "[Registered manager's] sat down with me and helped me to do a few questions. It feels amazing. I've never really achieved anything else."

People were supported to maintain a healthy weight and had regular opportunities to participate in exercise based activities. We observed people competing in throwing games, dancing with staff and walking to and from dining rooms for their meals. The GP visited the home regularly and people's medicines were reviewed every six months, with support from a pharmacist. Health professionals spoke highly of the service. One said, "I think they are as good as many of the nursing homes I've been in." A relative told us, "They are on the ball. They ring me and say if [person's] not right. They know when [person's] not [themself]."

The Malnutrition Universal Screening Tool (MUST) was used to assess people's risk of becoming malnourished. When needed, people's meals were fortified to provide additional calories. High calorie milkshakes were provided to people at high risk. People's weight was monitored monthly to ensure the measures in place were effective. Staff monitored how well people were eating and when people had not eaten well, or required additional drinks, this was passed on at handover. All food was freshly prepared using good quality ingredients. Nobody living at the home was at risk of choking at the time of the inspection, but the registered manager told us a referral would be made for assessment by a Speech and Language Therapist (SLT) if this was suspected.

People had access to two lounges and two dining rooms on the ground floor and a large room on the first floor which was used for a variety of functions. This included private parties, for example to allow family to visit in larger numbers to celebrate their relative's birthday, film screening and other activities. Bedrooms were located on the ground and first floor. The first floor was accessible via stairs, with stair chairs fitted, or via the passenger lift. At the back of the property a small decked garden with a pond, overlooking neighbouring fields, could be accessed by wheelchair or on foot. Signs were used to help orientate people and assist them in maintaining their independence.

Good

Is the service caring?

Our findings

Feedback about staff was positive and included the following comments from people and their relatives, "They [staff] are lovely, they bend over backwards for them", "Everyone is kind. Whatever you ask of these people [staff] they are happy to help you with it." A health professional said, "They [people] are well looked after here."

These observations complemented our own. We observed warm exchanges between staff and people living at Chaxhill Hall. For example, one person held a staff member's hand while talking with them, then rested their head on the staff member's shoulder while smiling contently. We observed another staff member gently waking people to offer them a drink. When one person remained quite sleepy, the staff member knelt down level with them and very gently and quietly helped them to take their drink. Not moving away until they were sure the person was holding it safely. When people called out for assistance, staff were quick to respond. A staff member and another person spontaneously broke into song and danced together when passing each other in the hallway, both laughing as they moved off.

Relatives told us staff communicated very well with them. They were informed about any changes in their relative's well-being and had been involved in decision-making and care reviews as appropriate. One told us, "They [staff] haven't only made [person] welcome. They've made us part of it. I wouldn't want [person] anywhere else." People's care plans reflected their wishes and preferences including their personal routines for getting up and how they liked to spend their evenings. One person said, "I've got a nice big room and bed. It's all set up as I like it." People's communication needs were clearly detailed in their care plans. People's relatives told us they were welcome to visit at any time.

People's privacy and dignity was respected and promoted. Personal care was given in private, behind closed doors. Staff were considerate and helped people to present themselves well. For example, before lunch staff asked people who may spill food whether they could put a tabard on them to protect their clothes. To which the person replied, "Please". A health care professional said, "Residents always look well kept."

Good

Is the service responsive?

Our findings

People's records contained information about their life history, things that interested them and people that were important to them. Details to support staff to provide care in a person centred way were included in people's care plans. For example, detailing what people could manage for themselves and how they wanted their care to be provided.

People were supported to engage in activities they enjoyed and were meaningful to them. One person said, "Do you see my plants over there. We've planted flower seeds, to go in the pots in the garden." During the inspection, an external company visited the home with clothing samples and people were able to order the items they wanted. People enjoyed regular visits to the nearby café and trips out were being planned for the summer. An external singing group visited the home regularly and staff told us they often, "put music on and have a bit of a sing song and dance about" with people who stayed up in the evenings. Another person preferred to sit quietly in the other lounge with a glass of beer and did this most evenings.

