

Embrace (England) Limited

Pavillion Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 15 and 24 February 2016. The first day of the inspection was unannounced and the second day was announced. We last inspected the home on 14 December 2015 and found the registered provider met the regulations we inspected against.

Pavillion Care Centre provides nursing and residential care for up to 68 people. The home provides care and support for people, some of whom were living with dementia. At the time of this inspection there were 61 people living at Pavillion Care Centre.

The home had a registered manager. 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 they received good care from kind and considerate staff. They went on to tell us they were treated with dignity and respect. One person commented, "[Staff were] very kind, very caring. They are a good set of lasses." Another person said, "[Staff member] is lovely, she is a good lass. I like [staff member], she has a lovely personality."

People, family members and staff told us the home was safe. One family member told us, "I know [my relative] is safe, they have one to one observations, there is always someone here."

Staff showed a good understanding of safeguarding adults and whistle blowing, including how to report concerns. They said they felt concerns would be dealt with effectively. One staff member said, "[Registered manager] is a responsive manager, approachable. She would listen and do the right thing."

Medicines records supported the safe administration of medicines. We found records were accurate and medicines were stored safely.

People said staff responded to their needs quickly. However family members gave mixed views about the appropriateness of staffing levels in the home.

Family members gave us good feedback about the home's environment. One family member commented, "It's a lovely large room with an en-suite toilet, and [my relative] has a lovely big window." We found the home was clean and tidy.

Effective recruitment and selection procedures had been followed to check prospective new staff were suitable to care for vulnerable people. References had been received and Disclosure and Barring Service checks carried out.

The registered provider carried out regular health and safety checks, such as checks of fire safety, emergency lighting, gas safety and electrical safety. A specific plan had been developed to deal with emergency situations. Personal Emergency Evacuation Plans (PEEPs) had been written for each person using the service.

Staff were well supported and received the training they needed to care for people appropriately. One person said, "The staff are well trained, I can't fault them, they just have too much paperwork." One family member commented, "They all work together, the girls work well as a team."

The registered provider followed the requirements of The Mental Capacity Act 2005 (MCA). Deprivation of Liberty Safeguards authorisations were in place for those people requiring authorisation. Staff supported people to make decisions in people's 'best interests'. People received care and support only when they had given consent.

Staff had a good understanding of how to support people with behaviours that challenged.

People received the support they needed from staff to ensure their nutritional needs were met. People gave us positive feedback about the meals provided in the home. One person said, "Meals are very good. You can have any amount, seconds if you like."

People had regular access to a range of health care professionals including community nurses, dietitians, speech and language therapists and GPs.

Further improvements were required to the care and support of people living with dementia. The home did not have a specific dementia strategy and meaningful engagement for people living with dementia was inconsistent. We have made a recommendation about this.

Care records contained detailed information about each person to guide staff about people's needs. People needs had been assessed and the information used to develop care plans. Care plans were up to date but did not always contain personalised information about people's specific needs. We also found support plans were not always updated in a timely manner to reflect people's current needs.

Family members had opportunities to give their views about their relative's care and to meet with other family members. People and family members knew how to complain. One family member said, "If I have had problems they have been sorted straightaway." Another family member commented, "I have no complaints."

Family members said the registered manager was approachable. One family member said, "The manager is very approachable."

Staff had the opportunity to give their views about people's care through attending regular staff meetings. One staff member said, "People [staff members] get their say. You can always get your say."

The registered provider carried out a range of audits and checks to help ensure people received safe and appropriate care. These included checks carried out by the registered manager and senior managers external to the home. These had been successful in identifying areas for improvement.

Incidents and accidents were logged and investigated. These were monitored regularly to check action had been taken to keep people safe.

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. People told us they felt safe living at the home. Family members and staff confirmed people were safe.

Staff showed a good understanding of safeguarding and whistle blowing. Medicines records supported the safe administration of medicines. We found records were accurate and medicines were stored safely.

People said staff responded to their needs quickly. However family members gave mixed views about the appropriateness of staffing levels in the home.

Recruitment checks had been completed to ensure new staff were suitable to work with people using the service.

Regular health and safety checks were completed. Procedures were in place to ensure people continued to receive support in an emergency.

Is the service effective?

Requires Improvement ●

The service was not always effective. Further improvements were required to the care and support of people living with dementia.

Staff received the training and support they needed. They knew how to support people when they displayed behaviours that challenged.

The registered provider followed the requirements of The Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards.

People were happy with the meals the home provided. They were supported to have enough to eat and drink.

