

Laxfield House Limited

Laxfield House

Inspection report

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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

Laxfield House is a care home with nursing for adults and older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Laxfield House can accommodate up to 34 people. At the time of our inspection there were 23 people using the service. The accommodation is a converted and extended family house in a rural setting. Accommodation has been updated to enable couples to reside together. The service describes itself as more traditional nursing care and convalescence.

At the last inspection published on 14 January 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was safe and people were protected from harm. Nurses and care staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Risk assessments were thorough and personalised. Nurses and care staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service. Nurses and care staff demonstrated they had the relevant knowledge to support people with their care. Recruitment practices were safe and records confirmed this. Medicines were managed and administered safely with a new audit system introduced.

Newly recruited nurses and care workers received an induction. Training was provided on a regular basis and updated when relevant. Nurses and care workers demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences.

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately and a multi-disciplinary approach was adopted to support people.

Positive relationships were formed between nurses, care workers and the people who used the service and staff demonstrated how they knew the people they cared for well. People who used the service and their relatives told us all staff were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs.

Concerns and complaints were listened to and records confirmed this. People who used the service, their relatives and support workers spoke highly of the registered manager and told us they felt supported by them. Quality assurance practices were robust and taking place regularly.

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 ●

Laxfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 11 September 2018 and was unannounced.

The inspection team consisted of three inspectors. One was observing as part of their induction. We also had 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.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In preparing for this inspection we looked at the information we already held about the service.

During our inspection we observed care and support in communal areas and looked around the premises. We spoke with 10 people, three relatives, one visiting health professional, the registered manager and eight staff from different departments within the service. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at the previous inspection, staffing numbers remain consistent to meet people's needs and the rating continues to be good.

People told us that they felt safe living at the service. One person told us, "I feel very safe living here." Another person said, "I feel perfectly safe, I get everything I want when I want it and I'm alive and kicking. I'm basically very happy here." A relative said, "I feel very confident that [family member] is safe." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition, staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. Lessons were discussed and disseminated to staff, so that prevention strategies could be known to prevent others experiencing similar events.

Risks to the service and individuals continued to be well managed. A visiting health professional told us that they supported the service with reviews of people's care that included a falls prevention strategy. The outcome was lower incidents of falls for people. Records looked at any trends for individuals or the service as a whole in order to potentially prevent harm and make improvements.

Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. Risks related to pressure areas, incontinence, hydration and nutrition, infection, confusion and mental ill-health had all been assessed. We saw risk management plans had been put in place where appropriate. The service was proactive in ensuring that these control measures did not restrict people's independence. For example, consent had been obtained from one person to introduce bed rails at night to help prevent them falling out of bed. This meant that people could continue to make decisions and choices for themselves.

Medicines continued to be safely managed. One person said, "I don't have to worry about my pills, they bring them and provide this little cup to put them in." A different person said, "I have pills as and when required but I haven't a clue what they are for." Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. Body maps were used to monitor patches used to administer some types of medicine and indicated where creams needed to be applied. Staff were able to tell us about medicines and their side effects and those medicines that were time critical to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

The registered manager calculated how many staff were required to support people. People and staff told us that there were enough staff working at the service. People told us of their experiences relating to staffing levels. One person said, "There seems to be enough staff, they don't seem to be tearing about. I don't suffer

as a result of staff shortage so I presume there is enough of them. I do ring my alarm to get a drink in the evening, a glass of wine, they come very quickly, they don't keep you hanging around." Another person said, "If I need them in respect of the toilet they come straight away and find out what I want." A relative told us, "I think staff are a bit pushed at certain times of the day, they work very hard." We viewed the roster and saw staffing levels had been maintained. The roster was planned well in advance. This meant there were suitable numbers of skilled staff to meet people's needs.

We examined recruitment records and found that a process was followed to recruit appropriate staff for the role they were employed.

We examined how people were protected from the prevention and control of infection. Staff had received the training that they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. The home looked clean and tidy and did not have any malodours. Cleaning staff were deployed in sufficient numbers and provided with suitable equipment.

