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

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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

The inspection took place on 3 and 7 April 2017. The first day of the inspection was unannounced and the second day was announced. We last inspected the home 15 and 24 February 2016 and found the registered provider met the regulations we inspected against.

Pavillion Care Centre provides nursing and residential care for up to 68 older people, some of whom were living with dementia. At the time of this inspection there were 56 people living at the home.

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 said they received good care from kind, caring and considerate care workers. They also confirmed they were treated with dignity and respect. People, relatives and care workers also told us the home was safe.

Care workers knew how to report safeguarding and whistle blowing concerns. We found the provider had dealt with previous safeguarding concerns appropriately.

Where potential risks had been identified an assessment had been completed. The benefits of people taking risks and the measures needed to keep them safe were considered as part of the assessment.

We found there were sufficient care workers deployed to provide people's care in a timely manner. People, relatives and care workers felt staffing levels were appropriate.

There were effective recruitment checks were in place to help ensure new care workers were suitable to be employed at the home.

Medicines were managed safely. Only trained nurses and senior care workers administered medicines. People confirmed they received their medicines at the correct time.

Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe.

Health and safety checks were completed and procedures were in place to deal with emergency situations

Care workers received the support and training they required. Records confirmed training, supervisions and appraisals were up to date.

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 gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking. Some people had been referred to external healthcare professionals for additional specialist support.

The home had been adapted to better suit the needs of people living with dementia.

People's needs were assessed to enable personalised care plans to be developed. Care records contained a life history for each person and details of their preferences. Care plans were reviewed regularly to keep them up to date.

Activities were available for people to take part in, such as coffee mornings, a singing group, dominoes, skittles, pampering and a men's club.

Regular residents' meetings were held so that people could share their views and suggestions.

People did not raise any concerns about their care and knew how to complain. Previous complaints were investigated and resolved in line with the provider's complaints policy.

People, relatives and care workers said the registered manager was approachable. The home had a homely and friendly.

A range of internal and external quality assurance audits were carried out to check on the quality of people's care.

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, relatives and care workers told us the home was safe.

Staffing levels were sufficient to meet people's needs. The provider had effective recruitment checks.

Care workers knew how to report safeguarding and whistle blowing concerns. Safeguarding referrals had been submitted to the local authority when needed.

Medicines were managed appropriately and safely.

Health and safety checks were carried out and procedures were in place to deal with emergency situations.

Is the service effective?

Good

The service was effective.

Care workers said they received the training and support they needed. Records confirmed supervisions, appraisals and training were up to date.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People received support to meet their nutritional and health care needs.

The provider had adapted the home to meet the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People told us they were well cared for.

People also told us care workers were kind, considerate and caring.

Care workers treated people with dignity and respect and supported to them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and personalised care plans developed. Care plans were reviewed regularly.

There were opportunities for people to take part in a range of activities.

People could give feedback about their care through attending residents' meetings.

People knew how to complain and complaints were investigated in line with the provider's complaints procedure.

Is the service well-led?

Good

The service was well led.

The home had an experienced registered manager.

People, relatives and care workers told us the home was well led and the registered manager was approachable.

The home had a friendly and welcoming atmosphere.

A range of internal and external audits were carried out to check on the quality of people's care.

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 checked 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 inspection took place on 3 and 7 April 2017 and was initially unannounced with a further announced day.

One inspector and an expert-by-experience carried out the inspection. 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 of the service, the clinical commissioning group (CCG) and the local Health Watch.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service and five relatives. We also spoke with the registered manager, the clinical lead and four care workers. We looked at a range of records which included the care records for four people, medicines records, recruitment records for five care workers and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and relatives told us they felt the home was safe. One person said, "Safe yes, comfortable yes. I have a room with a shower I cannot ask for any more." Another person commented, "(Safe) yes I do really." A third person told us, "Yes, yes I am (safe). I am quite used to it and they're very helpful in many ways." One relative commented, "Yes definitely (safe), I couldn't fault them." Another relative said, "I feel it is very safe, I have been coming here nearly two years and find it very, very safe. I had no complaints anyway."

