

Akari Care Limited

Pavilion Court

Inspection report

Brieryside
Cowgate
Newcastle upon Tyne
Tyne and Wear
NE5 3AB

Tel: 01912867653

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Previously, we carried out a comprehensive inspection of this service on 13, 16 and 17 October 2017. At that inspection the service was rated 'Good' overall and there were no breaches of the regulations. After that inspection we received concerns in relation to staffing levels, the safety of people and the treatment received by people living at the home. As a result, we undertook another fully comprehensive inspection of Pavilion Court on 15 and 16 October 2018 to look into those concerns.

At this inspection we identified a number of concerns and shortfalls which resulting in a breaches of regulations 9 (person centred care), 10 (dignity and respect), 12 (safe care and treatment), 17 (good governance) and 18 (staffing).

The provider had not adequately assessed the risks to the health and safety of people using the service, staff did not provide person centred care, staff demonstrated unsafe practice, people were not always treated with dignity and respect, people's support needs were not met, staffing levels were not adequate to meet people's needs and the governance of the service did not fully assess the quality of the care provided. During the inspection we raised four safeguarding alerts to the local authority due to concerns about the standard of care people were receiving. Following our site visit we also received additional whistleblowing concerns which we also shared with the Local Authority Safeguarding team.

You can see the action that we have asked the provider to take at the back of the full version of this report.

Pavilion Court is 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Pavilion Court can accommodate 75 people in one adapted building and on the date of this inspection there were 56 people living at the service. People received a mixture of residential and nursing care. Some people living at the home had a diagnosis of dementia or had fluctuating capacity.

Staff had received initial training around safeguarding vulnerable adults' but we noted that this training had not been refreshed or completed by the majority of staff. Staff had received supervision sessions around safeguarding and could tell us what action they would take if they were concerned or witnessed any form of abuse. People told us they felt safe living at Pavilion Court Care Home and relatives agreed with these comments. There were policies and procedures in place to help keep people safe from abuse, these included the provider's safeguarding vulnerable adults' policy and information for people and relatives about reporting abuse.

We observed and were told by people that there were not always enough staff to support people when needed. The service assessed dependency needs for people which we reviewed as well as the staffing rotas for four weeks. The service frequently used agency staff but this had begun to reduce as new staff had been employed by the service. We observed that staffing levels on the second day of inspection were appropriate

to support people. Staff, people and residents told us that at times there were not enough staff to support them, especially at night.

Staff did not always treat people with dignity and respect. We found records of people's daily care in communal areas. Some people told us that they did not always know who was supporting them and that they did not receive the support they needed, when they needed it. Some people told us the staff spoke nicely to them and were caring. We observed people enjoyed positive relationships with some staff. We saw staff asking people for consent when supporting and asking for people's choices for meals and drinks.

There was an infection control policy in place at the home but this was not always followed by staff. Communal lounges and dining rooms were not clean. We saw housekeeping staff cleaning people's bedrooms and communal bathrooms.

The home did not provide safe medicine management. Care plans for 'as required' medicines were not completed or absent from people's care records. Procedures were in place to provide guidance on the receipt, storage, administration and disposal of medicines. There were records regarding other professionals involved in people's care. People's medicine care plans completely documented all the information needed to fully support people.

During the inspection we found that the premises were not always safe for people living at the home. The sluice room on the ground floor was open because the key pad lock was not working, the clinical waste bins were open and unlocked, and kettles containing boiling water were left on benches in areas where people could not fully assess the risk to themselves.

People were supported to maintain a balanced diet. However, people did not have access to a range of foods and fluids throughout the first day of our inspection, but we noted that there were different fluids and foods available on the second day of inspection. Food and fluids were easily accessible to people who could not make safe choices or who were at risk of aspiration and choking or who had special dietary requirements. These risks had not been identified or mitigated at the time of our inspection. People and relatives had mixed comments about the meals provided. Some people told us they liked the food and others told us that there was not much choice.

Staff received regular supervisions from the new registered manager and these included lessons learned from safeguarding incidents, complaints, best practice and accidents/incidents. Staff received a thorough induction from the provider before working within the home. Most staff training was out of date and the registered manager had arrangements in place to ensure that all staff received the mandatory and additional training sessions applicable to their role for the week after our inspection. Agency staff also received an induction from the provider before working at the service.

Most people had personalised risk assessments in place to keep them safe. People had care plans in place for general things, for example personal hygiene, mobility and sleeping and individual plans for specific things, such as, being unable to use the call bell. We noted that some care plans were illegible and the general care plans were very standardised. People, relatives and external health professionals were all involved in best interest decisions and mental capacity assessments. However, people's care records were not always accurate and up-to-date.

There was a new registered manager in post who had been registered with the Commission to provide the regulated activity since October 2018 and had worked at the service for approximately two months, this was one of the requirements of the home's registration with CQC. A registered manager is a person who has

registered with the CQC 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.

