

Mrs A H Ribeiro

Pax Care Home

Inspection report

132-134 Pychley Road
Rugby
CV22 5NG
Tel: 01788 575009

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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 

Overall summary

We inspected Pax Care Home on 29 January 2015 as an announced inspection. We announced our visit due to the small number of people using the service, to make sure we could speak with people there. At the last inspection on 4 April 2013 we found there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

Pax Care Home is registered to provide accommodation to a maximum of two people, there was one person using the service at the time of our inspection.

A requirement of the service's registration is that they have 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. At the time of our inspection there was a registered manager working at the service.

The provider had appropriate procedures in place to protect people against the risk of abuse and to minimise risks to people's health and wellbeing.

Summary of findings

People were offered the support they needed by appropriate numbers of suitable, qualified and skilled staff. Staff had the support and training they required, so that their skills were kept up to date.

People had the support they needed to access interests and hobbies that met their individual needs and preferences.

The provider had systems in place to manage the administration of medicines safely.

The rights of people to make their own decisions were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act

2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements. People were able to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to access healthcare that met their needs, their privacy and dignity was respected

People had access to advocacy services. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions about their health and care requirements, which could help people maintain their independence.

The provider completed a number of checks to ensure they provided a good quality service. This ensured that the service continuously improved.

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.

People were protected from the risk of abuse because suitable recruitment procedures were in place, and staff understood their responsibilities for safeguarding people from abuse. People were supported by sufficient numbers of staff to ensure their safety. Medicines were administered to people safely.

Good



Is the service effective?

The service was effective.

People received effective care and support, because staff received regular training and support to make sure they had the skills they required to meet the needs of people at the home. People were supported to attend regular health checks to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People who used the service received care and support that met their needs. Their privacy and dignity was respected. In addition, people were offered choices that met their individual preferences.

Good



Is the service responsive?

The service was responsive.

Care records were up to date and staff had the information they needed to support people according to their wishes. People could access interests and hobbies that they enjoyed. The provider gathered feedback from people about how they wanted the service to change, and acted on the feedback they received.

Good



Is the service well-led?

The service was well led.

The provider had quality assurance procedures in place to ensure the service continuously improved. The manager was available to speak with people who lived at the home, and staff. People could share their views with them.

Good



Pax 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 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.

We inspected the service on 29 January 2015 as an announced inspection. We announced our visit due to the small number of people using the service, to make sure we could speak with people there. This inspection was undertaken by one inspector.

Before our inspection we asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We also reviewed the information we held about the service. We looked at information received from the local

authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract service, and monitor the care and support the service provides when services are paid for by the local authority.

We spoke with the person who lived at the home and their advocate. We also spoke with one member of care staff, and the registered manager of the service.

We observed care and support being delivered in communal areas of the home.

We looked at a range of records about people's care including care files and daily records for the person who lived there.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

We looked at personnel files for one member of staff to check that thorough recruitment procedures were in place, and that staff received appropriate supervision to continue their professional development.

Is the service safe?

Our findings

One person used the service at the time of our inspection. We were able to speak to the person and ask them about the service. They told us, “It’s a good place.”

We saw the person was relaxed with staff and the atmosphere was calm and homely. Staff told us they attended regular safeguarding training and were able to describe what action they would take if they had concerns about people. The manager knew their responsibilities to notify us and the local authority if they had concerns about people’s safety. People were protected against the risk of abuse, as staff knew and understood their responsibilities to keep people safe and protect them from harm.

We reviewed staff recruitment records. We saw the provider had recruitment procedures in place to ensure people who worked at the home were of a suitable character to work with people there.

There was a system in place to identify risks and protect people from harm. Care records had risk assessments in place. The assessments detailed the type of activity, the associated risk; who could be harmed; possible triggers; and guidance for staff on how to manage the risk. Staff

confirmed they referred to the information in risk assessments and care records to manage any risks to people. One staff member said, “We check the risk assessments and care records daily to make sure information about how to manage risks hasn’t changed.”

Emergency plans were in place, for example, around what to do in the event of a fire. This meant there were clear instructions for staff to follow.

There were enough staff at the service to meet people’s needs. We saw there was always a member of care staff at the home to support the person on a one to one basis with their health and care needs. In addition the manager visited the home regularly. Staff had time to sit and talk, play games, or watch television. People told us they had one to one support to access their local community if they wanted to.

We observed how medicines were administered. Staff had the training they needed to administer medicines safely. We saw that medicines were kept in appropriate locked cabinets. People received their medicine at the right time of day and in the correct quantities. Regular medication audits were performed to make sure people received their prescribed medicine.

Is the service effective?

Our findings

The person who used the service told us they could make everyday decisions for themselves. Staff told us the person could make decisions about what they ate as there were no specialist dietary requirements. We saw the person asked staff to prepare them a meal when they wanted to eat, and their preferred choice was prepared for them. They said, "I'd like soup." They later asked for more soup, and toast. We saw on both occasions that the soup and toast was provided in a timely way. The member of staff told us, "We prepare food for each person, whatever their preference is."

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements to ensure decisions are made in people's best interests when they are unable to make decisions for themselves.