People had regular access to health care professionals when needed.

Is the service caring?

Good ●

The service was caring. People and family members said they were happy with the care and support they received.

People said they were cared for by kind, considerate and caring staff.

People were treated with privacy and dignity.

Is the service responsive?

The service was not always responsive. People had their needs assessed and care plans had been developed. Some care plans did not contain personalised information about people's needs. Some care plans had also not been updated to reflect people's current needs.

Organised activities were available for people to take part in.

Family members had opportunities to give their views and meet up with other family members. People and family members also knew how to complain if they were unhappy.

Requires Improvement ●

Is the service well-led?

The service was well led. The home had a registered manager. Family members described the registered manager as approachable.

Regular staff meetings were held so that staff could share their views and suggestions.

A range of audits and checks were carried out to help ensure people received good quality care.

Incidents and accidents were logged, investigated and regularly monitored.

Good ●

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.

The inspection took place on 15 and 24 February 2016. The first day of the inspection was unannounced and the second day was announced.

The inspection was carried out by an adult social care 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.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with nine people who used the service and four family members and a visiting health professional. We also spoke with the registered manager, a qualified nurse, a team leader and two members of care staff. We observed how staff interacted with people and looked at a range of care records which included care records for four of the 61 people who used the service, medicines records for ten people and recruitment records for five staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

Is the service safe?

Our findings

People, family members and staff told us the home was a safe place to live. One family member told us, "I know [my relative] is safe, they have one to one observations, there is always someone here." Another family member said, "We are very happy with [my relative's] safety and [my relative's] care, one of us comes in to see [my relative] every day." A third family member said, "[My relative] is safer than what [my relative] was at home." A fourth family member told us their relative was "safe, warm, comfortable and clean." One staff member commented, "We try our utmost to make sure [people are safe]." We observed staff were conscious of people's safety when providing care. For example, we observed staff assisting one person to walk to the dining room. We heard staff prompting the person "get your balance" and "take it slow".

Staff we spoke with showed a good understanding of safeguarding adults. For example, they were able to describe the various types of abuse and gave examples of potential warning signs. All of the staff we spoke with said they would report concerns to the registered manager straightaway. There were no current safeguarding investigations at the time of our inspection.

Staff told us they read and understood the registered provider's whistle blowing procedure. They said they had not needed to use the procedure whilst working at the home. One staff member went on to tell us they "would not be scared" to use the procedure. Staff confirmed they felt concerns would be dealt with effectively. One staff member said, "[Registered manager] is a responsive manager, approachable. She would listen and do the right thing."

People received their medicines safely and in a timely manner from trained staff. One person told us they were receiving their medicines "on time each day". One family member commented, "The meds are always spot on." Appropriate arrangements were in place for the recording of medicines. We saw medicines administration records (MARs) had been completed accurately. For example, staff signed to confirm people had been given their medicines. When people had not taken their medicines, a reason had been recorded, such as when medicines had been refused or were not required. Where people had been prescribed 'when required' medicines, a specific protocol had been written to guide staff as to when and how to give these medicines correctly. Medicines, including those liable to misuse (controlled drugs), were stored securely. Daily checks were carried out on the temperature of the treatment rooms and refrigerators to ensure the correct storage of medicines.

People said staff responded to their needs quickly. One person said, "Staff respond to the buzzer quickly." All of the staff we spoke with told us there were enough staff to meet people's needs quickly. One staff member said, "Staffing levels are brilliant, I have no qualms. If someone phones in sick they cover it straightaway." Another staff member said, "We have quite good staffing levels compared to some homes."

There were usually enough staff on duty to meet people's needs. We received mixed views from family members about the staffing levels in the home. Some family members told us there were enough staff to respond to people's needs quickly, whilst others were less positive. One family member said, "The staff are very astute, they respond effectively and quickly." They went on to say, "Occasionally things happen and

staff are called away, and then they need extra staff. I would say they are adequately staffed." Another family member said, "Staffing levels are excellent, you just have to mention something and they are there to put your mind at ease." A third family member said, "When there is enough staff on she is safe, but there isn't always enough staff on duty. At night there is only two carers one male and one female member of staff [on one specific unit within the home]." Another family member said, "There are not enough staff on most of the time." Another family member told us, "Sometimes there aren't enough staff." The registered manager regularly monitored staffing levels to check there were enough to meet people's needs.

