

St Philips Care Limited

Pavilion Care Centre

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 19 January 2016, it was unannounced. The service was last inspected on 23 September 2013 when all standards were met.

The service offers personal and social care for a maximum of 32 people, at the time of the inspection 28 people were living in the Pavilion Care Centre, some of them were living with dementia. Nursing care is provided from the local community nursing teams.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained and confident to meet their individual needs. Staff supported people to access health care as required. Staff received one to one supervision sessions with their line manager to support them in their caring responsibilities.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training to provide them with the skills and knowledge they needed to look after people. We saw good relationships between people and the staff caring for them and also that consideration was given to people's privacy and dignity. Safe recruitment procedures were followed and appropriate pre-employment checks had been carried out, including evidence of identity and satisfactory written references.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure medicines had been stored, administered and reviewed safely.

People were supported to make decisions in their best interests. The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People enjoyed a nutritious and varied diet and were involved in the menu planning to ensure they enjoyed the meals that were offered.

There was a formal complaints process in place and people were encouraged and supported to express their views. Staff were responsive to comments about the way people wanted to receive their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of safeguarding and knew how to report any concerns.

Medicines were stored and administered safely and accurate records were maintained.

Risks were identified and plans put in place to protect people from potential harm.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training, and understanding of, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People enjoyed a varied and nutritious diet and were able to influence what they ate.

External health services were accessed as required.

Is the service caring?

Good ●

The service was caring.

Positive caring relationships were developed between the people who lived in the home and staff. People told us they were treated with kindness.

People felt comfortable to express their views to staff about how they wanted their care delivered.

People's privacy and dignity was respected and people were encouraged to remain as independent as possible.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Activities undertaken in the home were not designed to meet individual people's needs.

There were no visits organised outside of the home.

Staff had a good understanding of people's care and support needs.

Staff responded to people in an individual way.

A complaints procedure was in place and people told us they felt able to raise any issues or concerns.

Is the service well-led?

The service was Well-led.

The service promoted a positive culture that supported people in an open way.

The registered manager was aware of their responsibilities and supported the staff to provide a positive caring experience to people.

People were supported to share their views about the service and improvements were made. There was an effective quality monitoring system in place.

Good ●

Pavilion Care Centre

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 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.

The inspection took place on 19 January 2016 and it was unannounced. At our previous inspection on 26 September 2013 the home met all the requirements and standards.

Before the inspection visit we reviewed the information we held about the service along with notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. Prior to our inspection we contacted the local authority and Healthwatch and took the information they provided into account as part of our planning for the inspection.

The inspection team was made up of two inspectors.

Before the inspection visit we asked the provider to complete 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.

We spoke with eight people who used the service, two relatives and one visiting friend. We spoke with five members of staff, the registered manager, the deputy manager, one senior carer, one carer and the activities co-ordinator. We reviewed a range of records about people's care, including four people's plans of care, three staff records, medicines records and records in relation to the management of the service, such as audits and policies and procedures. We also used the Short Observational Framework Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

People told us they felt safe in the home, one person said "Yes, I feel safe; staff look after me, I couldn't cope at home". Another person said yes they felt "Very safe". People told us they thought staff knew how to look after them and to make sure the home was safe for them to live in. We observed people looked comfortable and happy with staff.

All staff we spoke with were aware of how to report any concerns about abuse of the people they cared for if it was necessary. Staff were also aware of the whistleblowing policy and the confidential telephone line they could use if they had any concerns, they told us they were confident these concerns would be followed up. We saw there were keypads on external doors and doors to stairwells to reduce the risk of people falling if they had poor eyesight or were confused about their surroundings. We also saw care files included risk assessments which were completed when people entered the home to help keep them safe from harm and people told us they had been involved in discussion around these. These were updated regularly to help ensure people were kept safe when their needs changed. We saw equipment was checked and serviced regularly and kept in good working condition, this helped to ensure people were supported safely when they received support and help with their care.

