

Mr Sharanjit Singh Purewal

Pals Residential Care

Inspection report

79 Ombersley Road
Worcester
WR3 7BT
Tel: 01905612508

Date of inspection visit: 25 August 2015
Date of publication: 16/10/2015

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 

Overall summary

The inspection took place on 25 August 2015 and was unannounced.

Pals Residential Care is registered to provide accommodation for 14 people who require personal care. There were 12 people living at the home and one person staying for a period of respite. When we visited and there was a registered manager in post. 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 told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe and received their medicines when needed. Staff were available to meet people's care and social needs and people received their medicines when they needed them.

People told us they liked the staff and felt they knew how to look after them. Staff were provided with training

Summary of findings

which they felt reflected the needs of people who lived at the home. The provider needed to demonstrate how they had assessed a person's capacity when they had acted in their best interest.

People enjoyed their meals and if required had been supported to eat and drink enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were met. People were helped to attend appointments or had appointments arranged with health services which were not available within the home. People told us they had regular visits from their GP or when needed.

People felt staff knew their care needs and they had been involved in their care and treatment. Staff were able to tell us about the care needs of people and how they supported people's privacy and dignity. People had been

involved in the planning of their care and relatives were involved in supporting their family member's care. The care provided took into account people's views and input from the people who were important in their lives.

People had been supported with things to do during the day and live in an environment that supported their needs. People and relatives felt that staff were approachable and listened to their requests in the care of their family member.

The provider ensured regular checks were completed to monitor the quality of the care delivered. We found that some improvements in records and medicines were required. The registered manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns of behalf of people. The management team had kept their knowledge current and they led by example.

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 received their medicines in a safe way which encouraged their independence. People were cared for by staff who had the knowledge to protect people from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs.

Good



Is the service effective?

The service was effective.

People's consent to care and their capacity had been considered for individual decisions. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



Is the service responsive?

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Good



Is the service well-led?

The service was not consistently well-led.

Improvement in records and medicines were needed. There was a registered manager in post and the provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

Requires improvement



Pals Residential Care

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 unannounced inspection took place on 25 August 2015 and was completed by one Inspector. During the inspection, we spoke with six people who lived at the home. We spoke with four staff, the registered manager and the provider.

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

We looked at two records about people's care, five medicine records, three compliments, falls and incidents reports, staff meeting minutes and checks completed by the provider.

Is the service safe?

Our findings

All people's medicines were stored in a locked cupboard. The pharmacy supplied most medicines in individual pre-packaged dosages which staff would then administer. Where people required medicines 'when needed' staff told us they would ask people if they needed it or about their pain levels. All people we spoke with were aware that they could request medicines as needed.

Two people we spoke with told us about the medicines they took and what they were for. They did not want to look after their medicines and felt worried they may "Forget to take some". They liked that staff took care of their medicines. Staff who provided people with their medicines were able to talk about what they were and why they needed to take them. Staff on duty that administered medicines told us about people's medicines and how they ensured that people received their medicines when they needed them.

All people that we spoke with felt they were safe living at the home. They knew staff were there to look after and support them. One person we spoke with told they did not lock their bedroom door as it made them feel safer as staff, "Check on me if needed and I know I would not be left stuck in my room". People felt supported by the staff and no one had any concerns about their personal belongings or safety.

People comfortably approached staff who provided support where they had asked for reassurance. Staff also recognised and supported people emotionally where needed. Two staff told us they felt they kept people safe by providing their care and support as needed. They also told us about what they would do to protect a person from the risk of harm. One staff told us that safeguarding people had been part of their training and were clear about the signs of abuse that may occur. They knew to report concerns about people's safety to the registered manager or provider.

Three people we spoke with told us about how they were involved in looking at their risks. For example, ensuring they used their walking aids or asking staff for support to stand up from the chair. They told us this helped them to feel independent whilst remaining safe. One person said they liked a "Walk in the morning to the local shops" and another person told us how they felt safer going out with a member of staff. They told us they got to do this when they wanted. Staff followed people's preferences and were aware of the level of support needed to help reduce people's risk. For example, people's risk of falls and the type of equipment needed to help them while walking.

Staff reviewed people's risks on a monthly basis to see if there were any new risks or any changes. Where there were changes, action had been taken to help reduce those risks. For example, one staff member told us about making a referral to an occupational therapist to support a person who had reduced mobility. Two staff we spoke with told us about how they followed the plans in place to reduce people's risks, such as knowing how to approach a person so they would not become distressed.

All people we spoke with felt there were staff available for them during the day and at night when needed. We saw that people were able to get the attention of staff as they were present in the communal areas of the home or were able to call staff with a call bell button. Three people told us they did not have to wait for assistance and staff were quick to respond. The registered manager and provider told us they ensured that enough staff were available and monitored this by reviewing comments from staff and spending time with people.