Care records we reviewed showed people were involved in planning and agreeing their own care. The staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of when they had applied these principles to protect people's rights. We saw staff asked for the person's consent before they assisted them during the day.

Staff told us they received induction and training that met people's needs when they started work at the home. Staff said the manager encouraged them to keep their training

up to date by providing training to meet their needs. For example, we saw the staff could have onsite training and coaching, could access online training packages, or could attend courses off site. A member of staff told us, "Training is regularly organised to keep my skills up to date."

We saw staff worked alongside the manager at the service. They told us they received regular supervision meetings with the manager. Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements. This meant staff were suitably trained and supported to meet the needs of people at the service.

Staff explained to us how they handed over information at the end of their shift to new staff members coming on duty. They explained the daily handover was conducted by staff using a communication log. A written handover book was prepared so that staff had enough information to let them know about changes in a person's health, or any special arrangements for the day. We saw a daily handover book which contained the information staff needed to meet the needs of people at the service.

We looked at the health records of people who used the service. We saw they were supported to attend regular health checks. People were able to see their GP, district nurse, mental health practitioner, and dentist where a need had been identified. One staff member said, "People have health checks regularly. We support [Name] to go to the doctors, or for other checks if they need us to. Most checks are done on the premises as this is [Name's] preference."

Is the service caring?

Our findings

The person we spoke with told us they were comfortable with the staff at the home. We observed staff had a good rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff. Staff spoke to people in respectful, positive ways. Staff asked people their preference before offering them support. Staff used people's preferred names, and spoke with them in a style that met their communication needs.

People had privacy when they needed it. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. The manager told us people made choices about who visited them at the home, and could have people that were important to them visit them there. We saw people were able to have advocates and friends visit them at the home, as visits were recorded on people's care records.

People were able to make everyday decisions themselves, which helped them to maintain their independence. When

we arrived at the home we saw one person was up. The person told us they decided what they wanted to do each day and staff respected their wishes. Staff told us the person could choose when they got up each day, or whether they wanted to stay in their room. We saw the person decided to spend time in the dining room, and remained there after they ate their meal. Staff respected their decision, and offered them support to take part in hobbies in the dining room.

People had access to advocacy services. We spoke with an advocate who told us they were involved in review meetings with the person they supported, along with other professionals and the manager of the home. They explained they offered advice and support to the individual to assist with decisions, for example, financial decisions that affected the person. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their financial management, health and care requirements which could help people maintain their independence.

Is the service responsive?

Our findings

Care records showed people's likes and dislikes, and how they wanted to receive care. We saw care plans were reviewed and updated regularly. Staff told us and records confirmed people were involved in planning their own care. The files included personal photographs and life histories, people's hobbies and interests, and up to date risk assessments. Care plans were tailored to meet the needs of each person according to their support requirements, skills and wishes. We saw the care people received matched the information in their care records.

Staff told us they provided support to people to access interests and hobbies that met their individual needs. They explained they were able to accompany people on trips out

in the community, or provide one to one support to people to play games, read, or take part in handicrafts. We saw one person asked staff to support them in taking part in a hobby they were interested in. The staff member gave support to the person as they requested. We saw access to interests and hobbies was determined by people who used the service, depending on their preference.

People told us they were comfortable about giving feedback to staff and the manager whenever they wished, as they had access to them daily and could speak with them at any time.

There was information about how to make a complaint available on the noticeboard in the home. People told us they knew how to raise concerns with staff members or the manager if they needed to.

Is the service well-led?

Our findings

We saw visitors and staff could speak to the manager when they needed to, as the manager was at the home each day. Records showed that visitors to the service met with the manager regularly. Staff told us the manager worked alongside them daily and they had the opportunity to talk with them if they wished.

Staff told us the manager asked them about their views regarding the care provided at the service, and any changes they would like to see to improve the quality of care for people. Staff told us meetings took place to discuss people's care needs, issues at the home, staff performance, and to gather views about any changes that may be required. We saw staff also wrote in a communication log about any issues at the home that needed to be resolved, and action was taken by the manager. For example, the home had recently had a leak in the kitchen, we saw the manager had been alerted to the leak by staff, and a plumber had been called to fix the problem straight away.

Our observations of how the manager interacted with people who used the service and staff showed us the manager was accessible. Staff spoke to the manager in a relaxed way, and told us they could speak to them at any

time. We saw the person who used the service also spoke with the manager directly and in a relaxed manner. They told us they were comfortable with giving feedback to staff and the manager at the home directly if they needed to.

The manager told us they accessed our website to keep up to date with current practice. We saw the manager held meetings with other professionals in the sector to discuss updates in practice, and to gain advice. The manager also worked at another home to maintain their knowledge and skills. This meant the manager kept their knowledge and skills up to date.

The manager had sent notifications to us about important events and incidents that occurred at the service. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. The manager understood their responsibilities, and took appropriate action to minimise the risks to people's health and wellbeing.

The manager completed a number of checks to ensure they provided a good quality service. For example regular audits in medicines management, health and safety and care records. Where issues had been identified in audits action plans had been generated to make improvements. For example, recent additions to the garden had been made to make the area accessible to people with limited mobility. This ensured the service continuously improved.