However, the door to the downstairs office was fixed open and contained some creams and lotions. People who were unaware of the use for these creams and lotions could have used them in an unsafe way. This put some people at risk from the misuse of these substances.

People told us they received their medicines when they needed them. We observed a medicines round and saw staff give medicines in a safe and consistent way, ensuring people received the correct medicines for them. The storage of medicines was safe and we saw the medicines room was locked, clean and organised. There was a system for ensuring people received the medicines as prescribed and we saw there was also a system for disposing of unused medicines efficiently. These measures helped to maintain a safe environment for the administration and storage of medicines.

People told us there were enough staff on duty to help them when they asked for it. A relative said "There seems to be enough of them" (staff). When we spoke with staff they told us there were enough of them on duty for them to spend time with people in the afternoons or evenings, one member of staff said there were "Good staff levels" as some people were independent. Staff told us the registered manager used a staffing tool which helped to ensure enough staff were on duty to meet the needs of people based on the level of their needs.

Is the service effective?

Our findings

People told us they were cared for well and they believed staff had the right skills to look after them. People and relatives also told us they were very well supported by staff in the home. Staff completed an induction prior to them working with people in the home and this included e-learning, reading policies and procedures and then shadowing a more experienced member of staff. When the senior carer or registered manager had seen new staff had the skills to work with people in a knowledgeable way they were allowed to work with people independently. Staff told us they were only allowed to this when they felt comfortable they had the right skills. This meant there was a system for helping to ensure staff were competent to work with people in a safe and effective way.

Staff told us they had supervision every two months and one person said we find these "Very useful." Supervision is an opportunity for staff to meet regularly with their line manager to discuss any learning experiences they felt they require. Staff confirmed they could raise any worries or concerns in their supervision and their line managers were supportive and helpful. One member of staff told us they could also raise anything with a senior member of staff at any time.

Training was undertaken by all staff and new staff were supported to undertake the care certificate. We saw a copy of the training matrix which showed staff were up to date with their training. This training matrix also helped to support the registered manager to ensure staff had the skills and knowledge to care for people they were responsible for. We saw when training required updating this was identified by the registered manager, through supervision and records, and supported. This helped to ensure people were using up to date skills and knowledge. Observations we made during our inspection visit of staff providing care showed people were cared for safely in a skilled way. We saw examples of staff supporting people with moving and handling which confirmed this.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew when and how to refer people under the MCA when they were concerned about their ability to make choices. The 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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DOLS). We checked whether the provider was working within the principles of the MCA and found they were.

People told us they enjoyed the food and we could see the food looked appetizing. One person told us they

always liked the choices on offer but, if they did not, then they could have something else. Another person said the food was "Very, very good" and always included fresh vegetables. A third person said "I enjoy the food, there's plenty of choice and a fourth person said "I like everything". One relative told us they were invited to have lunch with their family member so they could enjoy a meal together.

We saw people's nutritional and hydration needs were assessed and if there were any concerns they were referred to the specialist health professionals. The deputy manager explained how they used fortified drinks and supplements to improve the nutrition of people who required to put on weight. We saw the staff had been in touch with the dietitian so the causes of any lack of appetite for people could be looked into when this was required. Staff offered help to people with eating when assistance was needed but they supported and encouraged people to be independent when eating their meals.

Kitchen staff showed they were aware of special diets and told us they did a four weekly review of the menus to ensure people's preferences and choices were included in the menu planning. We saw the kitchen was clean and well organised and food was kept at appropriate temperatures, this helped to ensure food preparation was safe. Staff told us people were involved in making decisions about future menus.