Three staff we spoke with felt they had time to support people and one said, "We have time to spend with them, although there are some tasks, we have time to sit and chat". During the inspection we saw that staff had time to stop, chat and have a drink with people.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) sets out the requirements that ensure where people lack capacity to make decisions about their care appropriate decisions are made in their best interests when they are unable to do this for themselves.

One person's records we looked at recorded how decisions had been held in the person's best interest and included the views of the GP, district nurse and the family. The provider told us this had been done as the person had not had the capacity to make these decisions.

Three people we spoke with told us they had their choices respected and that staff listened to them. They felt able to direct staff and made their own decisions about their day to day care and treatment. One person said, "I have two staff support me, but they listen to me". Two staff we spoke with told us about the choices people made day to day and how they provided that support.

Staff listened to people's decisions in relation to choose or refuse care which we saw during the inspection. Staff were seen to ask or explain their action and ensured people consented before they assisted them with their needs during the day. Two staff we spoke with told us if they felt people were not able to make a decision on their own they would refer the assistant manager or registered manager. The provider knew who had a lasting power of attorney in place should the need arise to refer to them. This is someone who has the legal authority to make a decision on a person's behalf about their finances, health and welfare.

All people that we spoke with told us about how the staff provided the care they needed and knew how to look after them. One person told us that staff, "Support me well". Staff told us about their training and how it reflected the needs

of the people who lived at the home. They told us they applied their training in their roles and that they felt confident to provide care and support to people living at the home. For example, staff told us how they knew people's mobility needs and how to manage their physical well-being.

All staff we spoke with told us they felt supported in their role. Staff had individual conversations with the registered manager as needed and joint staff meeting had been held. One staff member said, "We can ask anything anytime and have a daily discussion with [registered manager]".

Five people we spoke with told us they enjoyed the food. One person said, "If I don't like a certain meal it's changed". People told us and we saw that they were offered the choice to eat with others in the dining room, remain in the lounge or eat in their rooms.

People's preferences and dietary needs had been considered. People received drinks and meals throughout the day with staff support if necessary. Staff told us about the food people liked, disliked and confirmed who received any specialised diets. For example, where people required assistance staff were considerate in offering to help people cut their food.

People told us they got to see the opticians, dentist and other health professionals as needed. One person told us that they had seen an optician and the dentist that visited the home. The home was visited weekly by a GP or as required. Where people required regular blood test or wound care to maintain their condition, these had been arranged and completed as required by district nurses.

Visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, we saw appointments that had been arranged were recorded in a diary that staff accessed in the manager's office.

Is the service caring?

Our findings

Seven people we spoke with told us they enjoyed living at the home. One person told us it was, “Best place I’ve been in”. They felt the staff supported them well and one person said they had, “Plenty of time to sit and relax” which they enjoyed after a morning walk. People chatted happily with staff with lots of humour and laughter. People knew the staff well and staff responded to people with warmth and smiles.

People were supported to express their views and be involved as much as possible in making decisions about their daily care and treatment. Staff provided reassurance, regularly asked if people were comfortable or had any support needs or requests. For example, one person asked for staff to go with them to buy their magazine. One person said, “I have my routine, which suits me”.

Two staff we spoke with said they enjoyed getting to know people by talking and spending time with them. They told us they would also take the opportunity and speak with family members and looked at care plans for additional information. Two people’s care plans we viewed recorded their personal histories, preferences and routines and included the views of relatives. This information was personal to each person and staff told us this helped with topics of conversations and their individual styles.

When we spent time in the communal lounges and dining areas and saw that staff showed a caring and respectful approach with people. Their knowledgeable about each

person meant staff chatted to people about their current interests and aspects of their daily lives. For example, they spoke about their day so far or which members of their family were planning to visit.

When staff were speaking with people they used people’s names and gave time for them to respond. Staff had not rushed people and worked with them at the person’s own pace. For example, providing prompts so people were able to be independent and make their own choices. Staff understood people’s needs by reducing their concerns if a person became upset. We saw staff reassure and comfort people who became upset and this helped reduce their anxiety.

One person told us they had become more independent since living at the home and that their en-suite room, “Keeps me independent”. All people told us they chose where they spent their time and were able to spend time socially or privately in their own bedroom. Staff promoted people’s independence for activities with guidance and advice about what they needed to do. Staff always knocked on people’s doors and waited before entering and ensured doors were closed when people wanted to spend time in their bedroom or during personal care. Where visits were carried out by healthcare professional people were provided with the choice to receive the care in their room. Three people we spoke with told us they chose their clothes and got to dress in their preferred style. One person told us that staff ensured their clothes were clean and changed if needed.

Is the service responsive?