Care workers also said people were safe living at the home. One care worker commented, "I think it is safe. We have key pads on doors and alarms." Another care worker told us, "I think it is safe, definitely." A third care worker said, "Everybody cares a lot about the residents. We have the right equipment for people."

People told us they felt care workers treated them equally. One person commented, "Yes I do definitely (get treated fairly)." Another person told us, "Oh yes I'm sure, they have to be just the same as with me, they make sure people are happy."

The provider carried out a range of assessments using recognised tools to help protect people from potential risks. For example, the risks associated with poor nutrition, skin damage and falling. Where a person was assessed as being at risk, measures were in place help keep people safe. Positive risk enablement plans had been developed for some people which considered the benefits to the person of taking some risks, as well as the measures to keep them safe.

Care workers had a good understanding of safeguarding and the importance of raising concerns. They said any concerns would be reported to the registered manager without delay. One care worker said, "I would go to the clinical lead or registered manager. I would go straight to the manager and report it." Previous safeguarding concerns had been referred to the local authority safeguarding team appropriately in line with the agreed local procedures.

Care workers also knew how to raise concerns using the provider's whistle blowing procedure. They told us this had not been necessary but they wouldn't hesitate if needed. One care worker commented, "I never had to use it [whistle blowing procedure] but I would raise concerns." Another care worker said, "I haven't (used the whistle blowing procedure) but certainly would. I have been here a long time and I wouldn't hesitate." A third care worker told us there was a poster on the notice board in the staff room to raise awareness amongst care workers. They said, "I would definitely use it."

People and relatives said there were usually enough care workers on duty. One person said, "If I need anyone I just need to press the buzzer or I just need to go to the corridor. I always can get staff." Another person told us, "I'm sure at breakfast and in the morning and dinnertime they have one or two or more (care workers on duty)." A third person commented, "Oh yes, they're walking around and looking to see what we're wanting and are we feeling alright." One relative said, "Yes I think so (enough staff) because there's always someone there if you want to ask them something." Another relative commented, "The staff are very accommodating, I just have to say something and they'll be there." One relative did feel that sometimes

staffing levels were variable. They said, "Some days and some days not, it all depends. I find some days there could be more, maybe they have holidays, I don't know."

Care workers also confirmed staffing levels were sufficient to meet people's needs. One care worker said, "Better now, they have taken a lot of staff on. Some good staff as well." Another care worker told us, "We are okay at the minute." A third care worker commented, "They are fine at the moment." The registered manager regularly monitored staffing levels in the home using a recognised dependency based staffing tool. Previous calculations using this tool showed actual staffing levels exceeded the levels suggested by the tool. We observed care workers were visible around the home on the days we visited.

The provider had effective recruitment procedures to ensure new care workers were suitable to work at the home. These included carrying out a range of pre-employment checks. For example, requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people using the service.

Records supported the appropriate and safe management of medicines. We found medicines administration records (MARs) accurately accounted for the medicines people had received from care workers. Where medicines had not been given a non-administration code was input onto MARs to show the reason for this. Other records confirmed medicines were received, stored and disposed of effectively. This included medicines liable to misuse or controlled drugs. Nurses and senior care workers had completed relevant training and had been assessed as competent. People confirmed they received their medicines in a timely manner. One person told us, "Yes even in the middle of the night." Another person said, "If I need anything they give me it and make sure I swallow it." One relative commented, "Yes [family member] receives them on time, he's pretty good at letting you know." Another relative said, "Oh yes just been here, they get them on time."

Accidents and incidents were logged and investigated. Information recorded details of accidents, injuries sustained and whether relatives had been notified. A recent accident analysis identified that 44% of falls occurred on the dementia unit. Following further advice from a health and safety adviser the provider decided to fit a carpet to the corridor to help prevent further injuries. Other actions taken included reviews of staffing levels, increased observations and referrals to a specialist falls team.

Regular health and safety checks were carried out to help ensure the premises, environment and specialist equipment were safe for people and care workers. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety and portable appliance testing. Health and safety checks were up to date when we visited the home. Specific health and safety related risk assessments had been completed where potential risks had been identified. For example, a fire risk assessment and Legionella risk assessments. The provider also had up to date procedures to deal with emergency situations. These were documented in a business continuity plan. Personal emergency evacuation plans (PEEPs) had also been written for each person to help ensure they received personalised support in an emergency.

