

Akari Care Limited

Pavilion Court

Inspection report

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Date of inspection visit:
06 April 2022
22 April 2022

Date of publication:
08 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pavilion Court is a residential care home providing personal and nursing care to up to 75 people. The service provides support to people aged 18 and over, some of whom were living with a dementia. At the time of our inspection there were 48 people using the service.

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

People were at risk of harm as staff were not following the provider's risk assessments or procedures. We found where people were identified at a risk of choking or were required to follow a special diet, food and drinks were easily accessible. Staff had not removed all health and safety risks which placed people, who may not have had the capacity to make safe choices, at risk of potential harm.

Risk assessments were in place and these were reviewed by the manager and regional manager. The quality and assurance systems in place were generally effective to monitor the safety and quality of the care provided but were not fully effective for medicines management.

Medicines were not always managed safely. People's records did not include all of the details of medicines administered. Topical medicine records showed patches were not always administered as prescribed. Management audits had highlighted the issues with medicine administration but did not highlight all areas of concern.

People had personalised care plans in place which detailed their own choices and preferences. Staff worked in partnership with other healthcare professionals to make sure people had all of their needs met. There was enough qualified staff to safely support people.

People were observed to be happy living at the home and interacting positively with each other and staff. People were supported to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 July 2019).

Why we inspected

We received concerns in relation to the safety of care provided to people. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pavilion Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management and medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pavilion Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Pavilion Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pavilion Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was a newly appointed manager who was in the process of completing their registration with the CQC to become the registered manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 April 2022 and ended on 19 May 2022. We visited the location on 6 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring, safeguarding adults' teams and NHS Clinical Commissioning Group (CCG), who commission services from the provider, and asked the local Healthwatch for their feedback. 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.

During the inspection

We reviewed documentation, inspected the safety of the premises, reviewed documentation and carried out observations in communal areas.

We spoke with two people who used the service and five members of staff including the manager, regional manager and three care assistants. We reviewed the care records for five people, medicine records for seven people and the recruitment records for three members of staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Medicine administration records (MARs) did not always show why people had not received their medicines. For example, we found one person had not received their medicine on six occasions and no records were available to show that staff had escalated this to the GP or other healthcare provider.
- 'As required' medicine records were not always completed in line with the provider's policy. For example, for one person who had been administered their 'as required' medicine the MARs did not show the reason for the administration of it had worked.
- Some people were administered their medicines via a patch. We found staff were not always following the correct prescribing instructions for these and were not following patch placement prescribing instructions. This placed the person at risk of skin irritation and it may, over time, cause the medicine to not be fully absorbed.
- Medicine audits were in place but did not identify the issues identified during the inspection.

Medicines were not managed safely and we could not be assured people had received their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- The manager took action during the inspection and requested a review of the medicines by the GP, who was on site conducting a ward round.
- Staff administering medicines had regular checks of their competencies and completed training.
- People told us they received their medicines. One person said, "I get my tablets on time and they keep them in the trolley for me."

Assessing risk, safety monitoring and management

- People were not always protected from avoidable harm as staff were not following the provider's risk assessments. For example, we found a kettle with hot water in left on bench which was a scalding risk to people who did not always have the capacity to make safe decisions. The provider's risk assessment stated kettles should be emptied after each use to mitigate the risk of scalding.
- Staff had not removed items which were a health and safety risk. For example, we found that people, who did not have capacity to make safe decisions, had access to knives and trip hazards.
- Food, drinks and prescribed dietary support supplements were accessible to people who had varying levels of capacity and were at risk of choking or were following a special diet.

People were at risk of harm as staff were not following the provider's risk assessments or processes. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- The manager removed the risks identified during the inspection and was working with staff to ensure they followed all risk assessments in place and could identify any potential risks to people.
- People had personalised risk assessments and there were environmental risk assessments in place which were detailed and included all relevant steps staff should take to remove or mitigate the risk.

