

Longhurst Group Limited

The Pavillions

Inspection report

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Date of inspection visit:
17 May 2022
17 June 2022

Date of publication:
06 July 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Pavillions is a domiciliary care agency that provides personal care support within an extra care housing scheme, to people in their own homes. The service supports older people some of whom are living with dementia, a sensory impairment, a physical disability and people with mental health support needs. The extra care housing scheme consisted of one building, that housed 40 one-or two-bedroom flats in Peterborough. At the time of our inspection there were 14 people using the care agency service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff used their training to safeguard people wherever possible and support people to keep them safe. If staff had any concerns about people, they knew where to report this. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practise. Where people needed this assistance, staff helped people eat and drink.

Staff were caring and knew people's individual needs and preferences well. Staff listened and respected people's concerns and suggestions. Staff gave people privacy, treated them with dignity and respect when supporting them, and helped maintain people's independence. Staff involved people, their relatives, advocates and power of attorneys when reviewing people's care. Staff were responsive to people's changing care and support needs. Compliments about the service had been received. Complaints were investigated and resolved wherever possible and actions were taken to reduce the risk of recurrence.

Enough skilled and suitable staff had been safely recruited. The registered manager and the staff team took on board learning when things went wrong.

Staff knew people's individual assessed needs and risks. Care plans were reviewed and updated when changes occurred. Staff had received the required training, spot checks and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had cultivated an open and honest staff team culture. Audits were undertaken to monitor the service provided and the registered manager reported weekly to the board of directors to ensure organisational oversight was in place. The registered manager and staff team worked well with other organisations, health and social care professionals to provide people with joined up care.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests.

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

Rating at last inspection

The last rating for this service under the previous provider was Good, published 30 June 2017. This service was registered with us on 01 July 2019 and this is the first inspection.

Why we inspected

This inspection was based on the service being unrated under its current provider's registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Pavillions

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 Health and Social Care Act 2008.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team

This inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to

support the inspection.

Inspection activity started on 17 May 2022 and ended on 17 June 2022. We spoke to people and their relatives by telephone on 20 May 2022 and we visited the office location on 17 June 2022.

What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, three relatives, a power of attorney and an advocate about their experience of the care provided. We received feedback from the local authority about safeguarding. We spoke with six members of staff including the registered manager, the care team leader, a senior care staff member and three care staff. We spoke to the chef who was a contractor. This is a person who undertakes a contract to provide a service or do a job.

We reviewed a range of records. This included four people's care records and medication records. We looked at one staff file in relation to recruitment, induction, training and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, quality assurance processes and policies.

After the inspection

We continued to seek clarity about the provider information return.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question Good. At this inspection under the current provider the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had safeguarding training and understood how to keep people safe, identify the different types of harm and poor care and report concerns. Staff told us they would whistle-blow when needed to help keep people safe.
- A staff member said, "You contact the internal safeguarding team within Longhurst after a statement is taken. You make the person aware of what you are doing, following through your duty of care. Local authority are informed of the allegation. The [registered manager] would complete a [CQC] notification."
- The registered manager understood their role to report safeguarding concerns to the appropriate organisation such as the local authority and the CQC.
- A person told us about what made them feel safe. They said, "It's having the carers around all the time and having to use a key fob to get in. That's what makes me feel safe here."

Assessing risk, safety monitoring and management

- Staff knew the people they supported and monitored people's individual risks. Risks included being at risk of self-neglect, medication, mental health, falls and where someone became distressed.
- Staff had guidance on how to support people to reduce their known risks. This information was documented in people's care records and included guidance from external health and social care professionals. A staff member said, "[We] update a care plan if a person has come out of hospital. We do a short review and update the care needs. Falls [records] are updated after a fall."
- People had a personal emergency evacuation plan (PEEP) in place. This would guide staff on the assistance needed to help evacuate people safely in the event of an emergency such as a fire.
- People had the right equipment to keep them safe. For example, moving and handling aids and specialist beds. There was a lifeline system in place to summon care staff in an event of an emergency such as a fall. A relative told us, "[Family member] has a hospital bed and a [named] transfer aid. The company [named] contacts us every six months to arrange service visits."

Staffing and recruitment

- New staff had a series of checks undertaken to help ensure they were suitable to work in the service. These checks included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough trained staff to meet people's needs. No one had experienced any missed care visits. Most people told us staff were punctual when supporting them. A person told us, "No, [staff have] never

missed any care calls. They're very, very good."

Using medicines safely

- Staff were trained on how to manage and administer medicines safely in line with the providers policy, whilst promoting people's independence to take their own medicines. Their competency to do so was spot checked by senior members of staff.
- Staff had information on how much support a person needed to manage their medicines safely. Information to guide staff was documented in people's records.
- People told us staff administered their medicines safely. A person confirmed, "No [medicines] never missed. Meds are kept in my room; they have never run out." Another person said, "No, never missed, they remind me when my tablets are due."
- During 2021, there were a series of medication errors. We saw that these incidents were investigated, and actions taken to reduce the risk of recurrence. Actions included a staff supervision, further training, and disciplinary action when required.