Accidents and incidents were recorded correctly and if any actions were required, they were clearly documented and addressed. Lessons learned were shared with people, relatives and staff. Where appropriate, the registered manager had escalated these to the local authority as a safeguarding concern and notified CQC.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of some people to restrict their freedom for safety reasons in line with the Mental Capacity Act 2005. Most staff demonstrated their understanding of the MCA.

People and relatives knew how to raise a complaint or concern. There was information on how to make a complaint displayed within the service and this was accessible to everyone. Feedback was sought from people, relatives, staff and visitors to help continuously improve the service.

The management team had a clear vision to care for people living at the home and had plans in place to improve the quality of care provided to people. Staff told us that they were fully supported by the registered manager and were positive about the changes that they had introduced. Relatives said that they were always welcomed at the service and commented that the new manager took time to speak to them.

The registered manager and deputy manager carried out checks and audits of the service but these were not always documented or identified the issues we had identified. The provider did have a governance framework in place to monitor the quality and assurance of the service but this did not highlight all the issues we identified.

There was a new activities coordinator in post who was introducing a range of meaningful activities for people. We observed activities being carried out with large groups and in a one to one setting during the inspection. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives.

The service provided end of life care to people and the service was working with a partnership agency to provide palliative care in a designated unit at the home.

The premises were 'dementia friendly' and there was pictorial signage to help people orientate themselves. The communal areas of the home needed some refurbishment and the registered manager told us about plans already in place for this. People had personalised bedrooms.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

We observed neglectful practices taking place.

Staffing levels, particularly at night, did not provide adequate support for people. People were unable to get the support they needed to meet their needs.

The premises were not safe. Infection control procedures were not always followed by staff and the home required cleaning. Risks to people were not fully identified or mitigated.

Medicines were not managed safely. Care plans for 'as required' medication were not completed or present.

Safeguarding policies and procedures were in place at the home. Staff were knowledgeable about keeping people safe but had not received updated training.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People did not always receive care which met their needs.

Staff training was out of date. Staff had received regular supervisions from the registered manager and new staff received a comprehensive induction.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS).

People received support to meet their nutritional needs. They also had regular input from external health professionals when required.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always treated with dignity and respect. People were not always promoted to be independent or have their choices respected.

People had mixed reviews about the care and kindness displayed by staff. Some staff displayed kind interactions with people.

People and their relatives told us they were involved in care planning but this was not always recorded.

Is the service responsive?

The service was not always responsive.

People's needs had been fully assessed but care plans were generalised and in some instances illegible.

People were offered a range of activities within the home. Development was needed to enable people to have access to greater social opportunities.

People were supported with end of life care and the registered manager was working with partnership agencies to deliver this. People and their relatives knew how to make a complaint and complaints had been addressed thoroughly.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a governance framework in place. However, we found this was not always effective in identifying shortfalls within the service.

There was a registered manager in post who understood their role and responsibilities. People, staff and relatives felt that the registered manager was open and approachable.

The provider and registered manager had a clear vision, strategy and plan to deliver quality care.

Requires Improvement ●

Pavilion Court

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 undertaken 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.

This fully comprehensive inspection of Pavilion Court took place on 15 and 16 October 2018. The first day of inspection was unannounced, which meant the staff did not know we would be visiting, and the second day was announced. This inspection was undertaken earlier than planned as we received some information of concern.

This inspection was prompted in part due a number of incidents and intelligence we had received from partnership agencies regarding the safety of people, staffing levels and treatment provided to people living at the home. The team inspected the service against all five questions we ask about the services: is the service safe? is the service effective? is the service caring? is the service responsive? and is the service well-led?

The inspection was carried out by two adult social care inspectors, one specialist nurse advisor and two experts 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.

Prior to our inspection we reviewed all the information that 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 also sought feedback from the local authority contracts monitoring and safeguarding adult's teams. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider and we contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises, carried out observations in communal areas and had discussions with people who used the service, their relatives, staff

and visiting professionals. We also spoke with 25 people who used service, 11 relatives, one visiting professional and 26 members of staff including the registered manager, regional manager, four nursing staff, three senior care assistants, the activities coordinator and care assistants.

We reviewed the care records for six people and the recruitment records for four members of staff. We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

During the first day of inspection we observed a member of staff using unsafe moving and handling techniques to support a person. This was an unsafe and undignified manoeuvre, which resulted in the person appearing distressed and could have resulted in harm. The registered manager stepped in and made sure the person was comforted and moved safely to the main lounge area. We raised this incident with the local authority safeguarding team.

Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing guidance on when 'as required' medicines should be administered and of how often people required additional medicines such as pain relief. In two people's records we found that these protocols were not being followed. For one person, we were informed by a nurse they received 'as required' pain relief but this was not recorded in the care file or medical administration record (MAR). Another person told us that had requested an 'as required' medication but had not received this. We checked the MAR for this and found there was no record of the medicine being administered or declined but care records showed that the person was displaying the symptoms stated in the care plan. We discussed our findings with the management team who told us they would address them.