Some people experienced anxiety at times due to their dementia. Staff could tell us how different people's anxiety presented, what may trigger this and how to divert or distract the person to an activity they enjoyed. A relative said, "They [staff] know when she is not herself. They know her as a person. She'll say things to them. They take it with a pinch of salt… They are respectful. They respect us as well." Care plans described how people who were no longer able to ask for help may communicate different needs. For example, if one person rubbed their stomach while walking in the corridor, they were asking to assist them to the toilet.

The cook consulted with people when designing the menu, to ensure their preferences were met. They maintained a list of people's needs and preferences, including food consistency, allergies, likes and dislikes. The cook regularly checked that people were enjoying their meals. One person said as they were leaving the dining room, "That was a lovely meal, thank you very much indeed." Cooked breakfasts were provided upon request and food was available at any time, day or night.

Two complaints had been logged in the two and a half years since out last inspection. In the same period many cards of thanks had been received. Records demonstrated complaints had been fully investigated and resolved. People and their relatives told us they could approach the registered manager if they had any concerns. We observed one person approach the registered manager on several occasions for reassurance, each time they were listened to with kindness and patience.

People's wishes and preferences for the end of their lives had been discussed with them and the people who were close to them. Where people had expressed their wishes, information including their religious or spiritual beliefs was recorded. Staff were proud of how well they looked after people at the end of their life. It was important to them that people were never left on their own and their relatives were at ease.

Staff worked closely with the GP and community nurses to ensure people had a dignified and comfortable death. This included clear identification of people for whom a 'do not attempt cardiopulmonary resuscitation' decision had been made and support in provision of specialist medicines to control unwanted

symptoms. A health professional told us staff were "absolutely outstanding" in how well they looked after people and their relatives at this time.

Good

Is the service well-led?

Our findings

Chaxhill Hall is a family owned and run residential home. Their website states, "The home will provide support and stimulation to enable residents to live as normal a life as possible as far as their capabilities will allow." One person told us, "I love it. I've never looked back… I don't think anyone could have got a better home than we've got here." A relative said, "They [staff] are like a family to us and that's what we want".

The registered manager registered with CQC to manage Chaxhill Hall in May 2011. 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.

Everyone spoke highly of the registered manager, who provided stable leadership at the home. Comments from relatives and health professionals included, "[Registered manager} is very good, approachable. If there are any problems you can always say", "The registered manager knows her residents really well. The care staff are loyal." Staff described them as, "very supportive" and "a really good boss." Our observations, discussions and records demonstrated the registered manager was open and transparent in their approach. They knew exactly what was happening with their staff, the people living at Chaxhill Hall and in the day to day running of the home.

The registered manager's office was located centrally and they were able to observe and respond to events as they happened. They put people's needs first and stepped in to provide care if needed, for example, when some staff could not get in following snow. The registered manager told us they kept up to date through reference to online resources, such as the Skills for Care website and other trade publications and resources. However, they had not undertaken a managerial level update in DoLS in several years and as a result had not kept up to date with important changes until prompted to take action by an external reviewer.

We recommend that the service seek ways to network with other providers and registered managers to assist them to stay up to date with current practice.

The registered manager responded positively to make improvements in response to feedback received. For example, commissioners had asked them to document the checks they carried out to monitor the service, including their interactions with people who used the service. Since this, the registered manager had kept a diary noting, for example, when they observed staff practice, responses to feedback from people, audits and checks undertaken and meetings with people and their relatives to review care. For example, the registered manager noted that some people enjoyed sitting in the front hallway on occasion, rather than in either of the lounges. In response to this, they got comfortable chairs moved into the hallway for them.

Feedback was sought from people and their relatives in an annual survey; A walk in shower had been installed, the home had been redecorated and there were ongoing improvements being made to the laundry service. A health care professional who had worked with the home for over a decade said, "They

have been on a journey. They are constantly striving to improve. There's always something going on. They're not complacent."