The registered provider had re-structured the home since the last inspection so people were in specific units dependent upon their needs. Family members gave us positive feedback about these changes. One family member said they preferred the new layout and the separation of the units. They told us, "Since they changed the layout [my relative] is more relaxed and I feel she is safer."

The registered provider followed effective recruitment and selection procedures to check prospective new staff were suitable to care for vulnerable people. We viewed the recruitment records for five recently recruited staff. The registered provider had requested and received references, including one from their most recent employment. Disclosure and Barring Service (DBS) checks had been carried out before confirming staff appointments. This was to confirm whether prospective new staff members had criminal records and were barred from working with vulnerable people.

Family members gave us good feedback about the environment within the home. One family member commented, "It's a lovely large room with an en-suite toilet, and [my relative] has a lovely big window." They went on to say, "There is no shower in this room. However, there is a shower room near [my relative's] room, staff help [my relative] to shower at least twice a week, more if requested." We observed that all areas of the home were clean and tidy.

Regular health and safety checks were carried out to keep the premises safe. These included regular checks of fire safety, emergency lighting, gas safety and electrical safety. A fire risk assessment had been completed and an action plan developed. We saw from viewing this action plan all actions identified in the assessment had been completed.

The registered provider had specific procedures to deal with emergency situations. We viewed the 'Emergency Business Continuity Plan' for the home. This provided guidance about the emergency evacuation procedures including staff roles and responsibilities, key contacts, a temporary place of safety and a linked care home. Personal Emergency Evacuation Plans (PEEPs) were in place for all people which provided guidance for staff as to the most effective ways of evacuating people from the building in an emergency. PEEPs were up to date and included a description of people's individual support needs in an emergency.

Incidents and accidents were logged and investigated. Systems were also in place to review and monitor accidents and incidents in the home. For example, incidents were reviewed during a regular health and safety meeting.

Is the service effective?

Our findings

People received their care from experienced and skilled staff. One person said, "The staff are well trained, I can't fault them, they just have too much paperwork." One family member commented, "They [staff] definitely know what they are doing." Records confirmed training was continually monitored to ensure staff completed training when it was due. Staff we spoke with told us their training was up to date.

Staff received the support they needed to carry out their role effectively. Records confirmed supervisions and appraisals were up to date. One family member commented, "They all work together, the girls work well as a team." Staff confirmed they were well supported. One staff member said, "100% supported. I can go to the nurse, clinical lead or [registered manager]. They do everything in their power to give you support. They are fair as well." Another staff member said they were "really well supported". They went on to say, "[Registered manager] has been there for us." A third staff member said, "I love working here. It is easy to walk into the manager's office and tell her how I am feeling. If there is anything she can do for you she will do it. If I am unsure she will help me."

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. The application procedures for this in care homes and hospitals are 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 were being met. People had been assessed in line with the MCA to determine whether a DoLS authorisation was required. Applications had been submitted to the local authority for all relevant people and authorisations had been granted accordingly.

Staff had a good understanding of MCA including how to support people with decision making. One staff member told us, "We give people options and choices. If they couldn't make choices we make best interest decisions based on what we know about the person; information from care plans, family and friends." Staff told us about strategies they used to help people make choices, such as showing people plated up meals and asking them to point to the one they wanted and using pictures. We saw appropriate examples of best interest decisions within people's care records, such as consent to give medicines covertly.

People were always asked for permission before receiving any care or support from staff members. One person said, "They [staff] always come and ask me if I would like to join in the activities or go to the conservatory." Another person told us, "They do what you want and that is all that matters."

Staff had a good understanding of how to support people with behaviours that challenged. They described to us the strategies they used to help people when they were anxious or upset. For example, giving people space and time to calm down, looking for triggers, offering a cup of tea and distraction."

People gave us positive feedback about the meals provided at the home. One person commented, "The meals are very good here." Another person said, "Meals are very good. You can have any amount, seconds if you like." A third person told us, "The food is good." A fourth person commented they "always had a choice for their meals".

We observed over the lunch time and found people's experience was inconsistent over the two days of our inspection. On the first day people were not asked for their choice of main meal. Staff said people preferred a hot meal and would say if they didn't want what they were given. We raised this with the registered manager at the end of the first day. However, we saw on the second day of our inspection people were offered a choice from plated up main meals.

We found on both days that tables were nicely laid, with condiments and cutlery. People were offered a choice of drinks when they came into the dining room. Staff were available throughout the lunchtime to provide the support people needed. For example, we saw one person needed support to eat their meal. We heard a staff member approach the person and ask them "can I help you?" We heard positive interaction between people and staff particularly when staff prompted and encouraged people to eat their meal. Where people refused to eat their meal, alternatives were offered which in most cases people accepted.

