

Akari Care Limited

Pavilion Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pavilion Court is a residential care home providing personal and nursing care to 39 people aged from 18 and over at the time of the inspection, some of whom were living with a dementia. The service can support up to 75 people in one large adapted building.

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

Environmental risks had not always been identified and assessed, and we have made a recommendation about this.

There were quality and assurance systems in place to monitor people's safety and care. The management team completed audits to improve the quality and safety of the service.

People and their relatives were positive about the care and support provided by staff. People received person-centred care from staff who knew them well. The service worked in partnership with other health and social care agencies to provide responsive and continuous care to people.

Medicines were managed safely and in line with best practice. Individual risks to people had been assessed and mitigated to help keep people safe. There were regular reviews of people's needs to make sure they received the support they required. People had regular input from other health care professionals and external agencies, for example GPs.

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.

Staff respected people's privacy and dignity at all times. People were supported to engage in activities which were of interest or benefit to them.

Staff were recruited safely; they received regular support and training. New staff were provided with a comprehensive induction which provided them with the relevant knowledge and skills for their roles.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 December 2018) and there were multiple breaches of the regulations. At this inspection, a new manager was in place and we found that robust action had been taken to improve.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found the service had made sustained improvements and addressed the initial issues identified at the last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. As part of our process we will be meeting with the provider to discuss how the service will build on the improvements in place. We will re-visit the service in line with our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector, one specialist advisor nurse and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, the regional manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well.

We also 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 and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and 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 and carried out observations in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service, four relatives and nine members of staff including the manager, regional manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care records for four people, medicine records for nine people and the recruitment records for three members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about the safety of the premises. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the safety and welfare of people, medicines management and there were not adequate numbers of skilled staff available to support people. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 12 or 18.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The premises were not always safe for people. Pull cords were not accessible in communal bathrooms and hazardous fluids were accessible to people in the hair salon. People who could not safely assess risk to themselves could have accessed these fluids which may have resulted in a serious injury.
- Equipment was stored in communal bathrooms, which posed a trip hazard to people.
- Staff did not follow the provider's infection control procedures and good practice. Single use medicine pots were left in the dining room, still containing liquid medicines. Milk shakes were not stored in refrigerators.

We recommend the provider ensures safe practices are always demonstrated by staff, and there are regular checks of the environment to ensure they are safe at all times.

The provider responded immediately during the inspection. They confirmed all the issues relating the premises safety were now addressed and suitable checks of the environment were in place.

- Health and safety checks were completed to help keep people safe.
- Personalised risk assessments were completed in partnership with people.
- People felt safe living at the service and relatives agreed with these comments. One person told us, "I've always felt safe. There's always staff around and there's the pull cord for assistance."

Using medicines safely

- Medicines were managed safely. People and relatives told us that medicines were administered at the correct time. One person said, "The nurse brings my medicine, I get them on time."
- Medicines were stored in lock treatment rooms. People's medicine records were accurate and reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around identifying abuse and could tell us what action they would take.
- Safeguarding policies and procedures were available in an easy read format.
- The management team investigated all concerns thoroughly and in partnership with the local authority.

Staffing and recruitment

- Staff were recruited safely. The provider had recruited more staff since our last inspection; the use of agency staff had greatly reduced.
- Additional checks were completed to verify nurses and agency staff were suitable to work at the home.
- There were suitable staffing levels to support people in line with their assessed needs.

Learning lessons when things go wrong

- The management team regularly reviewed all accidents and incidents to identify any trends or themes. This was used as part of the service's action plan for improvement.
- All incidents were clearly documented, investigated and shared with relevant partnership agencies.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider did not ensure staff had the correct support or training to deliver their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements and there was no longer a breach of regulation 18.

Staff support: induction, training, skills and experience

- The provider ensured all new staff received a comprehensive induction to give them the skills and knowledge to carry out their role.
- Staff received on-going refresher training.
- The management team carried out regular supervisions and appraisals with staff.

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

- People were supported to maintain a healthy and balanced diet. Care plans detailed people's preferences and how they liked to be supported with eating and drinking.
- People were provided with choices for meals and had access to snacks and drinks throughout the day. One relative told us, "Staff come around and (person) chooses their meals for the day."
- Staff regularly reviewed people to make sure they were not at risk of malnutrition. If a risk was identified there were records showing referrals to health care professionals.

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

- Staff worked closely with other health care professionals to make sure people received the care and support they required. This included GPs and community nurses.
- Care records showed involvement from other agencies and plans reflected advice and guidance provided.