We reviewed the MARs and care records in relation to pressure care. One person told us they had not received their prescribed cream for pressure care. We checked the MAR and care records for this and found that the cream had not been administered to the person since it had been prescribed. We discussed this with the nurse on duty who said they would investigate this and informed the registered manager of the missing administration. The person had pressure damage which had been treated in hospital and the application of the cream was to support the healing process of the skin. This could have resulted in harm to the person as the cream was needed to ensure that the person did not have further pressure damage to their skin. Other people's MAR documented the application of prescribed creams.

We found a specially adapted mattress to help reduce risk of pressure damage to people's skin was damaged. In one person's bedroom, who was cared for in bed, we heard an alarm continually sounding to alert staff that the mattress was faulty. We raised this with the staff who told us they did not know how long it had been broken or if it had been reported for repair/replacement. We discussed this with the management team who arranged for a new mattress to be replaced within 24 hours. The regional manager told us that there were procedures in place if equipment was broken and this should have been followed by staff. We raised this as a safeguarding alert to the local authority.

During the inspection we observed one person who was prescribed medicines which required them to carry a medical alert card, was leaving the home without the cards. Medical alert cards are used to inform people and health professionals about on-going medical conditions and medicine a person has in case of emergency treatment. We found the alert cards within the person's care file. The person's medical needs were managed by the service and these alert cards were to be issued to the person every time they left the service. We raised this with a member of staff who gave these to the person to take with them. We highlighted the risk of the person not having their alert cards with them to the management team and the

registered manager confirmed that they would look into the matter. This incident was raised to the local authority safeguarding and is currently being reviewed.

We found food and drinks were easily accessible to people with fluctuating capacity in each kitchenette area. People who were unable to make safe choices with regards to food and fluid could access these. People who had their foods and fluids monitored, as detailed in care records, may have also ate or drank items that were not recorded. The registered manager assessed these risks and removed the items from the kitchenette areas. People with who were not at risk and had capacity had access to fridges in their rooms. This allowed for independence and choice to be promoted.

During both days of inspection, we carried out a tour of the premises. We found the sluice room, an area designated for the disposal of continence aids and disinfection of products to stop cross infection, on the ground floor of the home had a broken lock and was open. This was resolved by the second day of inspection.

We found risks to people's health and safety had not been identified or mitigated. On the first day of inspection we found three kettles in the communal kitchenette areas, which contained boiling water and were left unattended on a bench. These issues posed risks of harm to people who had different levels of capacity, with some people unable to identify risks to their own personal safety, as they could access without support or supervision into these areas. The registered manager addressed these risks promptly and removed the kettles by the second day of inspection. Two outdoor clinical waste storage bins were unlocked and unsecured. This issue was also addressed by the second day of inspection. We saw the external fire escape was blocked by wooden furniture and the registered manager moved this during our premises tour.

There was an infection control policy in place at the service but we found staff were not always following it. The communal areas of the home were dirty and there were cigarette butts on the floor. The designated smoking area for people living at the service was located immediately outside of the ground lounge. This resulted in cigarette butts being blown in through the doors or by people's footwear. Both dining rooms on the first floor of the home had dirty dishes, which had been used at breakfast time, in the sinks. We noted that in the large dining room these were still present four hours later. The dining room on the first floor was set ready for people to use at lunchtime. We saw that the cutlery was dirty, place mats had not been cleaned and tables had not been wiped. The microwaves within each of the dining areas were dirty and had not been regularly cleaned. We discussed this with the registered manager who asked staff to clean all cutlery, tables and place mats before lunch time. The registered manager removed the microwaves from the service.

There were towels and linen (we were unable to tell if these were clean or dirty), stored in the communal bathroom on the first floor and personal hygiene items left in two other shared bathrooms. The registered manager asked staff to remove these. On the second day of inspection we observed that personal hygiene items were removed but we found towels and linen remained in one bathroom. The regional and registered managers held a staff meeting after the first day of inspection to highlight the issues we identified with regards to infection control. The registered manager also discussed the issues with the housekeeping staff and told us that they had added an additional member of housekeeping staff to the team.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

During the inspection we noted that the service made frequent use of agency staff. We reviewed the staffing rotas for a period of four weeks and compared this to the assessed monthly support requirements for

people living at the home. We found the numbers of staff required matched the assessed needs but the service relied heavily on agency staff. The service had recently reduced agency usage through the appointment of new staff from approximately 550 hours to approximately 220 hours per week. The regional manager told us that staffing levels were based on one member of staff per four people ratio for day shift and a one to eight ratio for a night shift, and every person was assessed as having the same dependency needs.

People told us that staff were unable to support them during the night as there were not enough staff available. One person told us that they had to wait quite some time for a member of staff to respond when they pushed their call bell. Other people we spoke to made similar comments regarding response times to call bells at night being long periods of time. One person stated that they had requested their night time medication at 7:45pm and this did not arrive until 10:30pm as the nurse had stated that they were very busy. We discussed this with the management team at the home and we were informed that they were investigating a recent incident where staff had admitted to sleeping whilst on duty. This meant that there were not enough staff available to keep people safe. We raised this incident with the local authority safeguarding team. The regional manager told us that an investigation into this was underway using with the provider's human resources policies. This incident is currently being reviewed by the local authority safeguarding team. One member of staff told us, "Staffing levels are getting better" and another commented, "Staffing levels are getting better but we are still busy."