Staff were aware of the health needs of the people they cared for and sought help from health care professionals when it was required, for example if their needs changed. Staff knew who to contact if people needed specialist support or care. The manager told us they had "Good relationships" with the local pharmacist and GP. One person told us the doctor visited the home fairly regularly and a relative said the staff are "Very good" at getting medical help when it is needed. Also, they were always available to take people to hospital for an appointment if necessary. We saw there were health and medicine leaflets available for people when they went on home visits to stay with their relatives. This helped to ensure their health needs continued to be maintained when they were away from the care home.

Is the service caring?

Our findings

People we spoke with told us they felt the staff working at the home were friendly. One person said "I'm very happy here, everyone is very nice". Another person told us everyone was very friendly and "Everybody gets on". They told us a member of staff was always around if they needed help with anything and they felt the staff were always courteous and respectful. People told us they enjoyed chatting with the staff who worked in the home and one person said staff always had time to sit and "Chat" Another person told us "People are very kind". During our inspection visit we saw people were treated with kindness and respect.

People were able to express their views about how they spent their time and we saw people used the communal sitting room during the day, though when people chose to remain in their rooms this was also supported. One member of staff told us they always tried to talk for a few minutes to anyone who did not leave their room so they did not feel isolated. We saw people were independent around the home but where they required assistance to undertake activities, or move from their room to communal spaces, this was supported.

People told us they felt comfortable to express their views and talk to staff about how they wanted their care delivered. One member of staff told us they felt it was important to speak to people, using their preferred names, including them in conversations and decisions about themselves. This member of staff also said it was important to give people time to communicate what their needs were. We spoke with professionals involved with the service and they told us care plans were "Good". Another professional told us care plans were "Good and person centred". Professionals told us they never had any complaints or concerns about the care people received.

Relatives and other visitors supported the view that the people living in the home were well cared for and enjoyed the caring relationships they had with staff. One staff member told us they had more time to spend with people in the evenings and they really enjoyed this. The registered manager and staff explained to us how they believed in the values of getting to know people slowly and giving them time to build up trust and confidence in the staff. One family member explained how their relative had expressed themselves when returning to the home following Christmas with the family by saying "It's nice to be home, it really is". Another person told us they were "Never lonely" and there were staff and other people to talk to when they wanted. One professional we spoke with told us the staff had a "Nice way" with people who lived in the home.

People told us they were treated with dignity and respect. They said staff explained what they were doing when they were supporting people with personal care. One person said "I can't fault them and what they [staff] do, I'm quite happy with what they do and how they treat me". Staff told us they believed it was important to respect people's dignity. A professional told us they saw people treated with dignity and respect at all times.

We saw staff promoted the independence of people and the registered manager told us they felt this was a very important part of managing a care home. We saw staff knocked on doors before entering people's

rooms and people told us staff always pulled the curtains when they were delivering personal care. The provided had supported one member of staff to be a champion for dignity in the home to help ensure this value was maintained. When we talked to this member of staff they were able to tell us how they supported the values of dignity and respect in the home.

Is the service responsive?

Our findings

People we spoke with told us about things they enjoyed doing in the past but said they were not supported to do these anymore. For example, some people said they would like to go on trips outside of the home more often. One person said "Nobody takes me out" and when we asked if there were any trips they said "No, nothing like that". We discussed this with the registered manager and they told us it was something they wanted to pursue.

People told us they were not consulted about the activities they would like to undertake in the home. However, staff told us they had entertainers once a month and people seemed to enjoy these. They also told us a restaurant dining experience had taken place and people told us they enjoyed it. We saw there was a selection of activities available, for example, armchair football, dominoes, cards, alphabet games, memory games and crosswords. One person told us the activities co-ordinator played cards with them two or three times a week and they enjoyed this.

We talked to people about what activities they would like to be involved with and saw activities did not focus on what people living in the home were interested in. We saw there was no current timetable of activities available for people on display so they were not aware of new or planned activities available. Nor was there a planned review of activities or personal preferences, which meant this had not been reviewed in light of people's likes and dislikes. In the afternoon we saw a small group people were taking part in a group activity. However we observed people were not showing facial expressions which would have demonstrated they were enthusiastic about the activity. We saw the resources available for undertaking mindful activities for people, which could have focussed on the things they enjoyed, was not well utilised.