Good

Is the service effective?

Our findings

People and relatives told us they felt care workers had appropriate skills and experience. One person said, "Yes they all seem to know what they're doing. I even take notice of the young ones, they're all good I'll tell you that. They know what they're doing." Another person commented, "About four young ones started in May and one in particular is an absolute treasure." Another person told us, "Oh yes I'm sure they are (well trained). Whatever we need to ask for they're there for us." One relative commented, "Anything I ask them for...they're very helpful." Another relative told us, "I think the staff are very, very good for what they have to put up with. They're excellent, I think they do a fantastic job. I think it's dedication, it's not for the money."

Care workers told us they were well supported whilst working at the home. One care worker said, "Support is fine. Communication is good with the nurse, clinical leads as well." Another care worker told us, "I feel very supported." Records confirmed supervisions and appraisals were up to date when we inspected the home.

Care workers received relevant training to help them carry out their caring role effectively. One care worker commented, "My training is up to date." Records showed training was up to date at the time of our inspection. The provider had developed a learning and development plan for 2017. This identified specific priorities for the coming year. These included supporting new staff through the induction programme and key training for each staff role. For example, key training for qualified nurses was care planning, medicines, end of life care and catheterisation. For care workers it was catheter care, dementia awareness, falls, safeguarding, moving and handling and end of life care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Where people lacked capacity, DoLS authorisations had been authorised. We saw with care records examples of MCA assessments and best interest decisions made on behalf of people. These had been made involving relatives where possible. For example, where a person was unable to consent to their admission and continuing stay in the home and the use of bedrails.

Care workers had completed specific training on MCA including DoLS. Care workers described how they supported people with decision making. One care worker said, "We have a good rapport with families, we talk to families. We try to give a choice of meals for example. We know in the care plan what sort of food they

[people] like." Another care worker told us, "We look in care plans for people's preferences (to support them with making decisions)" One relative commented, "[My family member] has a lack of communication [skills]. Staff work hard to find out what they want. [Family member] says no to everything. They know what [family member] likes and ask if they mean yes or no and they delve for an answer. It's tricky for them." We observed over lunchtime care workers showed people a selection of plated up meals to enable them to choose their preferred meal.

People were asked for and gave consent before receiving care. One person said, "If I don't like anything I tell them." One relative commented, "[Family member] made his own choice regarding his end of life. He made that a while ago." Another relative said, "[Family member] didn't want any breakfast and staff provided an alternative (to try and encourage the person to eat something)."

We observed over lunchtime to help us understand people's dining experience. Four care workers were in attendance in the dining room. We saw tables were nicely set with tablecloths, condiments, placemats and a menu. We noted the dining experience was calm and the care workers interacted well with people during lunch. People requiring physical assistance received this without interruption.

Where people required special or adapted diets these were provided appropriately. For example, two people had a pureed diet and another person required their drinks thickened. We saw these people received the required support. Other people received support when needed. For instance, a care worker assisted one person to cut their meal up and then offered prompts and encouragement to another person who had not started eating their meal. We saw another person attempting to eat their meal with a knife. A care worker sat beside them and explained in a supportive way that they needed to use a spoon.

Where people did not want their chosen meal, alternatives were available. We saw one person was given a slice of malt loaf as an alternative. There was also a snack bowl for people to help themselves throughout the day which included fruit and biscuits and also yoghurts in the nearby fridge.

People were supported to meet their health care needs. One relative commented, "If [family member] needs a GP they (care workers) send straightaway they don't dally around. A community nurse and GP came to the home and the nurse advised to send [family member] to hospital." Another relative told us, "I get a phone call immediately. They phone straightaway, they get the urgent care team and the GP's come in and they always phone me. I have always got here in time to accompany [family member] and they have come to the hospital to support me." People had an emergency health care plan (EHCP) completed with a GP. This provided details of anticipated emergencies and what action to take. Anticipated emergencies included falls, infections, increased confusion and reduced oral intake.