There was regular input into the home from a range of health care professionals. We spoke with visiting professionals to the home during our inspection. They gave us positive feedback about the improvements made at the home. Care records confirmed people regularly saw health professionals depending on their needs, such as community nurses, dietitians, speech and language therapists and GPs. One family member commented they had been included in meetings with the doctor. Another family member told us they had been told about a fall their relative had experienced. They said, "It was not serious and the staff told me the day after the incident when I called in to see [my relative].

Improvements were underway to the care and support of people living with dementia. For example, the registered manager had started 'theming' areas of the home and life histories were being developed. However, we found this work needed to be completed. Although work was underway, the registered provider lacked a clear dementia strategy for the home or an action plan. Meaningful engagement and stimulation specifically for people living with dementia was inconsistent. On the first day of our inspection we saw very little evidence of appropriate activities for people living with dementia. We carried out observations in the communal areas and saw there were no activities provided and little interaction between people and staff. However, on the second day this had improved. We saw people were busy playing skittles, dancing to music and chatting with staff. One family member commented, "At weekends there are no activities going on, there are less staff on at weekends, I would call it a more basic provision at weekends." They went on to say staff effectively met their relative's needs but would like to see more entertainment.

We recommend the service considers current guidance on caring for people living with dementia and takes action to update their practice accordingly.

Is the service caring?

Our findings

People and family members gave us positive feedback about the good care provided at the home. One person told us they were "happy" living in the home. One family member said, "Very very caring and dedicated staff." Another family member commented, "They are great with her." A third family member told us, "[My relative] is very well cared for. They look after [my relative] really well."

People received care from kind considerate and caring staff. One person commented, "Very kind, very caring. They are a good set of lasses." Another person said, "[Staff member] is lovely, she is a good lass. I like [staff member], she has a lovely personality." One family member told us, "The staff are absolutely caring, I have seen them reacting even towards the most awkward residents, they have a lovely nature, they are excellent." Another family member said, "[My relative] always has a bit carry on with them [staff]. They are kind and caring, they cannot do enough for them." We observed staff were always considerate when speaking with people or offering help.

People were cared for by staff who knew them well. Staffing within the home had been re-structured so that a consistent team of staff worked with a group of people. One staff member said, "It is the best idea staying on our own units. There is the same set of staff. The residents get to know familiar faces and relatives know who is on duty. I just love it here." They went on to tell us, "The more you work with them the more you get to know them." Another staff member commented, "We have set units. We all know each other. We know what to do with the clients and work as a team." A third staff member said, "The units are better because we get to know the residents and they know us. There is more trust and good relationships are developing." A fourth staff member told us, "The units are better for people, there is more continuity of care. People have become more settled, there is much more of a routine."

People received their care from staff who listened to them and gave them the time they needed. One person told us, "They take time to explain things to me." Another person said, "If I shout for help I don't wait long for someone to come to me." One family member said, "You never see anybody get impatient with them. Staff take their time."

Family members told us there was good communication with the home. They told us they were kept fully informed of any changes to their relative's needs. One family member commented, "They [staff] telephone me if they have any concerns I need to know about."

People were treated with dignity and respect. One family member commented, "[My relative] is always clean and tidy, and her room is kept spotless." Another family member said, "The girls are pleasant with [my relative]." Staff understood the importance of providing care in a dignified and respectful manner. One staff member commented, "I treat people as I would like my parents to be treated." Staff described the strategies they used to make people feel at ease, such as offering re-assurance and chatting with the person the whole time."

People were supported to be as independent as possible. One family member commented, "The carers are

very good, they encourage [my relative's] independence. [My relative] can do most things for themselves." Staff confirmed they promoted people's independence by guiding them, offering prompts and never taking over. For example, offering the person a flannel when having a bath or a wash so they could support themselves independently.

Is the service responsive?

Our findings

Although care plans were up to date, some did not always contain personalised information about people's specific care needs. For instance, one person required support from staff with communication. The person's care plan prompted staff to look for non-verbal cues when supporting the person. However, the care plan did not go on to detail the non-verbal cues used by the person or guidance for staff as to what these cues may mean. We also found one support plan had not been updated in a timely manner. One person's eating and drinking support plan was dated July 2014. The person's nutrition assessment showed the person's risk of poor nutrition had increased to 'high risk' from December 15. Staff had recorded on the assessment that the support plan required updating. At the time of our inspection this had not yet been done. The registered manager arranged for the care plan to be updated straightaway.

