

Akari Care Limited

Pavilion Court

Inspection report

Brieryside, Newcastle upon Tyne, Tyne & Wear, NE5
3AB
Tel: 0191 2867653
Website:

Date of inspection visit: 11 June 2015
Date of publication: 17/08/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 7, 8 and 15 January 2015. Two breaches of legal requirements were found.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations relating to the maintenance of appropriate standards of cleanliness and hygiene; and the arrangements for ensuring staff were suitably supported by means of supervision and appraisal.

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

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the regulations.

The standards of cleanliness and the control of infection had improved since the last inspection and were of an acceptable standard. The home had been completely refurbished. Clearer systems for allocating and checking the work of the domestic staff team had been introduced. We found no cleanliness or infection control issues in our tour of the building. People, relatives and staff told us there had been significant and sustained improvements in these areas.

The support given to workers in the service had improved. The supervision and appraisal of staff members had been planned in advance for the year. Senior staff had been given delegated responsibilities in this area and had been given training in effective supervision and appraisal. Records showed the service

Summary of findings

was on course to meet its policy for the giving each staff member four supervision sessions and one appraisal meeting each year. Staff told us they felt better supported and felt they could raise issues in these meetings.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve safety.

Improvements had been made to the cleanliness and infection control in the home, the standards of which were now acceptable.

We could not improve the rating for 'Safe' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service effective?

We found action had been taken to improve the effectiveness of the service.

Improvements had been made to the support given to workers. Staff were now being given appropriate levels of supervision and appraisal.

We could not improve the rating for 'Effective' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Pavilion Court

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Pavilion Court on 11 June 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 7, 8 and 15 January 2015. We inspected the service against two of the five questions we ask about services: is the service safe?; and is the service effective? This is because the service was not meeting some legal requirements at the time of our initial inspection.

This inspection was undertaken by one adult social care inspector. During the inspection we toured the building and talked with three people living in the home, two visiting relatives, and two visiting health professionals. We spoke with the manager, the regional manager, and six care and ancillary staff. We reviewed a sample of four staff personnel files; and other records relating to the management of the service. These included the staff supervision and appraisal planner and record; cleaning schedules and audits; and infection control audits.

Is the service safe?

Our findings

At our last inspection in January 2015 a breach of legal requirements was found. Suitable arrangements were not in place for the maintenance of appropriate standards of cleanliness and hygiene in relation to the premises.

We reviewed the action plan the provider sent to us following our comprehensive inspection in January 2015. This gave assurances that action was being taken to improve cleanliness and control of infection in the service. The provider told us they would be compliant with the regulations by 21 April 2015.

We found improvements had been made with regard to cleanliness and infection control. The provider told us the manager held meetings with the housekeeper and domestic staff to reinforce the importance of maintaining appropriate levels of cleanliness and infection control; and had regularly reminded staff of this imperative in supervision and appraisal sessions. The provider told us new cleaning schedules and records of tasks completed had been introduced, along with a more robust system of auditing cleanliness in the home. The provider told us the manager now did a daily cleanliness and infection control tour of the building, and recorded their findings.

We looked at the records kept of cleaning and audits. The manager showed us a 'daily domestic cleaning schedule'; a 'deep-cleaning schedule'; and a 'night shift cleaning schedule'. These recorded the specific rooms or areas cleaned, with the initials of the domestic staff member who carried out the task. The housekeeper undertook spot checks, rating each task and identifying any further actions required. Any shortfalls were raised with the relevant member of the domestic staff.

The manager showed us evidence of their daily 'cleanliness walk round', which showed these were carried out between Mondays and Fridays. In addition, the service's regional manager audited the cleanliness of the home as part of their weekly visit to the service.

We saw evidence of monthly infection control and hand hygiene audits. The most recent examples rated the service as 100% compliant in these areas. Previous months' audits had identified some deficits, which had been followed up and resolved. We noted, in a recent (March 2015) survey, 85% of visitors, 95% of people living in the home; and 100% of staff rated the home as 'clean'. This was a significant improvement from the previous survey (October 2014) when people rated the cleanliness of the home at 50%.

We toured the building, and found a major refurbishment had been completed since our last inspection. We found all areas to be clean, well-furnished and decorated, and odour-free. Toilets were clean and were supplied with paper towels and liquid hand-wash. Information about proper hand-washing techniques was displayed.

We spoke with two relatives who told us they were happy with the standards of cleanliness in the home. One told us, "There's lovely cleanliness. I've seen big improvements." The second relative said, "I've not had to raise any cleanliness issues."

Staff also commented on the improvements in cleanliness and hygiene. An agency staff member told us, "It's very nice and clean. There are no problems or odours." A second member of staff said, "I think the cleanliness has certainly improved, and I've heard other staff say this, as well." We spoke with the staff member with responsibility for infection control. This staff member told us, "The cleanliness has got a lot better. The home is improving." They told us staff were well supplied with disposable aprons and gloves to guard against cross-infection.

We found the assurances the provider had given in the action plan with regard to maintaining cleanliness and infection control had been met.

Is the service effective?

Our findings

At our last inspection in January 2015 a breach of legal requirements was found. Suitable arrangements were not in place to ensure staff were appropriately supported in relation to their

responsibilities by means of appropriate supervision and appraisal.

We reviewed the action plan the provider sent to us following our comprehensive inspection in January 2015. This gave assurances that improvements would be made in the support given to workers. The provider told us they would be compliant with the regulations by 21 April 2015.

We found improvements had been made with regard to the supervision and appraisal of workers.

We saw the provider's policy for the supervision and appraisal of staff. This stated each staff member should receive a minimum of four supervision sessions and a formal appraisal of their work performance each year.

The service's supervision and appraisal planner showed this frequency was planned in advance across the year. We checked the planner against the records of supervision and appraisal kept on four staff members' personal files, and found the planner to be accurate.

The manager told us supervisions were delegated to senior staff who received the necessary training to carry out this

task effectively. The manager told us they sent memos to supervisors at the beginning of each month reminding them of which staff were due for supervision, and checked and signed off each person's supervision record, for quality auditing purposes.

We saw evidence that supervisions were taken seriously and were recorded in detail. Issues of underperformance were addressed appropriately and goals set for future achievement, where necessary.

We noted a small number of staff were not recorded as having been given their supervision sessions on the dates specified on the planner. The manager said they were aware of this and that these omissions were due to staff sickness. They told us they had raised the issue with the supervisor in question, and the supervision sessions were to be rescheduled and carried out on the return to work of the staff members. Overall, we saw the pattern reflected in the planner indicated all staff would have received the required number of supervision and appraisal sessions over the twelve month period, as stated in the provider's policy.

We spoke with six staff about their supervision and appraisal. They confirmed their meetings had taken place, and that they found them useful and supportive. They told us they were taken seriously and gave them the opportunity to raise issues, ask questions and discuss their support and training needs.