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this where the registered manager kept a summary of incidents, the actions taken, lessons learnt and whether CQC had been informed.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff had the skill and knowledge to deliver effective care and support. People told us of their positive experiences. One relative said, "I'm very happy with his care, it's all very kind and caring. I believe they are very well trained, in here they get to know their patients." A person told us, "I couldn't be anywhere better." Staff told us that they had the training and support they needed to carry out their role effectively. The registered manager had a training record that allowed them to monitor any training updates that were needed. The training was the most up to date based upon current guidance. An example of this was that nurses had completed recent training relating to the use of syringe drivers and verification of death. Each staff member had an individual training record that was up to date. This showed us that care staff had training in moving and handling, first aid, fire, safeguarding, mental capacity and dementia awareness. This ensured that people had the most effective outcomes. Staff praised the quality of the training offered by the provider. Records demonstrated that staff received appropriate annual appraisals and ongoing supervision.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. Following our inspection visit the registered manager updated us on a DoLS application that had been made to the local authority as appropriate.

Staff continued to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. One person told us, "I choose what I wear and I more or less go to bed when I want but I always have to fit in with the carers but it's all quite flexible. Sometimes you get a choice for dinner just five minutes before it comes through the door." We saw from care records that consent was always sought and staff knew when to involve others to reach best interest decisions. An example of this would be the use of crushed covert medicines. This would have been a last resort and required to maintain the person's health.

People told us they were happy with the food they were served. One person told us, "Some of the food is very nice, we often get too much, we get enough drinks." Another said, "The food is lovely, I look forward to my meals." We observed that sherry was offered to people before lunch and wine was available with the main meal. The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Where people were on weight charts these

were kept up to date.

We examined the records of one person who was unable to have food orally and was on a PEG (Percutaneous endoscopic gastrostomy) feed. The care plan for helping the person was clear and detailed and a dietician had been involved in planning care. We saw the plan had been evaluated monthly.

Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were not able to eat their meal unaided they were offered support to eat. This helped to ensure that people got the food they needed to stay well. People told us that they enjoyed their meals; they had two choices for lunch and were able to ask for an alternative if they did not want what was on the menu. One person said, "I get fed. I get a choice and sometimes I don't want anything they offer. They wouldn't let me go hungry, so they always find something."

People were supported to maintain good health. One person told us, "If I needed to see a doctor I would just ask, there is always a doctor available if required." Another person said, "When I first arrived, a doctor came and talked to me." The registered manager and care staff continued to have a good working relationship with external health professionals. A GP visited very regularly and regularly reviewed the health needs of all people living at the service including their medicines. The visiting health professional praised the home for their appropriate communication with their surgery. Records and observations demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. Examples included calling the hospital for updates on a person's condition and making a referral for another person to the speech and language therapist to assess a person's swallow reflex.

The design and layout of the premises and garden was appropriate for people living at the service. The garden was particularly accessible for people with pathways and level access. Based upon feedback rooms had been altered to make them bigger and therefore additional equipment could be utilised for people or the rooms could be used as a double room for couples. The signage and safe access to outside space fresh air and nature was well thought out.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. One person said, "It's a lovely place to live, you couldn't find a better place. It's a very happy place." Another person said, "They are all so absolutely amazing, I couldn't wish for anything better. They are unbelievably kind."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "Staff are very attentive and caring. The first time I came there was a [church] service going on. [Family member] looked so beautiful, [they were] really dressed up, wearing a beautiful scarf. The staff are very efficient, there are little touches I notice and have an appreciation of, such as a glass of sherry. The standard of care seems very good." Another relative told us that, "The care is lovely; the carers are very kind. As far as I'm concerned, the place always looks nice and clean, [family member] looks nice and clean. [Their] clothes are kept nice and clean and they match [family member's] clothes up."

People's privacy and dignity was respected and promoted. One person said, "They do look after me very well, I do what I can when they help me wash and dress." Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. Carers showed us they understood the need to ensure people's privacy and dignity and gave us examples of doing this, for example by only carrying out intimate personal care respectfully and with people's permission.

People were involved about making decisions relating to their care and support. This was evidenced from observations and within care planning and daily notes. Carers told us they encouraged feedback from people and their relatives and gave us examples of responding to this. Carers told us the manager responded promptly to any issues. One told us, "It's a very open, honest and supportive environment here." We found staff to be very caring.