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

- Since our last inspection the provider had refurbished areas of the home. The home was nicely decorated, and people could access memorabilia, to help start conversations and discussions.
- The home was appropriately adapted for people with large corridors, spacious bedrooms and clear signage to help people find their way around. People enjoyed spending time with relatives in the communal garden.
- Bedrooms were personalised; people had their own possessions displayed around the rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restrictions placed on them. These were completed in partnership with relatives and other professionals.
- Staff asked people for consent before providing support.
- All staff had received training on the MCA and DoLS. People received support in line with best practice standards and guidance. .
- People had in-depth assessments of their needs which covered their physical, mental and social requirements.
- People were asked what support they would like and by whom. One person told us, "I get a choice and if I don't like something they'd change it."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider did not ensure person centred care was being delivered to people or that staff treated people with dignity and respect. This was a breach of regulation 9 (Person centred care) and regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements and there was no longer a breach of regulation 9 or regulation 10.

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

- Staff knew people well and understood their needs. Staff were kind with people; there were positive interactions between people and staff.
- There were equality and diversity policies to help ensure people were treated fairly regardless of their age, sex, race, disability or religious belief.
- People were positive about the approach of staff. One person commented, "It's alright, (staff) are caring, pleasant and friendly and because there's people around, I've made quite a few friends in here."

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

- People had been consulted about their care; they were involved in reviews along with relatives where appropriate. One person told us, "They (staff) do listen to what you say, they always take into account."
- People knew how to access independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. One person said, "(Staff) are thoughtful and they're very polite and my privacy is maintained. They'll shut my door and close the curtains when I'm getting ready."
- People were encouraged to be independent with staff nearby to keep them safe. One person commented, "I'm independent, I like my independence. I like to have two or three baths a week and showers in between and the staff are always there. I can go to and get out of bed on my own, they do come and check on you through the night."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- Personal hygiene care plans did not reflect people's preferences. We discussed this with the management team who assured us they would review people's care plans.
- Staff regularly reviewed people's care plans in partnership with people, their relatives and other health care professionals.
- People's needs were assessed before moving into the home. One person said, "Yes I get involved with this (care plan reviews)."

Meeting people's communication needs

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

- Staff understood the Accessible Information Standard.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Staff discussed care plans to ensure people understood the information they were given.

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

- People were encouraged to maintain social relationships and carry out activities that were meaningful to them. The manager told us about one person who was interested in gardening and they had been helping to maintain the garden area.
- All staff encouraged people to follow their interests. One person told us how the maintenance manager visited them every day to help complete the crossword puzzle.
- A daily newsletter informed people of activities they could join in. There was a hair salon at the service for people to use.
- Relatives and visitors felt they were always welcome at the home.
- One person told us staff supported them on trips to the local shops. They said, "I go to the shops in the summer in my wheelchair and they will take me. It's something to do and a change of scenery."

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated in line with the provider's complaints procedure.
- Relatives we spoke with were aware of how to raise concerns and complaints. One relative told us, "I have no hesitation raising my concerns as I have done in the past and the issues were looked into and resolved."
- The provider took action to make changes and improvements where things had gone wrong.
- Lessons learned from complaints were shared with staff.

End of life care and support

- People had their end of life wishes assessed and these were recorded in a care plan.
- Staff had received training in delivering end of life support to people. At the time of our inspection no one was receiving end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective quality assurance systems in place to monitor the quality and safety of care provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements and there was no longer a breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection there was a new structure in place around the management and leadership of the service. This had a positive impact.
- However we found records relating to the monitoring and management of the service were not always accurate.

We recommend the provider continues to build on the governance improvements in place at the service.

The provider responded immediately to these issues during the inspection. They reviewed all accidents and incidents and identified where there were inaccurate records. They confirmed all care plans would be fully reviewed and updated records to detail when accidents had occurred.

- The manager completed a range of quality audits monthly and actions that were identified were addressed to bring further improvements. Audit findings were monitored by the regional manager and the provider.
- Since the last inspection a new manager had been appointed who was in the process of registering as a manager with CQC. The manager understood her responsibilities for reporting incidents to CQC and the regulatory requirements.
- Staff provided mixed feedback about the manager. They said that "The manager is not approachable or visible within the home, another staff member said, "The manager had been here over one week before I knew who she was."

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

- Staff and the manager demonstrated a commitment to provide person centred care. Staff said they felt a

sense of satisfaction from making someone happy and that looking after the residents was the best thing about working at Pavilion Court.

- People and relatives were very complementary about the staff team. One person said, "They (staff) work very well and are very friendly."

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 lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

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

- Meetings for people using the service and relatives were arranged; these were not usually well attended. The manager displayed signs to show she was always available, and an open-door approach was in place.
- Surveys were carried out with people to explore improvements to the service, for example food choices available. Results were analysed, and new menus were implemented that considered more of people's preferences giving more variety to menu options.

Continuous learning and improving care

- The service had made various improvements since the last inspection.
- An ongoing action plan remained in place for the service to continue to build on their progress.

Working in partnership with others

- The service worked in partnership with a range of other organisations. During the inspection we saw the local GP attending the home to review people.
- We received feedback from the local authority and CCG, who commission services from the provider, and they told us that they had saw improvements since our last inspection.