Preventing and controlling infection

- Staff followed government guidance about COVID-19 testing and wore personal protective equipment [PPE]. This helped prevent the risk of infection and cross contamination.
- Staff were trained and supported to promote good standards of infection prevention and control. People told us, "They all wear pinnys [disposable aprons], masks and gloves when they come in," and, "Yeah [staff] always do wear full PPE."
- The provider's infection prevention and control policy were up-to-date, and staff adhered to this, to minimise the risks of infections.

Learning lessons when things go wrong

- The registered manager completed root cause analysis investigations into any accidents, incidents or near misses that occurred. This included learning from medicine administration errors and actions taken to reduce the risk of recurrence.
- The registered manager used a positive approach to improve staff performance to promote a culture of openness and transparency. General staff learning was carried out through staff meetings or supervisions.

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 our last inspection under the previous provider we rated this key question Good. At this inspection under the current provider the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's care and support needs prior to the staff team providing care and support. This was so suitably trained staff would be able to meet the persons care and support needs.
- A relative told us, "Yes we had a pre-assessment meeting. We took [family member] for a look around to see if they would like it there and if they were suitable to live there."
- The registered manager kept up to date with current guidance and ensured that this was shared with staff. The registered manager told us, "Guidance updates are given at handovers and via emails."

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This involved training and working alongside more experienced staff to get to know people before they worked alone. Staffs competency to support people safely and effectively was spot checked by senior staff. A staff member told us that spot checks to ensure they were following training took place and that, "Supervisions happen and I'm up to date with my performance monitoring."
- Staff told us they got the support they needed including guidance from health professionals, had regular supervisions and a yearly appraisal to ensure they were effective in their roles. A staff member said about supervisions, "[I am] asked about any issues or any concerns. "
- Relatives said, "I would say the staff are well trained," and "Yes I know staff are trained and they all know how to use [family member's] equipment."

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

- As part of the contract of living at The Pavillions a lunch time three course meal was provided. The chef confirmed, "Vegetarian options, salads and sandwiches are also available for main meals options...We try to cater for all needs and if anyone has any allergies, likes or dislikes."
- A relative confirmed that staff gave people the freedom of choice around meals, whilst promoting a balanced and healthy diet. They said, "Staff ask [family member] what they want to eat, and I do all their shopping. They enjoy cereals, chicken, bread and cheese. They have a cooked lunch in the dining room every day and staff always leave a drink within reach."
- Staff had information within people's care records to guide them of any known risks of choking and swallowing. This would be in conjunction with any external health professional guidance such as the speech and language therapist team (SALT).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff and the registered manager worked closely with various health professionals and supported people to see health professionals such as the GP, district nurses, mental health professionals and SALT when needed. A relative said, "The doctor is on call and comes out if needed. A chiropodist visits the [service]."
- Staff would contact the emergency services when required. A relative confirmed, "It has happened. They had to call a doctor and an ambulance when [family member] felt unwell."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager told us that most people had mental capacity to make their own decisions. Some people had their decisions made by a court appointed deputy such as a power of attorney. The representatives supported people to make decisions that would be in the persons best interest.
- Staff supported people to make their own choices. On what they wanted to eat, drink, what clothes they wanted to wear and how they wanted to spend their time. Staff sought consent from people when assisting them with personal care and support tasks to promote people's own choice. A person said, "They fetch menus around the day before and ask what you would like to eat."
- Staff had been trained in MCA and understood the importance of encouraging people to make their own choices. A staff member said, "We should always let [people] make the decisions, they have the right to make their own decision even if they have dementia. We would make choices if we had to, to benefit the person [best interests]."

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 our last inspection under the previous provider we rated this key question Good. At this inspection under the current provider the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew the people they supported well. Most staff had worked at the service for several years so people had got to know the staff that worked at the service and supported them with care visits. A person said, "Staff here understand me and know who I am."
- People, relatives, the advocate and power of attorney were positive about the care and support provided. A person said, "Staff here are very good and work very hard."
- Staff were respectful when supporting people. People, relatives the advocate and power of attorney described the kindness staff showed when providing care. A person told us, "Best thing about the place is the staff."

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

- Staff supported people to express their views and be involved in decisions. A person said staff, "Go through it all with me, we discuss everything."
- Staff helped people, relatives, advocate and power of attorney feel involved in decisions about the persons care. A relative said, "I'm meeting with the care planner today; we will go through everything."
- People relatives, the advocate and power of attorney said that care was being provided as agreed, and changes in people's care and support needs resulted in care plans being amended. Staff told us they were made aware of these changes. A staff member said, "If a care plan is updated, we are told to have a look and to follow it."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and encouraged people to remain as independent as possible. A person confirmed, "I am independent. I dress myself."
- Staff respected people's privacy and dignity. A person told us, "They always ring the bell and I ask them in." A relative said, "My [family member] is very proper when it comes to personal care, privacy and dignity. Staff are very aware of this, they always close the door and shut the curtains."
- There were mixed responses about whether people had been asked whether they preferred personal care support from a specific gender staff member. Although nobody raised any concerns. A person said, "No, never been asked but I don't mind."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question Good. At this inspection under the current provider the rating has remained 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

- Staff delivered personalised care that respected people's choices and met their needs. Information to guide staff on people's individual preferences was included in their care records including the 'knowing me' document.
- Relatives told us of the individualised and person-centred care and support staff provided. Relative's said, "[Family member] is very much treated as an individual," and "They all know my [family member] well. They know their likes and dislikes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had arranged for a staff member to help translate information for a person whose first language was not English.
- How to make a complaint information was available in accessible formats when required. This would help aid people's understanding.

