

Embrace (England) Limited

# Pavillion Care Centre

## Inspection report

North View Terrace  
Colliery Row  
Houghton Le Spring  
Tyne and Wear  
DH4 5NW

Tel: 01913853555

Website: [www.europeancare.co.uk](http://www.europeancare.co.uk)

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 27 May 2015, 2 June 2015 and 5 June 2015. A continuing breach of legal requirements was found because records and systems operated by the registered provider did not support the continuing safe management of medicines. We issued a warning notice requiring the registered provider to comply with regulation by 31 August 2015. The registered provider had also breached further legal requirements because it was not following the requirements of the Mental Capacity Act 2005 (MCA) where people were unable to consent to their care because they lacked the capacity to do so. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of the regulations.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pavillion Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found the quality of medicines records had improved. Medicines administration records (MARs) had been completed correctly with no gaps or omissions in the records. MARs were in line with people's 'blister packs'. A blister pack is a method used by some pharmacists to pack medicines in sealed compartments, ready to be administered by a third party.

A system of daily, weekly and monthly medicines audits were in place to check on the quality of medicines management. These had been effective in identifying issues with medicines and ensuring action was taken. The in-house quality development team had carried out a specific medicines audit in October 2015. The home received a quality score of 95% for compliance with medicines.

The registered provider had spent time with staff individually to assess their knowledge of the MCA. The required documentation was now in place to show decisions to deter people from leaving the home had been made in line with the MCA, including evidence that a decision had been made in people's best interests. MCA assessments and best interest decisions had been made for a range of other decisions where people lacked the capacity to make their own decisions.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of the service. The quality of medicines records had improved. Medicines administration records (MARs) had been completed correctly with no gaps or omissions and were in line with people's 'blister packs'.

An effective system of daily, weekly and monthly medicines audits were in place.

We could not improve the rating for: is the service safe; from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Inspected but not rated**

### Is the service effective?

We found that action had been taken to improve the effectiveness of the service. The registered provider was following the requirements of the Mental Capacity Act.

We could not improve the rating for: is the service effective; from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Inspected but not rated**

# Pavillion Care Centre

## **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 undertook an unannounced focused inspection of Pavillion Care Centre on 14 December 2015. This inspection was done to check the registered provider had met the requirements of the warning notice and that planned improvements to meet legal requirements had been made following our comprehensive inspection on 27 May 2015, 2 June 2015 and 5 June 2015. We inspected the service against two of the five questions we ask about services: Is the service safe? and Is the service effective? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we looked at medicines records for all people living at the service and the care records for two people. We also spoke with the registered manager.

# Is the service safe?

## Our findings

During our last inspection in May and June 2015 we found medicines were not administered in line with the registered provider's 'Administration of medication policy.' In particular, we found records did not accurately account for all medicines administered to people, there were gaps on the medicine administration records (MARs) for five people and medicines audits had not been effective in identifying concerns with medicines records.

We found the quality of medicines records had improved significantly since our last inspection. We checked the MARs for all people using the service over an eight week period. We found MARs were fully completed with no gaps or omissions in the records. We checked MARs against every person's 'blister pack' and found these matched exactly. The registered manager had discussed medicines management with staff during individual supervision sessions. This included testing each staff member's knowledge of the medicines procedures. We saw detailed step by step guidance had been written to guide staff through the 'medicines round' from start to finish. This included the checks the registered provider expected care staff to make to ensure records were accurate. Medicines management had also been a specific topic for discussion at a senior care worker's meeting. This meant medicines records we viewed now supported the safe administration of medicines.

The in-house quality development team had carried out a specific medicines audit in October 2015. The outcome from the audit was that the home received a quality score of 95% for compliance with medicines. This audit assessed the quality of various aspects of medicines management, such as training, policies, guidance, supply of medicines and safe administration. Recommendations were made following the audit to improve the recording of topical medicines and these had since been implemented. Topical medicines are usually applied to the skin and include amongst other things creams, lotions and ointments.

In addition to the registered provider's usual daily, weekly and monthly medicines audits, the registered manager was also checking MARS everyday to check they were completed correctly.

We found the medicines audit systems were effective in identifying issues with medicines and ensuring action was taken. For example, action had been taken following audits to ensure all medicines were accounted for on the MAR, people's photos were up to date for accurate identification and one instance of a missing medicine has been investigated and resolved. This meant the registered provider had effective audits and checks to help ensure people received their medicines safely.

## Is the service effective?

### Our findings

During our last inspection in May and June 2015 we found the registered provider had not always followed the requirements of the Mental Capacity Act 2005 (MCA). In particular, there was no record of a MCA assessment and 'best interest' decision having been made following a decision to deter two people from leaving the home.

We reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to support and guide staff through supervision, to encourage people to consent and take part in monthly care reviews and have evidence available of MCA assessments and best interest decisions. The registered provider told us these actions would be completed by 30 September 2015.

We found the registered provider had made progress with the assurances given in the action plan. As agreed the registered manager had discussed MCA with staff during one to one supervision sessions. This included testing each staff member's knowledge of the MCA through them completing a MCA workbook. We viewed the care records for the two people who were being deterred from leaving the home. We saw the required documentation was now in place to show these decisions had been made in line with the MCA. An MCA assessment had been carried out and a best interest decision recorded. These decisions had been made jointly between family members, a social worker and staff members. We saw examples within care records of other MCA assessments and best interest decisions for a range of other decisions, such as whether to administer covert medicines, consent for photographs and for information sharing. This meant that where people lacked capacity to make decisions the registered provider had followed the requirements of the MCA.