People said the agency staff did not know how to support them. One person told us that agency staff were unable to provide assistance with ventilation support for oxygen therapy which is required 24 hours per day. The person told us that if they do not have support with this it can cause serious harm to them and have an effect on their well-being. The person told us that this made them very anxious when staff could not support with their needs. The registered manager had ensured all permanent senior staff had received ventilation training and had informed agencies that only staff with ventilation training could be used by the service. We highlighted this to the management team who had confirmed that all agency staff and permanent staff are trained in ventilation and they would investigate this matter. Agency staff had not been correctly recruited as training and competencies had not been checked to make sure staff had the required skills to support people at the service. The training matrix for the service showed that nursing staff and senior staff had not completed ventilation training. We raised this as an alert to the local authority safeguarding team and it is currently being reviewed.

During the first day of inspection we were informed by a member of staff that there should be more staff on duty, but due to staff absences they were working without one care assistant. The staff member informed us that medicine administration had been late as it had taken much longer to provide people with personal care. Time critical medication was administered at correct times but other people's medication which was scheduled for morning administration was not given until after 10:30am. This meant people may have been placed at potential risk of serious harm due to a delay in receiving prescribed medicines.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

MARs detailed when people had been administered their medicine, and entries were initialled by staff. We did find one person's care file was missing the medicine records for a day. We discussed this with the nurse on duty who confirmed that they would investigate the matter.

Most medicines were managed safely. Medicines were securely stored in a locked treatment room and were transported to people in locked trolleys when they were needed. Medicine stocks were recorded when

medicines were received into the home. This meant accurate records of medicines were available and nursing staff could monitor when further medicine was required. The registered manager had introduced an emergency trolley to provide nurses with additional support if people needed help. The trolley contained equipment such as bandages and items used to observe people's heart rate and temperature. Nursing staff were positive about this new change and told us how they were responsible for making sure all the equipment was available.

Some people received their medicines covertly. The covert administration of medicines occurs when a medicine is administered in a disguised format without the knowledge or the consent of the person, for example, mixed with food or drink. There was documentation to support that the person's GP and the pharmacist had been involved in this and staff were following the correct guidance.

We reviewed the facilities records and audits for the service which included bed checks, bed rails checks, portable appliance testing (PAT) and water hygiene. The environmental risks we highlighted had not been fully identified through the governance framework. The home had a valid gas safety and electrical periodical inspection certificate. There were regular fire drills and testing of fire equipment at the home. There were risk assessments and protocols in place for the control of substances hazardous to health (COSHH).

The provider had a safeguarding policy in place at the service and this was displayed in the communal areas for people, relatives, staff and visitors to access. This included the contact information for the local authority safeguarding team. One member of staff told us, "I've done safeguarding training on e-learning. If I had any concerns I'd record it and report to management," and another told us, "I'm doing my induction. I've done training, got safeguarding to do." We noted staff had not received regular refresher training on safeguarding vulnerable adults. The registered manager told us that all training was due to be started the following week and was via e-learning.

People told us they felt safe living at Pavilion Court. One person said, "I think it is secure here. I can't explain exactly but I do feel safe and happy here," and another person said, "The home is secure and staff try and do a good job. However, I need to get from my bed to the toilet and we only use one stand aid between two people, this is not the ideal situation, but I just have to make the best of it and hope things will improve under the new management." A relative told us, "It's a safe environment for my family member, there is staff around if they need anything." Other comments from people living at the home included, "Yes I am safe enough here. No concerns", "I suppose so yes, though I lock my door at night because of the people that wander", "I generally feel safe living in the home" and "I think this home is safe enough for me."

We reviewed the business continuity plan for the service, which clearly detailed what action was to be taken if certain unexpected events occurred, for example no electricity, telephones or fire. There was a fire risk assessment in place at the home and this was used in conjunction with people's personal emergency evacuation plans (PEEPs). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency situation. The registered manager had recently reviewed all the PEEPs at the service to make sure they reflected the current assessed needs of people.

We reviewed the accidents and incidents log at the service. Each matter was recorded, investigated, any action points were documented, outcomes shared with people and relatives, and any lessons learned were shared with staff through recorded supervisions. Safeguarding concerns were raised to the local authority and notified to CQC. Each safeguarding incident was recorded, investigated and all outcomes of the investigation were shared with people and staff where appropriate.

People had personalised risk assessments in place to help keep them safe, these included the use of bedrails, floor sensor mats, oxygen usage and storage, and mobility. People's risk assessments were completed in partnership with people, relatives and health professionals.