Staff had access to detailed information to help them better understand the needs of the people they cared for. Each person had a document called 'This is me' which contained information about the person. This included information about people's preferences, hobbies, communication and mobility. For instance, one person particularly liked to be smart and enjoyed listening to music. Other people's preferences included food likes and dislikes, whether they preferred a bath or shower and the times they liked to go to bed and get up on a morning. People had their needs assessed both before and after they were admitted into the home.

The initial assessments were used to develop people's care plans. Care plans we viewed identified planned outcomes for people to work towards. For example, one person's outcome relating to social activities was for the person 'to join in with the activities [the person] enjoys.' Where care plans identified any risks associated with the person's care, a 'risk enablement' plan had been completed. This included the potential risk and the measures needed to keep the person safe. For example, one person was prone to travel sickness so staff had to ensure the person took travel sickness medicine prior to them travelling anywhere. Family members confirmed they had been consulted about their relative's care plans. One family member said they had been "kept fully informed and involved in [my relative's] care plan".

Activities were organised for people to take part in if they wanted to. One family member said, "They are usually doing something like this [oomph] or men's club on a Thursday." 'Oomph' stands for 'our organisation makes people happy' and is a specific themed exercise and activity programme delivered by trained care staff. Staff confirmed there were plenty of opportunities for people to take part in activities. One staff member said, "There is loads going on with activities."

Family members told us the registered provider was responsive to their views and suggestions. For example, the registered manager had responded to their concerns about the comfort of the seating within the home, particularly armchairs. They went on to say the registered manager had agreed to new chairs. The registered manager confirmed to us these were on order and would be arriving soon. Another family member said the registered provider had agreed to allow a staff member to visit the dentist with their relative following advice from the dentist to show them how to clean the person's teeth effectively. One family member said, "There is very good communication. We get to know the other families." They went on to say, "Relatives' meetings are

very thorough. We get to hear all the plans and where they are with things."

People and family members knew how to complain if they had concerns about the care provided at the home. Some family members raised concerns about the laundry service in the home. One family member said, "The laundry is carried out by the home, at times things go missing, and it is never ironed, but generally, it is ok." This was being monitored through a regular laundry audit. Family members said they were confident to raise concerns. One family member said, "If I have had problems they have been sorted straightaway." Another family member commented, "I have no complaints." Another family member told us, "I have no concerns, none." There were no complaints on-going at the time of our inspection.

Is the service well-led?

Our findings

The home had a registered manager. The registered provider had made the required statutory notifications to the Care Quality Commission.

Family members gave us positive feedback about the registered manager. One family member said, "The manager is very approachable." Another family member commented, "It's a good management team, I can't fault it, they always supply what [my relative] needs." A third family member told us, "I find the manager is always approachable." A fourth family member said, "The registered manager is doing a good job. I am very impressed with the registered manager. The door is always open."

The home was in the process of implementing a new set of values called 'PACT' (Passion, Accountability, Care and Tenacity). At the time of our inspection these were just being rolled out across the staff team. Although staff were aware of the new values, it was too early to assess how they impacted on people using the service.

Staff had the opportunity to give their views about the care provided at the home. There were regular staff meetings. One staff member said, "People [staff members] get their say. You can always get your say." Staff members were positive about the changes made within the home. One staff member told us, "It's improved that much I don't think there are any more improvements to make." Another staff member said, "The whole home has changed since I started a year ago. We work as a team."

A range of audits had been carried out consistently, such as medicines audits and checks of the laundry and health and safety. Records confirmed the registered provider was meeting their expectations within these areas. For example, the registered provider had scored 100% on the most recent laundry audit and 90% for the health and safety audit. Where areas for improvement had been identified, action plans had been developed. Records confirmed actions had been signed off as complete.

The registered manager completed a monthly 'outstanding actions' log which provided senior management with a regular update on actions from across the audits, checks and inspections carried out at the home. Areas covered in the log were supervision, training, care records and actions from external inspections of the home.

A 'regional manager' carried out monthly visits to the home to check on the quality of care provided. The visits included discussions with people and staff as well as reviewing care plans and other important checks. We viewed examples of previous 'regional manager monthly visit reports'. The regional manager had spoken with six people and six staff members, with no concerns raised. We saw the monthly visits had been successful in identifying areas for improvement and ensured appropriate action was taken. Areas identified included improving the quality of care plans and recording within care records.