

Mrs A H Ribeiro

Pax Care Home

Inspection report

132-134 Pytchley Road
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CV22 5NG

Tel: 01788575009

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13 June 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection visit took place on 13 June 2017 and it was announced.

Pax Care Home provides care for up to two people and on the day of our inspection there were two people living there.

At the last inspection, the service was rated good. At this inspection we found the service remained good overall.

There was a registered manager at the home. 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.

People and relatives were complimentary and satisfied with the quality of care they received. People received care that enabled them to live their lives as they wanted and were able to make choices about keeping their independence. People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain relationships with people who were important to them.

Care plans contained accurate and detailed relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to meet people's needs. People told us they felt safe living at the home and a relative supported this. Staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

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 home support this practice.

People received a choice of meals and drinks that met their individual dietary requirements at times they wanted them. People received support from staff when they required it, and anyone at risk of malnutrition

or dehydration, were monitored and if concerns were identified, medical advice was sought and followed.

People and relatives knew how to voice their complaints and felt confident to do so.

Systems to monitor and improve the quality and safety of the service provided were not in place or not always recorded. This meant the registered manager could not demonstrate how they ensured the staff and service worked in line with their expectations and the essential standards of care.

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?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Whilst we did not identify any concerns about the quality and safety of the care provided, systems which would have assured the provider of quality and to show continual improvement, were not in place. People, staff and relatives felt the home was well managed and staff felt supported by the registered manager.

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.

This inspection visit took place on 13 June 2017. It was a comprehensive, announced inspection and was undertaken by one inspector.

We reviewed the information we held about the service and we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection, and found it reflected what we saw.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas. This was to see how people spent their time, how staff involved them, how staff provided their care and what they personally thought about the service.

We spoke briefly with two people who lived in the home. People were not always able to understand what we were speaking with them about, and did not always communicate verbally. So, we also spoke with a relative over the telephone. We spoke with the provider, the registered manager, and two care staff.

We looked at two people's care records and other records including, training records, medicines, nutritional charts and incident and accident records.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risk as at the previous inspection and safe staffing levels continued to meet people's needs. The rating continues to be good.

People told us they felt safe living in the home, and a relative agreed, telling us they had no concerns about people's safety.

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the registered manager. One staff member told us, "If I observed someone was emotional, maybe had marks on their body or anything else of concern, I would report that to the manager." They added, "If the manager did not take action, I would raise the matter with the relevant authorities."

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the equipment, number of staff and the actions staff should take to minimise identified risks. Staff knew about risks to people, and we observed how they followed plans in place to keep people safe.

Other risks, such as those linked to the premises, or activities that took place at the home were also assessed and actions agreed to minimise the risks. Routine maintenance and safety checks were also carried out, such as gas and electrical items. This helped to ensure people were safe in their environment. Everyone living in the home had their own fire evacuation plan which contained details of what support they would need to evacuate the home in the event of an emergency.

The registered manager used risk assessments, care plans and their detailed knowledge of people's needs, to make sure there were enough skilled and experienced staff on duty to support people safely. We observed staff were on hand to meet people's day to day needs, and were also able to spend time chatting with people living in the home.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. We reviewed medicines administration records (MAR's), which had been completed in accordance with the provider's policy and procedures. No-one living in the home needed their medicines to be refrigerated, but the provider had ensured appropriate storage was in place should this be required.

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 as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

The provider had effective systems to ensure staff were trained and new staff employed at the home had an induction that equipped them with the necessary skills and support. The provider ensured the induction programme for new staff included training and 'shadowing' (working alongside) experienced staff, before working independently with people. The provider's induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff had regular opportunities to speak with the registered manager and the provider, as they worked with staff daily. One staff member said, "We do speak regularly with the manager, the help is always there as they are always around."

Staff spoke with us confidently about how they put their training into practice. For example, one staff member explained, "Each time you go for training you learn new things about care, this helps you to improve and you can understand people better. The way people saw things ten years ago for example has changed, as research is done. With dementia for example." Training records showed staff had attended a range of training the provider considered essential to meet people's needs, as well as specialised training, such as dementia awareness, to help staff meet people's specific care needs.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager understood their responsibilities under the Act, and people's care records included information on support needed with decision-making. One staff member commented, "Sometimes people can lack capacity, and then you might have to make a decision in their best interests. [Name], for example, can say what they want. We can advise them on the benefits of treatment for example, but we cannot force anything." Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe.

We observed staff asked people for consent before supporting them during our inspection visit. Staff also ensured people had a choice of what they ate and drank throughout the day. One person commented, "The food is good, there is a good variety. Oh indeed, there is a choice."

Where people were identified as being at risk of ill health, for example due to low food or fluid intake, records showed action was taken to alert health professionals and their recommendations were followed by staff. Staff were aware of what was recommended to ensure people's dietary needs were met, and put this

into practice consistently.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be good.

People told us staff continued to be considerate, kind and caring, and that the home offered them a 'homely' family-type atmosphere. One person said, "I am treated like a human being, as I would expect." They added, "The staff have to be caring here, or they would be sacked." Relatives also spoke very positively about the caring attitude of management and staff, as well as the atmosphere in the home. One relative said, "It is just what [relative's name] needed."