Staff recruitment was safe. Staff employed by the provider had current Disclosure and Barring Service (DBS) checks in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Pre-employment checks and two references from previous employers were also obtained. Where applicable, the registered manager had also completed a check of the nursing staff's registration details with the Nursing and Midwifery Council (NMC). Agency staff profiles were held at the service and these included NMC checks.

Is the service effective?

Our findings

Staff had not completed or had refresher training in mandatory modules. These were specific training modules which the provider deems necessary for staff to fulfil their roles effectively. The training matrix for the service showed that over 50% of staff did not have current up-to-date training in the majority of modules or had not fully completed these. For example, out of 59 staff members only 20 staff had completed their mandatory training around supporting people with a diagnosis of dementia, 22 had completed person centred care and 19 had completed their training in dignity and respect. This meant that staff did not have the skills and knowledge, as stated by the provider as mandatory training requirements, to support people. The registered manager confirmed that staff training was out of date and was starting refresher training via e-learning the week after our inspection, to make sure the staff team had the necessary skills and knowledge to provide support.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

People living at Pavilion Court had their treatment and support delivered in line with current national best practice standards and guidance for the majority of time, for example National Institute for Health and Care Excellence (NICE) and the Mental Capacity Act (MCA) 2005. The registered manager was also a registered nurse and shared updates on best practice and guidance with staff through supervisions and staff meetings.

New staff and agency staff received a thorough induction by the provider. For staff who did not have previous qualifications or experience in health and social care, an induction programme which was in line with the 'Care Certificate' was in place. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care. Before staff provided support to people they also shadowed more experienced staff members for four days. One staff member told us, "I've worked here for two days. I can talk to people and I'm shadowing for four days. I'm doing my induction training next week." Another member of staff said, "Moving and assisting training is practical, face-to-face. I'll be doing the Care Certificate as part of induction." A new member of staff commented, "There's an induction booklet for support staff. If need more time shadowing, more time can be given. Induction is flexible."

Staff received regular supervisions and we saw records of yearly appraisals with staff. The registered manager had these scheduled in at regular intervals. Supervision records showed discussion around best practice, lessons learned from safeguarding incidents, human resources information and well-being. Nursing staff also received regular clinical supervisions and competency assessments, for example for medicines. Senior care assistants administered medicines to people receiving residential care and they also had their medication competencies assessed regularly.

Staff attended regular hand over meetings to discuss the support and needs of people. We attended one of these meetings which was very comprehensive and gave a detailed picture of how each person was presenting on the day. The registered manager had recently introduced new handover sheets to help

structure the meetings. Meetings were held by the nurse on duty for each floor in the staff office. One staff member told us, "Communication is effective. There is a handover every morning." Daily record sheets were kept for each person which showed a log of all support provided. We did note that personal hygiene logs, for example bathing logs, were only completed for some people up to 10 October 2018. A member of staff told us they would update the sheets and highlight this to the deputy manager.

On the first day of inspection people were only offered a drink of tea or, if required, a fortified drink during the day and at meal times. There was no choice if people wished to have a cold drink. We discussed with the registered manager who ensured that there was a choice of drinks available on the second day of inspection for people, and we saw kitchen staff refilling juice and water jugs throughout the day.

We observed the dining experience during both days of inspection. The food was well presented and the registered manager had introduced a new system to the home, where the kitchen staff served the meals from hot locked trolleys to staff. This ensured that the food remained hot whilst people were supported with their meals. Care records showed that notification of dietary requirements had been given to the kitchen staff regarding food likes, dislikes, special diets and preferences. This meant there was good communication between care staff and kitchen staff to support people's nutritional well-being.

Care records showed that the Malnutrition Universal Screening Tool (MUST) was used, which helped staff identify if people were at risk of poor nutrition. The MUST was used to help staff complete individual risk assessments in relation to the risk of malnutrition and dehydration. This helped staff identify the level of risk and apply appropriate preventative measures. Staff monitored some people's food and fluid intake to minimise their risk of malnutrition or dehydration. This was recorded on a chart which the nursing staff checked and evaluated in order to decide if further action should be taken. For example, a referral to a GP, dietician or speech and language therapist. The risk assessments were reviewed monthly or as people's needs changed. We saw people's weights were recorded regularly and monitored where a risk was identified. People had daily fluid targets recorded in their files.

A nationally recognised care monitoring tool known as the 'Waterlow' scale was used to assess people's risk of developing pressure sores. Assessments were regularly reviewed and updated to ensure they reflected people's current level of risk. People had care plans to inform staff of the intervention they required to ensure healthy skin. We saw a system was in place for people being cared for in bed to ensure they were repositioned at regular intervals to maintain their skin integrity. We did note that one person had commented to us that they had not received their prescribed medication for this and another person's pressure relieving mattress was faulty. We highlighted this to the registered manager who confirmed that they would investigate the issue.