People could have visitors whenever they wanted and there were no restrictions in place. Relatives told us that they were made welcome and involved. One relative said, "They always make us welcome with cups of tea and biscuits, they talk to us, contact us when necessary." Another said, "I come in on a Tuesday and help with the bingo."

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People told us that they had their needs assessed before they came to the service. The registered manager completed an assessment before people started to use the service and this was the basis for care planning. The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. One person said, "I love it here, it's a very nice place, full of warmth." Another person told us about how they liked to spend their day, "It's amazing how the time goes, they do activities, I have played bingo. If someone has heard of a film its put around to see who's interested." We spoke with the person employed to arrange and facilitate activities. There was a varied and regular known programme that included music, quizzes, exercise and external entertainment. Personalised information enabled staff to support people to engage in meaningful activity they enjoyed. One person told us, "I do a lot of reading, I'm an old bookworm. I'm not one for going where its rowdy. I'm quite happy with a book on my own." Care plans were detailed for staff to follow and were kept under regular review. Care staff knew the content of care plans and said they referred to them constantly. They were kept secure.

This nursing home cared for people at the end of their life. No one at the time of our visit was at the end of life stage. However, care plans showed us that staff has sought the wishes and preferences of people. Nurses were able to tell us how they would ensure that a person had a comfortable and pain free death. Staff spoke of their knowledge, links with external professionals and training received. If a person required a syringe driver (a way to deliver medicine continuously directly under the skin) in their last days this was provided and managed by the nursing team. Staff knew what they should do at the time of a person's death and a relative's feedback showed us how they had been supported through the process with kindness.

The service routinely listened to people to improve the service on offer. Views of people were regularly sought both informally and formally on a regular basis. The registered manager was visible and available to people. The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. When asked if they had needed to complain to the service, one person said, "I've never complained, no reason to. I'd holler and press my button if I wanted to. If I was unhappy about the place I would certainly say something." A staff member told us that they were confident to deal with concerns raised and that any issue was dealt with by the registered manager. Complaints were viewed as a positive way to improve and develop the service.

Is the service well-led?

Our findings

At this inspection we found staff were as well led as at the previous inspection. The rating remains Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager continued to promote a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the registered manager about anything they wished. We saw evidence to support that people's views were used to influence what happened in the service. For example, changes to the accommodation.

People told us that they were happy with the quality of the service. One person said, "This place ticks over extremely well." People and their relatives thought that the service was well-led. All carers we spoke with told us they felt supported by and motivated by the manager, who was responsive and interested. One told us, "The manager is always supervising, teaching, training and guiding us." One carer gave us the example of asking for a new type of hoist sling to help lift people and the manager providing this promptly.

We were told that the registered manager was friendly and made themselves available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. The registered manager was often seen around the home and would stop to say hello and ask how people were as they passed by. Staff said the registered manager was very visible and supportive.

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems and that they would listen to their concerns. Carers we spoke with were positive about working for the service. One carer told us, "I love it here." Another told us, "I feel good, totally supported." They gave an example of being personally supported. We observed the staff handover and found this to be very informative and all staff were able to participate and were given key information about the whole service.

The registered manager continued to assess the quality of the service. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included; purchasing of new equipment such as a blood sugar monitoring machine and a blood oxygen saturation, heart rate monitor. The providers were ever present at the service and involved with the running of the service on a day to day basis. Responsibilities for the environment and its safety were closely managed by the provider who ensured all checks and audits were in place. This showed us that all levels of ownership and management had oversight of what was

happening within this service.

The registered manager and provider were responsive to feedback given and within days of our inspection visit provided evidence of action taken to respond to development identified. This included formalising the medicines audits in place, reviewing the pre admission assessment and developing personal emergency evacuation plans.

We were told about the service being put forward for an award in their work around end of life care. The local GP service had nominated them because they were confident in the care and respect afforded to people regarding wishes and choices at end of life. The whole service and community had just celebrated 30 years of the service with a garden party. People, relatives, professionals and community members were invited to join the celebrations that had taken place the day before. The registered manager also spoke about the plans being developed for succession management over the coming years to ensure a smooth transition to a new manager when the time was right. This was to ensure the unique nature and ethos of this nursing home was maintained. This demonstrated to us that the registered manager was committed to working in partnership and improvement.