Our findings

All people that we spoke with were happy that they got the care and support they wanted and their needs and requests met by staff who responded with kindness. One person told us, "I feel healthier since I have been here". People told us staff listened and responded to their choices and preferences. Three people said that while they needed the support of staff to have a wash and get dressed they were still involved and got to decide when they needed additional support.

Two staff we spoke with told us about the level of support people required, their health needs and the number of staff required to support them. We saw staff were responsive to people's wishes at different times of the day and how they liked their care provided. For example, after lunch people chose to spend time in their bedroom or spend time with staff in the lounge.

People's daily needs were reviewed when staff finished their shift to share information or highlight any changes. This included health appointment outcomes, changes in people's general well being or changes to medicines. Staff could also leave messages in a communication book for the registered manager to look at and addresses if required.

We looked at two people's care records which had been reviewed and updated regularly to reflect people's current care needs. Two staff told us they were involved in updating care plans and were always told by the registered manager if there were any significant change. The detail in the care plans showed people's preferred care and provided guidance for staff on how to support the individual. For example, how a person liked their morning

wake up routine and the level of support they may need with their personal care. All staff we spoke with knew about the information in the care plans we looked at and reflected the information recorded.

Four people we spoke with told us how they spent their day. One person said, "I like to go out every morning". People told us that they could choose to be involved in some group activities or spend time enjoying their individual hobbies or interest. For example, cross words, gardening and reading.

Group activities were offered by staff like bingo and chair exercises and external singers had been brought in on occasions. Where people told us they had not been able or wanted to take part in group activities, staff spent time with them individually. One person said they enjoyed, "Spending time with the girls (staff)".

Five people all told us they were currently happy with their care and the home in general. If they wanted to raise issues or concerns they would be confident to approach any of the staff, which included the registered manager and provider. One person said, "I have settled well and would not want to change a thing" and another person said, "No grumbles from me". The registered manager told us that people, "Would soon tell me if anything was wrong". The registered manager told us they welcomed feedback and although no written complaints had been received they were, "Very open to listening and responding to people". People knew who the registered manager and provider was and we saw that they spent time chatting with them.

Feedback from people and relatives had been considered on how to improve the home or individual care needs. For example, requests for gardening equipment had been completed. Staff we spoke with told us they were happy to raise concerns on people's behalf but felt most people would happily, "Tell them or the manager" if anything was wrong.

Is the service well-led?

Our findings

The provider completed monthly checks of the home. Any gaps identified from these checks were recorded and reviewed. Whilst we saw that these checks were in place they could be improved to ensure records were accurate. For example, two best interest records had not clearly recorded the capacity assessment for decisions that had been made in their best interest.

We also found that not all medicines were labelled correctly and were not in the original packaging. There was a container in the medicines trolley that held one bottle of mixed tablets with a hand written label and one bottle of out of date liquid. Two staff we spoke to told us these medicines were in use but they had not administered them. The provider agreed to remove these and complete further checks relating to the medicines in the trolley.

People received care and support from a consistent staff group, which they told us they knew well and had good relationships with. All people we spoke with knew the registered manager and the provider on a personal level and told us they were listened to and supported. Three people we spoke with told us the registered manager welcomed direct feedback. We saw the registered manager spending time in the communal areas of the home proving care and chatting with people. People's relatives had left compliments about the care their family members had received and how welcomed they had been made to feel by staff.

People and their relatives had regular meetings to share their views and obtain feedback about changes to their home. For example, comments had been made about 'The

friendly staff' and discussions about the new blinds for the lounge. The provider had also recently joined an external review website to allow people and visitors of the home to leave feedback that would be publically available.

Two staff we spoke with felt the home was being managed well and had a strong management team in place. Staff told us that the registered manager was approachable and welcomed ideas or comments. Staff told us they felt able to tell the registered manager any issues or concerns and they would listen and respond. All staff we spoke with told us they enjoyed working there and felt there was a homely environment and had a caring approach to their role.

The registered manager told us they were supported by the provider in updating their knowledge and carry out regular checks of the home. They said, "The home works well" and told us they were supported by a good staff team, "With many years of experience" and they knew people well "Which is important to provide personalised care". The provider visited the home twice a week and spent time with people and staff. The registered manager met with the provider to discuss any issues or concerns. The provider was also involved in maintaining the homes environment and carrying out minor repairs.

People were supported to remain safe in their home as the registered manager monitored how care was provided. For example, care plans were looked at to make sure they were up to date and had sufficient information and reflected the persons current care needs. The registered manager had then been able to see if people had received care that met their needs and review what had worked well. For example, monitoring the management of any ongoing health issues.

The registered manager told us they sought advice from other health care professionals to ensure they provided good quality care. They had followed advice from health professional and the local