Since our last inspection the provider had invested in adapting the environment to better suit the needs of people living with dementia. Communal areas of the home had been themed. For example, one area had a park theme with large murals on the wall and a park bench for people to sit on. Another area had an old fashioned sweet shop theme. There were tactile objects available for people to touch, such as flower baskets and plant pots. Rummage boxes were placed in communal lounges for people to rummage through at their leisure. The home had a specific dementia action plan which included proposals to improve community links, particularly community coming into the home. Other actions included children from a local school coming in to read to people and taking part in activities. The registered manager told us the provider was rolling out in-depth dementia awareness training from Stirling University to develop a greater understanding amongst the care team.

Good

Is the service caring?

Our findings

People and relatives told us they received good care. One relative said, "I have no problems with the home at all. It is a cracking home. I had to wait five weeks as they had no vacancies. We looked at a lot of homes, there are no odours here. We have no complaints whatsoever, the lasses are all nice." Everything is spot on." Another relative commented, "I am highly satisfied with the last 22 months [family member] has been in here. On afternoons everything is done properly far as I can gather. They get meals on time, yes I think the service is really good." A third relative told us, "Like I say they get well looked after, what more can you say as long as they're getting well looked after that's the main thing."

People received their care from kind and considerate care workers. One person described the care workers as "caring". Another person said, "The staff are good." A third person told us, "I'm sure they are (kind). Whatever we need to ask for they're there for us. If you need them or if someone is struggling they're there. I observe carers helping other residents out." One relative told us, "They joke with me. [Care worker] has a great relationship with [family member], she's the apple of their eye. She's bubbly they all are." Another relative commented, "I think staff treat them well. On a good day [family member] likes to sing and the staff like to join in." Another relative said, "Yes I think they're kind and caring. They try and shower and shave [family member] and assist them with [personal care]."

We saw positive and caring interactions between people and care workers. For example, we overheard a care worker say to one person, "Sweetheart I'll get these bit's [biscuit crumbs] off you." The care workers also placed a small cushion on the stool for the person's leg to rest on. We found there was a lot of friendly interaction in the communal lounges and lots of laughter. Care workers were visible at all times and people were always supervised in the communal areas.

Written compliments had been received from relatives and healthcare professionals about the care provided at the home. For example, '[Care worker] was exceptionally knowledgeable about family member'; 'extremely professional'; 'wonderful nursing with love and dignity'; '100%'; and 'care was outstanding'.

Care workers described how they adapted their practice to help promote dignity and respect. One care worker told us, "I tell them what I am going to do. I shut the door and keep them covered." Other care workers described the practical steps they took to maintain people's privacy such as keeping them covered, talking to them and explaining what was happening. At one point we observed a care worker maintaining the dignity of one person by ensuring their skirt was properly presented. On another occasion a person was discreetly taken to use the bathroom. We saw care workers always asked for permission or explained what they were going to do before assisting people.

Care records contained detailed information which was used to help care workers better understand people's needs and provide personalised care. Each person had a 'life history which gave important details about the person's life experiences. For example, their early childhood, work experience, important people in their life and any cultural or religious needs people had. Care records also included information about people's preferences. For example, preferred daily routines and food likes and dislikes. We saw one person

had a particular time they wanted to get up on a morning and a preferred place and social group for eating breakfast.

Good

Is the service responsive?

Our findings

People's needs had been assessed both before and shortly after their admission to the home. The assessment was used to develop detailed and personalised care plans. These clearly detailed the individual care and support people needed. For instance, one person was particularly at risk of skin damage. The corresponding skin care plan included specific information about the person's skin care regime. For instance, the specialist equipment the person must have and the regular checks that care workers needed to carry out. Care plans had been reviewed regularly so that they reflected people's current needs.

Care plans identified clear goals for people and the steps needed to achieve goals. When developing care plans care workers promoted independence through considering the abilities and skills people currently had. For example, one person's diet care plan stated they were able to make their own meal choices, were independent with eating and drinking and could communicate to care workers if they were hungry or thirsty.

There were opportunities for people to participate in activities. The activities planner displayed in the reception area advertised the planned activities for the forthcoming week. These included a coffee morning, singing for the brain, dominoes, skittles, a men's club, pampering and oomph (our organisation makes people happy). Oomph is a chair based exercise class aimed at older people. One person's care records stated they were interested in colouring in. We observed the person was sat at a table in the communal lounge engaged in a colouring activity.