A relative told us they were always made to feel welcome when they visited, and the staff encouraged their relative to spend time with them when they did.

There was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. For example, we observed one staff member sitting in a communal area singing along to music with a person. The person was smiling and looked happy.

We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "It is a small home, you get to know the residents well and can relate more. We look at people's needs and we try to fulfil them. We always do our best."

People were supported to be as independent as possible. One staff member told us, "We always ask people what they can do for themselves and what they would like help with. When helping people bathe for example, we encourage people to dress and undress themselves, also to dry themselves."

We observed that staff respected people's privacy at all times. One staff member spoke with us about how they did this, saying, "We are guided by people. For example, [name] wants us with them, another person does not, but we leave them with a buzzer so they can get us if they need us."

People's care plans were stored securely, which ensured personal information was kept confidential.

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responded as their needs changed. The home continued to operate an open, honest culture, and people had the opportunity to maintain any hobbies, interests or activities they wanted to. The rating continues to be good.

People's care plans were personalised to their needs, and had been regularly reviewed. For example, where people had specific health conditions, there was information for staff on how they should monitor people's health, and what action they should take and when to alert medics to changes.

A relative told us they were also involved in care planning where appropriate. They said, "When I visit I go through the care plan with them [staff]. If anything is changing in between, they [staff] consult me." Staff also told us they used care plans to ensure they were responding to people's needs. One staff member commented, "Oh yes, we use the care plans and we write in them. For example, I have written what happened this morning. We are involved in recording and reporting any changes. We let the manager know and they ensure care plans are updated."

Staff were quick to respond when people needed extra support, or when their needs changed. We observed how staff engaged with people throughout our inspection visit, and saw they respected what the person wanted, responding appropriately according to the person's wishes. Records also showed how the service responded when people's need changed. For example, one person had found it increasingly difficult to move around the home. The service had contacted the Occupational Therapy service, who had made adaptations around the home to make this easier for the person. For example, the person's chair had been raised off the floor so they could sit and stand more easily.

There was a complaints procedure which advised people and visitors how they could make a complaint and how this would be managed. No complaints had been made over the past 12 months, but relatives told us they knew who to speak to if they had any concerns, and felt confident to do so. A relative said, "I have had no real concerns, but I would speak to the manager straight away if I had any complaints." The home also worked with advocates who had been appointed to one person, to ensure their views were represented.

People were supported to maintain any hobbies or activities they enjoyed, and we saw people doing what they wanted to do. For example, one person liked to sit at a table with books. They told us, "I can do what I like, read, write."

Is the service well-led?

Our findings

At this inspection, we found the home was not as well-led as we had found during the previous inspection. The rating has changed to requires improvement.

Since our previous inspection, a new staff member had been employed, and a new person had moved into the home. We found checks and audits which would have ensured the home continued to offer a good quality service following these changes, were not always in place.

For example, while staff assured us they had regular opportunities to speak with the registered manager, they confirmed they did not have the opportunity to meet individually, to talk about their practice and development. There were no recorded supervision meetings, neither were there any recorded observations of staff practice or performance. This meant there was no system in place to formally ensure staff were working in line with the provider's expectations. We discussed this with the registered manager, who told us that, as the home was very small, and as they worked alongside staff on a daily basis, they were continually evaluating the care being provided to ensure it was of a high standard. However, they acknowledged if these observations and checks were recorded, they could demonstrate this was being done, and could identify areas for improvement and monitor whether and how improvements had been made.

Whilst we did not identify any concerns about how medicines were stored or administered, there were no recorded checks or audits of medicines to help the registered manager identify any errors or concerns. The registered manager had identified the need for this, and showed us an audit tool they had developed to check medicines were being administered safely. They had not yet used the audit tool, but assured us they would begin doing so in July 2017.

A relative told us they were not formally consulted on their views of the service, but that, "They [provider] ask me about things regularly. Not a questionnaire or anything but we have a wide-ranging conversation and I do feel included." We did not find any record of feedback from relatives or people, and there was no action plan in place to help the provider learn and improve.

The lack of formal systems and recording meant the provider could not demonstrate they regularly reviewed the quality and safety of the service provided, and sought opportunities for continual improvement. The registered manager acknowledged this and told us they would record checks and audits they made of the service.

Staff and relatives spoke highly of the registered manager, and told us the home was well managed. A relative explained, "We have always been happy with how the home is run." Staff felt well supported, and told us there was an open, honest culture where they could discuss things freely. One staff member said, "It is so free and open. If I have any concerns, I ask, I seek help and support. It is always there." They added, "I am part of the family really. I do feel I forget about everything when I am here. I feel it is a really good place to work."

The registered manager demonstrated an extensive and detailed knowledge of people living in the home, and was able to advise and guide staff on people's care. As they worked alongside staff regularly, they were aware of the issues faced by staff and could respond appropriately so staff felt well supported and confident.

The registered manager was aware of their responsibilities as a 'registered' manager and, whilst they had not had to provide us with notifications about important events and incidents that occurred at the home, they showed they knew when and how they should do so. The registered manager notified other relevant professionals about issues, such as the local authority and health professionals, appropriately.