Improving care quality in response to complaints or concerns

- Complaints were investigated and records of these were held to demonstrate any actions taken to try to resolve any concerns raised about the service. Compliments had also been received about the service provided.
- When people had needed to make a complaint, most people told us they felt listened to. One person said, "Of course they do, of course they listen. If I need anything they listen." However, one person told us of their frustration during COVID-19 as it was difficult to get maintenance issues fixed quickly. They then confirmed, "Yes it got sorted eventually."

End of life care and support

- Staff supported people and their relatives, advocates and power of attorneys to document people's end of life wishes should they choose to have this conversation. A power of attorney said, "End of life wishes, well yes. It was discussed in [named person] presence, with me and their solicitor. Everything was recorded and written down."

- Staff had information available to them to guide them should a person be at the end of their life. This included how staff should support a person, working in conjunction with district nurses and the GP. Guidance followed would help the person have a dignified a death as possible, in line with any personal, cultural or religious wishes.

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 our last inspection under the previous provider we rated this key question Good. At this inspection under the current provider the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A Provider Information Return (PIR) was sent to the service by CQC but had not been completed and returned. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. The PIR was sent at the time there was a change of manager and had not been received by the new registered manager.
- The registered manager understood their responsibility when notifying CQC about incidents that had occurred and when to report these to the local safeguarding team.
- The registered manager was responsible for the day to day running of the service. They confirmed, "We do weekly reporting to the board on care packages, falls, complaints, staff recruitment, compliments, agency hours, and safeguarding."
- Areas monitored included feedback from people, complaints and reviews of various records. The registered manager acted when improvements were needed. For instance, actions taken to reduce the number of medication errors that had occurred.
- The registered manager and staff team understood their roles and responsibilities. They also understood the need to be open and honest when things went wrong. We saw evidence of where a staff member was asked to apologise to a person they supported. A staff member told us, "It is the resident's home, it is important they and staff feel happy and safe."

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

- The registered manager and staff team promoted a positive culture that was person-centred. The registered manager and staff team supported people to have as meaningful life as possible. Activities did not form part of the services funding. However, the registered manager and staff created a 'round the world trip' for people who wanted to take part. People volunteered to be the ship's captain and passport control. The chef created different food from different countries and cultures for people to try as part of the experience.
- The registered manager and staff team encouraged people to communicate any concerns or suggestions they may have had. A person confirmed, "I can always talk to [registered manager] and [care team leader]. The managers are very approachable." A relative said, "Yes, management is very assessable. They have an open-door policy. If [registered manager] sees me through the office window they always wave and invite me in."

- Relatives spoke about the caring attitude of the staff and management team and how effective their responses had been. A person said, "I was very grateful to come here after hospitalisation. I have been here [named number] of years and I think it is a wonderful place. I have made some lovely friends here."

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

- People had control in all aspects of their care and support including day to day discussions with staff. Feedback was sought from people via a customer survey.
- People and relative's feedback about the service was sought through daily care visits and contact with the management team. A power of attorney said that what was good about the service was, "The openness of the management and the easy access to the management."
- Staff felt supported and had the opportunity to feed back about the service in supervisions, appraisals, handovers and staff meetings. Staff told us they felt listened to and that their feedback was taken on board. A staff member said, "I feel supported. The [registered manager] is approachable. I can talk to the [registered] manager about everything."

Continuous learning and improving care

- The registered manager took action to improve the service based on the findings of their monitoring processes. For example, they had an action plan of what improvements were needed and where actions had been effective.
- The registered manager had not missed any improvements needed that impacted on people. However, they did not have an overarching document that recorded the investigations undertaken that could quickly identify any patterns and trends. They told us they would make this improvement.
- Records showed actions were taken as a result of learning and to reduce the risk of recurrence. This included additional sensor / automatic lighting being installed near to the stair wells following a serious incident.
- The management team undertook audits to monitor the quality of service provided to people. Audits included medicine administration charts, daily notes and care records. Any improvements needed were recorded on an action plan and worked on.

Working in partnership with others

- The registered manager and staff team worked well with health professionals and other organisations such as adult social care. This proactive approach helped to try to ensure better outcomes for people. A relative said, "Staff are in touch with us a lot and always ask my opinion about changes. They always take on board any decisions from adult social care."
- The registered manager and staff team worked with people's GP, district nurses, SALT and the mental health team. This helped promote people's well-being.