There were a number of people at the home living with dementia. However, we saw no specific activities or equipment for people living with dementia. We spoke with the registered manager about our concerns about the quality of the social activities and they acknowledged this area of care in the home could be improved. This showed the registered manager was aware of the need for improvements in this area.

People told us the staff responded to what they needed when they needed it. One person told us they could always get up and go to bed when they wanted and felt they were making their own choices. Another person told us they could have assistance with dressing if they wanted it but they preferred to dress themselves and this was encouraged by the staff. The support to maintain as much freedom as possible showed the provider was responding to people's needs in a way which supported their independence.

One relative told us they were always involved in the care planning for their family member, with their consent, and said "They (staff) always seem to have time" and that they were always able to talk to staff about the care of their family member. This meant people and their families were contributing to the care planning of people living in the home.

People told us they knew how to make a complaint and who to make it to if they had anything they were

unhappy about. When we looked at the complaints we saw there had only been two in the last twelve months. We saw these had been investigated and feedback given to the complainants.

Is the service well-led?

Our findings

People told us they were very happy in the home and one person said they enjoyed the way the home was "Relaxed". People and their relatives felt the registered manager and deputy manager were approachable and listened to them. One person said they knew the manager and deputy manager who had a frequent presence in the home, they said "Oh I know [deputy manager], he's lovely". We saw that management learned from suggestions and complaints made to them and people told us even minor complaints were dealt with swiftly.

Staff understood their roles and responsibilities for caring for people and said they received good support from their line managers. They also told us they had a good relationship with, and support from, the registered manager. Staff were aware of the Whistleblowing policy and who to contact if they had any concerns. Also, they said they had the confidence in the registered manager to deal with any concerns they raised.

Staff knew how to treat people with dignity and there were posters on the walls around the home informing people of who to contact if they felt they were not being treated with dignity and respect. The posters around the home helped to support the thinking and attitude of the provider about how people should be treated with dignity at all times.

The registered manager understood their role and responsibilities to keep the home comfortable and safe for the people who lived there, they said "I want people to come and feel it's home". They said it was important to keep a visible presence in the home. They also said this was one of the ways they motivated staff and helped them to understand that their role within the home was very important. The registered manager participated in the same training as the staff so they could judge how relevant and effective the training was. This meant the registered manager could also ensure knowledge and skills gained by staff was put into practice. The registered manager told us they were supported in this role, by their line manager and the organisation.

The registered manager told us they met with other registered managers from the organisation every three months so they could share good practice, they said "There is respect on both sides". The regional manager visited the home to undertake quality audits and the action points from these were sent to the registered manager for them to action. The hospitality manager also visited the home twice a year and spent a day in the kitchen checking the food was prepared in a safe way as well as nutritious and appetising. In addition the estates manager visited the home twice a year to ensure the building was structurally sound and in good order.

Audits of the quality of care provision were undertaken by the registered manager, both informally and formally. The registered manager told us they walked around the home every day and talked to people regularly about any issues they wished to raise. The registered manager discussed meals with people regularly to see if the meals provided were to people's satisfaction. They sat and ate with people in the dining room at least once a week to check the food being served was appetising. This also helped to build

relationships with the people who live in the home.

The condition of equipment and furnishings in the home was checked on a regular basis and the registered manager told us they had no problems if they needed to replace old or broken items. All the mattresses were checked every six months by the registered manager to ensure they were still fit for purpose.

However, we found the daily activities undertaken in the home did not focus on the activities people said they would like to do. People told us there was little communication with them about their interests and they had little interest in the activities provided. Also, organised trips outside the home were not arranged as often as people would like. We discussed this with the registered manager and they told us they would explore different ideas to ensure people could have more trips outside of the home.