Care records detailed appointments attended and visits by other health and social care professionals. For example, GPs, psychiatrists, specialist nurses, dieticians and opticians. On the first day of inspection we spoke to one visiting nurse practitioner who visited the service three times per week to support staff and people. Care plans included advice provided from external partners but not all of these could be read, as they were hand written and illegible in places. One person told us that they had recently been reviewed by the GP who visited the service. Staff told us about one incident when a medication error had occurred and they escalated this to the GP. The GP confirmed the person was not at risk of harm but staff told us that they wanted to have guidance and advice from them.

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that,

as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be 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 are called the Deprivation of Liberty Safeguards (DoLS). For the six people whose records we reviewed applications had been submitted to the 'supervisory body' for authorisation to restrict their liberty, as it had been assessed that this was in their best interests to do so.

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. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example for bed rails and life changing choices about serious medical treatment or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff. We found some decisions were person specific, for example the use of covert medication. We did note that not all care plans had been fully consented to by people or their representatives. We discussed this with the registered manager who confirmed that they would review the care records and obtain consent from all involved.

Care records included people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status. This meant that if a person's heart or breathing stops due to their medical condition, staff were aware that no attempt should be made to perform cardiopulmonary resuscitation (CPR). The DNACPR records were up to date, included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals who were involved in the decision.

The home was appropriately adapted for wheelchair use and had elements of a 'dementia friendly' environment. There were contrasting walls, doors and handrails but we did note that these were flaking in places and could do with redecoration. Part of the dining room floor was covered in tape as there was a crack in the flooring. This also required repairing. Flooring in communal areas and in some bedrooms, were dirty and stained. The registered manager told us that the flooring was due to be replaced in November 2018 and that they would request a deep clean of the home. There was pictorial signage around the home, for example on bathrooms, toilets and shower rooms, and a pictorial menu. Pictorial signage is used to help people orientate themselves if they are no longer able to understand the written word. Pictorial menus help to support people's choices for food to help maintain their independence.

Is the service caring?

Our findings

During the first day of inspection we observed staff acting without a caring approach despite one person requesting support. Two members of staff did not provide support and we had to request from a third member of staff to check on the wellbeing of a person. The staff member did not knock and ask for permission to enter the bedroom before entering. Staff did not display kindness, respect or compassion to the person who was extremely distressed. We raised this as a safeguarding alert with the local authority and informed the regional manager and registered manager once they arrived at the service. The regional manager began an investigation into the incident and interviewed the staff member. This incident is currently being reviewed by the local authority safeguarding team.

Whilst carrying out discussions with people who lived at the service we were told that people's independence was not supported by night shift staff. One person told us that they had requested support to use the toilet but were advised from staff that they wore incontinence products so they did not need to use the toilet. The person was visibly upset by the incident and said it had made them feel humiliated, distressed and removed their independence. The person also explained that they suffer from anxiety and this has caused their symptoms to increase but staff were unable to support with this as there was not enough staff at the time. We reported this incident to the local authority safeguarding team and the management team at the service, this incident is still being reviewed. Another person told us that they share a walking aid with another person at the home and they could not be independent when they wanted to. We discussed this with a member of staff who said they would ask for a review of the equipment used by other people and see if another walking aid was available.

During lunchtime on the second day of inspection we observed one member of care staff supporting two people to eat their meals at the same time. This was not dignified or demonstrated person centre care for the people who were being supported and was very task orientated. We raised this with the management team who confirmed that they would look at the deployment of staff to make sure that there were enough staff available to support people on a one to one basis at meal times.

A relative told us that a person had been left in bed without a blanket or duvet and were cold. They told us this had happened previously and they felt staff were not respecting the person's dignity. The person was lying in bed without any blankets present and was cold to the touch. We asked a member of staff to address this issue and speak with the relatives present. We observed later during the inspection that the person had a blanket covering them and were beginning to warm up.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and respect.

Due to the service not having enough permanent staff and relying on agency usage, people were not being supported in a person-centred way. On the first day of inspection we heard a person shouting from their bedroom and the bedroom door was closed. The person sounded distressed and we asked a staff member why their door was shut. The staff member informed us that the door should not be closed and said,

"Agency staff don't really know them so they've probably just closed it." The member of staff then opened the door and comforted the person. We observed one staff member supporting a person walking along a corridor. The person was visibly distressed and the staff member was calling them by the wrong name. The person had a diagnosis of dementia and was not responding to the name being used by the agency staff member. We reviewed the care records for the person and these showed the given name the person responds to. The registered manager observed this incident and intervened to support the person. This calmed the person and comforted them as the registered manager was calling them by the name they responded to.

There was an equality and diversity policy in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious belief. However, we found that staff did not always follow this.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person centred care.

We received mixed reviews from people about the care they received. People commented, "Sometimes it's more difficult to get caring attention from staff in the night", "I constantly feel that staff are in a hurry all of the time, so I can't get to know them as well as I would like to enhance my relationship further with carers in general. There were only three staff on a 12-hour shift yesterday", "Agency staff are very diverse in their experience some do a good caring role while some just stand there like a tin and don't know what they're doing", "Some of the staff here are lovely, happy to help and have a joke as well", and "Some of the staff are nice, some not so much." A member of staff told us, "I think there are enough staff but would be nice to have more time to spend with people."