Systems and processes to safeguard people from the risk of abuse

- Policies and processes were in place for staff to follow to keep people safe from potential abuse.
- Staff had received safeguarding training and knew what steps to take if they identified any form of abuse. Staff confirmed they had received regular training around safeguarding.
- People we spoke to were happy and commented that they felt safe. One person told us, "Of course I'm safe here with them (the staff). They know who's coming and they don't let any strangers in."

Staffing and recruitment

- Staff were safely recruited and there were enough staff to safely support people.
- Recruitment records showed that new staff had all pre-employment checks in place including references and a Disclosure and Barring Service check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were encouraged to visit out of the service and have relatives visit them in the home.
- Professional visitors were required to provide a negative lateral flow test before entering the home.

Learning lessons when things go wrong

- Lessons were learned from incidents. Accidents and incidents were documented, logged, investigated and actions put in place to prevent reoccurrences.
- Lessons learned from incidents were shared with the staff team via team meetings and supervision sessions.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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 care needs were fully assessed, and staff provided care which reflected best practice guidance and the law.
- People's choices were clearly documented in the care plans and included their individual preferences. Staff told us that people's choices were always respected and care plans reflected the individual needs of the person. A staff member commented, "(Care plans) reflect the persons likes, dislikes, personal beliefs and a history of each individual."
- People told us they were involved in their care planning and reviews of their needs. One person said, "They talk to me about what I need and involve [relative]. They give me all the help I need."

Staff support: induction, training, skills and experience

- Staff were provided with regular training from the provider and were positive about the support provided by the new manager. Staff told us they had completed the majority of their training online and the provider sent them regular training modules to complete.
- New staff received a thorough induction from the provider which covered all of the required mandatory training.
- Staff told us they had not always received a supervision from the previous registered manager but the new manager was scheduling these in.

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

- People were supported to maintain a balanced diet. People told us that they were provided with choices for meals and that they enjoyed the food. One person told us, "The food is good and there is enough choice for me."
- Some people were supported to follow a special diet. Records showed that people were receiving these.
- Where people were at risk of malnutrition, records showed involvement from their GP and the Speech and Language Team.

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

- Staff worked effectively with other healthcare professionals to make sure people's needs were fully met.
- Care records showed assessments and guidance from other healthcare professionals, for example the local GP and SALT.

- People had regular reviews of their needs and people were supported to attend medical and dental appointments.

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

- The home was appropriately decorated and accessible to meet people's needs.
- People had personalised bedrooms and communal areas had a homely environment.

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 MCA 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of MCA and had received training around this.
- Care records showed that people's capacity was assessed and, when people did not have capacity, best interest decisions were in place which were clearly documented and included involvement from relatives and healthcare professionals.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was clear about their role, the regulatory requirements and the need to monitor the safety and quality of the care provided.
- There was an effective governance in place but we found that this required further improvement with regards to medicines and environment management. The management team completed daily checks of the safety of the environment, but these did not reflect that staff were not following the provider's processes in place to keep people safe during the day.
- Results from audits and checks were incorporated into the 'home development plan' and actions were identified for improvement.
- The provider ensured CQC and the local authority were informed of all incidents and reported these without delay.

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

- There was a positive staff culture at the home which positively influenced the outcomes for people. During the inspection we observed staff interacting with people, relatives and each other in a respectful and caring way.
- Staff told us they were positive about the new manager in post. One staff member said, "Our manager's door is always open, she is new to Akari. She appears to be very approachable and available to listen."
- People were positive about the staff and the support they provided to them. People also acknowledged the new manager in post and the regular support provided by the regional 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

- When things went wrong apologies were given to people and investigations completed.
- Investigation records showed that these were completed fully, and any outcomes/actions were shared with people, relatives and staff.

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

- People, relatives and staff were asked for their views about the service and for improvement ideas. One person told us, "They're always asking if there's anything else they can do to make it better for me."

- Staff had regular team meetings and were able to provide feedback at any time to the manager.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals and the local community.
- Records showed involvement from professionals and relatives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed. People's care records did not provide assurances that medicines were being administered as prescribed. Staff did not follow the provider's risk assessments or follow the provider's processes. Regulation 12(1)