One person commented, "I water the gardens in the summer." Another person told us, "Friends from church come down. We go to a lovely coffee shop and church coffee morning and that's lovely. There's a few nice people there I know. We have bingo and dominoes. The children from local schools come along and do drawing and singing. They come in two's to talk with you." A third person said, "I listen to a singer, I like the lounge in here."

One relative gave examples including, "The men's afternoon at Dubmire Club, trips to the Galleries, Herrington Country Park, St Patricks Day and Christmas Party. There are monthly activities and we always get a newsletter every month." Another relative said, "They take [family member] out for a ride out along the seafront, they go to local shops and [family member] does get involved. For example, they throw the ball."

People had opportunities to share their views about the home and their care. Regular resident and relatives' meetings were held. Topics discussed at previous meetings included gathering people's views about care delivery, dignity and respect, menu choices and meal portion sizes. Relatives confirmed they received updates about their family member. One relative said, "Yes they even talk to me or I talk to them, I told them not to hold anything back."

People and relatives did not have any concerns about the care provided at the home. They also knew how to make a complaint if required. One person said, "Yes I would know where to go." Another person told us, "I think I would whisper to one of the carers and they would help me to put it right." A third person commented, "I know there is (a complaint procedure) but I have not had anything to complain about." One

relative said, "I would go straight to the staff and they would deal with it straightaway, not that I've had any problems." Another relative told us, "I would ask the manager or any of the lasses they're all spot on. I have no problems whatsoever with the home." A third relative commented, "If I needed to I would go and see the manager but I have not had any need to."

Eight complaints had been received during 2016. These had all been investigated and dealt with effectively. Complaints were analysed monthly to check appropriate action had been taken. One person had been referred to an advocate to support then with making a complaint. This was on-going when we inspected the home.

Good

Is the service well-led?

Our findings

People and relatives felt the home was well managed and the registered manager was approachable. One person told us, "She's lovely, very pleasant and approachable." Another person said the registered manager was "very good". One relative said, "I get on alright with [registered manager]. I see her when I come in and she has answered my questions fine." Another relative commented, "Very approachable, I can go to her anytime if I had a problem." A third relative told us, "[Registered manager] is often walking around talking to people. She'll listen to you, I have had no complaints."

Care workers also told us the registered manager was approachable. One care worker commented, "I really respect [registered manager] as a manager. You can go to her, she is really approachable. I like her, fair but thorough." Another care worker said, "The manager is very approachable, I am definitely able to talk to her." A third care worker told us, "[Registered manager] is lovely I can speak to her. She is easy to approach and always has time for you."

The registered manager had submitted required notifications to CQC in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. We saw the provider was displaying the performance rating from the last CQC inspection for people and visitors to view.

People, relatives and care workers described the home as having a positive and friendly atmosphere. One person commented the atmosphere was, "Friendly...we can talk to each other when necessary". Another person said the atmosphere was "great". One relative said, "There is a good atmosphere here." Another relative told us, "It's a nice atmosphere, it's like a family atmosphere here." A third relative describe the atmosphere as "happy go lucky." One care worker said, "The atmosphere is fine, I get on with everybody."

Care workers had opportunities to give their views and suggestions about the home. One care worker told us, "If I thought anything could be improved I would go and see the manager. I have done." Regular staff meetings were held which covered a range of topics such as care planning, safe management of medicines and staff development.

The provider carried out a range of internal and external checks of the home. Findings from external audits were reported to the registered manager. For example, the provider's in-house quality auditor had recently checked the home and found the home had maintained a high level of compliance with the areas checked. These included person centred care, dignity and respect, consent, safe care and treatment, safeguarding and nutrition. Positive clinical commissioning group and external health and safety audits had also been completed. A regional manager carried out monthly checks which included gathering the views of people. For instance, during the most recent visit the regional manager spoke with seven people who confirmed they were happy with their care and had no concerns.

The registered manager then supplemented these audits with other internal audits of the home. For examples, checks of medicines, complaints, care plans and training. All checks had been completed regularly and were up to date when we inspected. We saw action had been taken following these checks

where areas for improvement had been identified.