Staff and people both commented that sometimes, due to staff shortages, there was not enough time to spend quality time with people. One person told us, "I constantly feel that staff are in a hurry all of the time, so I can't get to know them." We discussed this with the registered manager who confirmed that new staff had been recently recruited and further staff would be recruited, to enable the service to offer more one to one time between people and staff.

During our inspection we observed some positive interactions between staff and people. One member of staff was talking to a person in the main reception area. The conversation was happy and both parties were smiling. We also observed the registered manager and regional manager supporting one person who became unwell during the inspection. Both managers provided comfort, kindness and reassurance to the person until the ambulance service arrived. One person who was being nursed in bed was receiving comfort from a member of staff. The person was agitated and we observed the member of staff singing to them and hand holding to provide comfort.

Whilst staff were supporting people with personal or nursing care we saw that they closed the door to respect people's privacy. We observed one member of staff asking a person after knocking on their door, "[Person] it's [Staff member] is it okay to come in?"

Care records detailed peoples likes and dislikes and personal information, for example food they liked, activities and personal histories. Relatives and people were encouraged to complete these together to make sure that the service was aware of what was important to each person. People's care plans did not always document involvement from people, relatives or advocates as signatures were missing from consent sections. The registered manager was aware of this and told us that they were reviewing the care records and this would be addressed.

There was information, advice and guidance displayed around the home which was of benefit to people and their families such as local safeguarding contact information and leaflets on dementia care, advocacy services and advice on relevant topics of interest. People had been given a 'service user guide' upon admission which contained information about the service; what to expect and what services are offered. At the time of our inspection some people were using an advocate to ensure that their care was what they wanted and needed.

Is the service responsive?

Our findings

We found that care plans were not personalised or were hard to read and follow. Some care plans, for example personal hygiene, were generalised and repetitive. Care plans were written by hand and we noted that some plans were not legible. The registered manager who confirmed that they were in the process of implementing typed care plans, as they had also raised this as an issue during their audits. are plans that were person specific and person centred, for example using a floor sensor mat instead of bedrails, focused on the outcome for the person. Care plans were reviewed regularly and records showed that staff had updated areas of the care plans when people's needs changed.

The service supported people with end of life care. The care plans we reviewed were person centred and included involvement from the GP and family. The registered manager had previously worked in a palliative care setting and was aware of the importance of creating a dignified and peaceful environment for people at the end of their lives. The registered manager was working in partnership with Newcastle Hospitals NHS Trust to promote the service as a provider of palliative care. The registered manager was creating five specific rooms in one unit for use by people who were receiving end of life care. The new flyer for this type of care detailed how the service was committed to supporting people and their families through the journey of end of life care. As part of this the registered manager also identified that nursing staff required further training in palliative care. Training was available in end of life care and providing emotional support to people. This training was not completed by all staff and was out of date for some staff members. The registered manager was aware of this and it was being addressed as part of the refresher training starting in October 2018.

There was a new activities coordinator who had been in post for one week at the service. The activities coordinator discussed with us how they liked to talk to people to understand what activities were important to them and what they enjoyed doing socially. The activity logs for people were not formally recorded but the activities coordinator provided notes from the last week of activities and confirmed that these would be fully documented and added to people's files. During the inspection we observed people colouring in, playing bingo, dancing with staff to music and talking to staff. We observed that people on the first floor of the service enjoyed listening and dancing to music in the main lounge area. The activities coordinator told us that if people did not engage fully with activities they chatted to them informally to find other meaningful opportunities for them to enjoy. The activities coordinator commented, "I've just been out with someone to Morrisons. Only eight or nine people on the ground floor get involved in activities. I've been visiting people in their rooms."

During the first day of inspection we spoke with two visitors who were from a befriending charity. The two visitors attended the home regularly and helped to increase people's social interaction. We noted that people did not have access to community or opportunities to socialise outside of Pavilion Court.

We recommend that the service look at accessing social activities for people and linking in with the wider community.

The service encouraged people to maintain relationships that were important to them. The registered manager told us that they supported people to access Skype and FaceTime to keep in touch with family and friends. The service had purchased electronic tablets to allow for this and supported people to use them. The registered manager told us about one person who can sometime become agitated. They worked with the person's relatives to find a solution for this and discovered that the person liked to watch YouTube videos online. The service encouraged this and the person's well-being had improved by having the access to this.

The provider had a robust complaints policy and procedure in place at the service. Information on how to raise a complaint was detailed in communal areas and included easy read sections. We reviewed the complaints log at the service and found that all complaints were acted upon in accordance with the complaints policy. The registered manager completed investigations for each complaint, documented outcomes were recorded and shared with staff, people and relatives. After analysing the complaint, the registered manager detailed all actions to be taken and lessons learned. The registered manager encouraged people and their relatives to raise any concerns or issues so that the service could continually improve the care provided.

