

Sanctuary Care (England) Limited

Pavillion Residential and Nursing Home

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

About the service

Pavillion Residential and Nursing Home provides care and accommodation for up to 68 people with nursing care needs and people who are living with dementia. At the time of the inspection the service supported 57 people.

People's experience of using this service and what we found

People felt very safe and secure living in the home. They were happy with the service and spoke highly of staff members, describing them as "really nice", "lovely" and "kind."

Risks were well managed. Staff felt confident safeguarding people from abuse and the registered manager raised safeguarding alerts in a timely way. Arrangements were in place for the safe administration of medicines. Staff were recruited in a safe way and there were enough staff on duty to meet people's needs. The provider learned from previous accidents and incidents to reduce future risks. The premises were clean and tidy.

People's needs were assessed before they received support. Staff were suitably trained and received regular supervisions as well as annual appraisals. 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 service supported this practice. People were supported with their nutritional needs and to access a range of health care professionals.

People were well cared for and supported in a dignified manner. Staff treated people with respect and promoted their independence by encouraging them to care for themselves, where possible. People were supported to access advocacy services, when needed.

Care plans were person-centred and detailed. People's communication needs were assessed, and staff knew how to communicate with them effectively. People and relatives had no complaints about the service but knew how to raise concerns. Any complaints received were fully investigated and subsequent action was taken. The service organised a wide range of activities for people to enjoy both inside the home and in the local community.

People and relatives were complimentary about the service. One person said, "It is well led. I would recommend it here." An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service through surveys and meetings. Staff were involved in the ongoing development and improvement of the service through regular meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Pavillion Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector and 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.

Service and service type

Pavillion Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with ten people and five relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, the kitchen manager, two nurses, two care workers and an activities staff member. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. Comments included, "I do feel very safe in here. There is staff around 24 hours so if I need anything, I can call someone" and "I feel comfortable that my family member is happy here and that's what matters."
- Staff knew people very well and felt confident protecting them from abuse. Staff received regular safeguarding training. Safeguarding alerts were raised with the local authority in a timely way, when required.
- The provider had a whistle blowing policy which was accessible to staff around the home.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed and managed. Staff understood potential risks and how to mitigate them.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Accidents and incidents were appropriately recorded and analysed to identify any trends and lessons were learned, where necessary.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff were visible supporting people around the home and call bells were answered quickly throughout the inspection.
- Staffing levels were determined in line with people's needs. Existing and bank staff were mainly used to cover staff absence. The registered manager told us if they used agency workers, they always used the same staff for continuity purposes.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Using medicines safely

- Medicines were managed in a safe way. Comments included, "The staff give me my medication in the morning and in the evening" and "I know what my family member takes. The staff take care of that and it is fine."
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- The premises were clean, tidy and welcoming.

- The service had an infection control policy in place. Staff had received appropriate training. They were aware of infection control measures. Staff used appropriate personal protective equipment (PPE) when supporting people such as gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home and on an ongoing basis to ensure the service could effectively support them.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction. This included training and shadowing experienced staff.
- Staff continued to receive regular training to ensure they had the correct skills and knowledge to support people.
- Staff told us they enjoyed working in the home and they felt supported in their roles. Staff received regular supervisions and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their nutritional requirements. Comments included, "I really like the food here" and "I just love my food and I enjoy what I get here."
- People chose what to eat and drink and were encouraged to do so. There were daily menus available and the kitchen manager told us, "I can make alternatives for people. I'll make them anything they want as long as I've got it in."
- People had eating and drinking care plans and diet notification forms in place which included their preferences and any special dietary requirements. Staff knew people's needs and supported them to eat their meals in a gentle manner, at a pace comfortable for each individual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. They were supported to access a range of health professionals, when needed, such as GPs, dentists, speech and language therapists and chiropodists.
- Care records documented engagement with health professionals to ensure people received appropriate care and support to meet their needs.

Adapting service, design, decoration to meet people's needs

- The service was appropriately designed and adapted for people living there. Halls and doorways were wide and communal areas were spacious and there was pictorial signage displayed around the home.
- There were murals on walls of shop windows. There was also textured walls and other facilities with calming factors such as a fish tank. The registered manager told us of the provider's plans to create a dementia café on the first floor.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity such as consent to photos in care plans and activity records.
- Care records included details of people's capacity and if they were subject to a DoLS authorisation.
- Staff understood the principles of MCA and the importance of people making choices and decisions for themselves, where possible. They had received up to date training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for and felt that staff were kind. Comments included, "All of the staff here are lovely, happy to help and they have a joke as well" and "Staff always seem nice and help you if you need anything."
- People were supported to maintain relationships that were meaningful to them. Relatives were invited to join in with events and activities within the home. For example, some had recently attended a fireworks party at the service and were going to be involved in the upcoming Christmas pantomime.
- The service made people a birthday cake on their birthdays. They also hosted parties for people to enjoy with their relatives and other people in the home, if they wished to celebrate their day. There was a birthday party during the inspection and there were banners, refreshments and a singer in the main dining room.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the care planning process and care plan reviews.
- People received support from advocacy services as and when required. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect when receiving support from staff. Everyone told us if they needed any help with personal care and bathing they felt very respected and staff always ensured curtains and doors were closed to maintain their dignity.
- Staff approached people in a friendly, familiar way and gently supported them with patience and compassion. Staff knocked on people's doors prior to entering their rooms and explained what they were going to do and gained people's permission prior to supporting them.
- Staff promoted people's independence when supporting them. Staff encouraged people to do things for themselves, where possible, and supported them with tasks they were unable to safely manage alone. Care plans reflected this approach.
- People's confidential information was stored securely in lockable filing cabinets and on password protected computers. Records could be located and were accessible to authorised staff when required. Staff had received General Data Protection Regulation (GDPR) training.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and contained adequate detail regarding people's needs. People's personal preferences were also recorded in their care plans.
- People's plans of care were regularly reviewed and updated when their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand and care plans described appropriate methods of communication to effectively use with people, such as, using pictures and reading facial expressions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered a wide range of activities in the home. During the inspection people enjoyed games of skittles, a coffee morning at a local church and a visiting entertainer. There were pictorial activity planners on display which detailed other activities, such as, bingo, arts and crafts and singing for the memory.
- The service had a full and part time activities co-ordinator as well as involvement from other staff to organise and take part in doing things with people in the home. We received mixed views from people including, "I think there is enough activities for what I like" and "I would love more activities. I know they do what they can." We discussed this with the registered manager. They informed us, although people were asked about activity preferences during regular meetings, the activities staff would be speaking with people individually to gather more information about what they liked.
- People were supported to regularly access the local community for appointments, socialising, hobbies and interests. One person said, "I really like the trips outside to church and other places."

Improving care quality in response to complaints or concerns

- People and relatives had no complaints about the service but knew how to raise concerns, if needed. Comments included, "I am happy here, no complaints" and "I have no complaints here. The manager is lovely and very approachable."
- Complaints received had been fully investigated and appropriately actioned. Outcomes were communicated to the appropriate people.

End of life care and support

- Staff were appropriately trained in end of life care.
- Care records contained detailed end of life plans including people's wishes, spiritual faith and funeral plans. They also recorded if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and emergency health care plans in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was open and approachable to all. They told us, "I do find that, because I have an open-door policy, they (People, relatives, health professionals and staff) just come and speak to me whenever they want about whatever they want." A relative said, "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so."
- People and relatives were happy with the management of the service and believed it was well-led. One relative said, "I am happy with the staff here and the manager. I feel my family member is in a good place and that they do a good job."
- We received positive feedback from staff. One staff member said, "I feel really supported by the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager conducted themselves in an open and honest way. They submitted statutory notifications in a timely manner for significant events that had occurred, such as safeguarding incidents.
- The registered manager and staff understood their roles and responsibilities.
- The provider and the registered manager monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits and daily walkarounds of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were asked for their views of the service through regular meetings and surveys. All feedback received was analysed and any identified actions were completed. Results and actions were displayed on the noticeboard.
- Staff were kept updated about the service and any improvements by attending regular meetings.

Working in partnership with others; Continuous learning and improving care

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people.
- The service had developed good links with the local community. Children from a local primary school often visited people in the home to do activities with people and people visited local church groups as well as pubs.