People told us that they could make choices about their bedrooms. One person had recently had their bedroom decorated with their chosen wallpaper design.

Is the service well-led?

Our findings

During the inspection we found issues with regards to health and safety, care plans, medicines, person centred care, staffing and infection control. The governance framework in place at the service had not identified all the issues we found and we found areas missing in the governance framework, for example cleaning schedules and daily environmental checks, with the regional and registered managers. For the areas of the audits where records were missing and we were told by the registered manager that the previous registered manager had not completed all of these.

We saw that records were not always securely stored and on the first day that we inspected we found a number of people's daily records were left unattended in a dining room.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations: Good governance.

The registered manager and regional manager had an action plan in place to make improvements to the service. One aspect of this was to improve the staff culture and ensuring that there was a permanent staff team who were dedicated to improving the quality of care provided to people. The regional manager discussed previous issues with staff and how the new changes implemented by the registered manager were positive in creating a higher level of quality care. Staff told us, "Staff morale is improving", "Morale is getting better" and "Staff morale is mixed." One person said, "Staff tend to get on well together, but I can see that staff are not happy all of the time and looked stressed."

The management team and provider had a clear vision for what they needed to improve and were committed in working together to achieve this. Staff were very positive about the changes in the service with regards to the quality and safety of care provided. They told us that they now have access to PPE (personal protective equipment) to deliver personal care to people. The registered manager told us that this was not available when they first worked at the service and this was one of the first changes they introduced. This issue had not been identified by the provider through their auditing processes. Both managers were transparent and honest about where the governance framework needed to be improved and confirmed that they would start checks immediately.

Records were regularly updated, reviewed and audited. The registered manager, regional manager and provider reviewed all policies and procedures used within the service and ensured that they reflected current guidance and best practice.

The registered manager had been registered with CQC since October 2018. The registered manager was also a registered nurse and they were aware of their legal responsibilities and had submitted notifications as and when required. The registered manager and regional manager were both knowledgeable about the people who used the service and told us about individual people's needs.

During the inspection we observed the registered manager engaging with people, relatives and staff. People,

relatives and staff were positive about the registered manager and regional manager. Staff told us, "The place is much better with [registered manager]-they listen and are making improvements", "I am supported by the manager and regional manager", and "Staff morale is improving. You can speak with the manager at any time. [Registered manager] will come out onto the floor, comes out of their office. The support is there."

People living at Pavilion Court commented, "I think the new manager is good and see the future here looking more promising if they can rectify the problems", "The new manager seems to have some good changes in the making", "Always says 'Hi' if I see them" and "The new manager is nice and seems to be around a lot."

Permanent staff at the home told us about improvements the new registered manager had introduced and changes at the service. This included reviewing the deployment of staff within the home, increasing communication by having regular documented handovers and flash meetings and supporting staff to access additional training. A member of staff told us, "I wasn't allowed to do a CHAPs (Care Home Assistant Practitioner) course with the last manager but I have been told I can do one." Another staff member commented, "We've had quite a few staff meetings since [registered manager] took over. Let's you know what's going on." .

Staff had regular meetings and daily flash meetings. We reviewed minutes from these meetings and saw that aspects of safeguarding, lessons learned and service improvements were discussed. The registered manager had scheduled 'resident and relative' meetings and the first of these was to be held the week after the inspection. The registered manager told us that this would be a continuous event and would allow for feedback, improvement ideas and experiences to be shared.

As part of the governance framework and service audits, an action plan had been developed which detailed issues found during the registered manager's audit and the provider's audit. Each issue had action points and date of completion recorded.

The provider carried out annual surveys of people and relatives. The results were currently being analysed and had not been sent to the service at the time of inspection. There were feedback forms in the main reception area for people to complete. These were used to improve the service and, where appropriate, were acted upon by the registered manager. For example, people had commented that food was not always hot at meal times when staff were supporting people. The registered manager had recently changed the process for this by staggering meal times across each floor and meals were served by kitchen staff from a hot locked trolley. This allowed more staff to be available to support people with their meals and meant meals were served hot.

The service had an open, transparent and honest relationship with partnership agencies such as the local authority and the NHS Clinical Commissioning Group (CCG) and we saw evidence in people's care files of joint working with external professionals to support people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People did not receive care and treatment that was personalised or person centred and in line with people's preferences. Regulation 9(1)(3a)(3b)(3e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People's privacy and dignity was not respected by staff. People experienced undignified support from staff. Regulation 10(1)(2a)(2b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Safety and infection control risks to people had not been identified or mitigated. Medication records did not reflect if medication was issued or refused. People were at risk of serious injury or harm Regulation 12(1)(2a)(2b)(2c)(2d)(2h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Treatment of disease, disorder or injury

The governance framework in place at the service did not identify or mitigate all risks to people. The quality of care provided was not effectively managed to identify areas where the service could improve.

Regulation 17(1)(2a)(2b)(2c)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

People were at risk of neglect and abuse by staff due to staffing levels and a lack of staff knowledge and skill.

Regulation 18(1)(2a)