

Sanctuary Care Limited

Pavillion Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Pavillion Residential and Nursing Home is a care home that provides accommodation and personal and nursing care to up to 68 older people, including people who may live with a dementia. At the time of our inspection there were 50 people using the service.

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

People and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. One relative said, "Staff are nothing but caring" and "It's not a job for them it's a vocation. As [Name] doesn't know me now, they are [Name]'s new family. I get comfort knowing that they are happy there."

Staff received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely way. Systems were in place for people to receive their medicines in a safe way.

There were opportunities for staff to receive training, to give them insight into people's support needs.

Records provided guidance to ensure people received safe, person-centred care and support from all staff members.

There was evidence of collaborative working and communication with other professionals to help meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's diversity as unique individuals with their own needs was respected by staff. The staff team knew people well and provided support discreetly and with compassion. People's privacy was respected, and people were supported to maintain contact with relatives.

There was a cheerful atmosphere at the service. Staff spoke positively about working at the home and the people they cared for. Staff said the manager was very approachable and they were supported in their role.

People received a variety of food and drink to meet their needs and any specialist diets were catered for.

Some areas of the home were showing signs of wear and tear and a programme of refurbishment was taking place. We received an action plan to show timescales for completion and how the home would be designed

environmentally to meet the needs of all people.

We have made a recommendation that the provider continues with the programme of refurbishment in a timely way, and follows best practice guidance with regard to environmental design.

The service was following safe infection prevention and control procedures to keep people safe.

A quality assurance system was in place to assess the standards of care in the service. A relative commented, "We visited a number of care homes and we considered this one to be the best."

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

Rating at last inspection and update

This service was registered with us on 15 September 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 8 January 2020.

Why we inspected

The service was inspected and all domains were reviewed as it has not been previously rated under the new provider. The inspection was prompted in part due to concerns received about people's care and staff attitude. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see all sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pavillion Residential and Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out 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

Pavillion Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pavillion Residential and Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The start of the inspection was announced and the site visit was unannounced.

We gave a short period of notice at the start of the inspection, which was carried out remotely, so the registered manager could send the required records.

Inspection activity started remotely off site on 27 April 2022 and a site visit took place on 9 June 2022. The inspection ended on 9 June 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered, including the notifications of accidents and incidents we had received from the provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection we communicated with seven people who used the service and 19 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 12 members of staff including the registered manager, a visiting peripatetic manager, registered nurse, two senior support workers, six support workers and one domestic staff. We received feedback from two health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures, were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about how to report any concerns about abuse.
- People and relatives said they were kept safe. One relative told us, "[Name] is safe, they are very happy, I see the way staff are with them. [Name] is well-looked after and it's a safe environment."

Assessing risk, safety monitoring and management

- Systems were in place to ensure any risks to people's health, safety and well-being were mitigated. Environmental risks were also assessed, with measures put in place to remove or reduce the risks.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.

Staffing and recruitment

- Staffing levels were monitored to ensure there were enough staff to provide safe support.
- People and relatives said there were enough staff. One relative commented, "I must say there's not a huge turnover of staff."
- The provider had adequate checks in place to make sure staff were safely recruited.

Using medicines safely

- Medicines were managed safely.
- Medicine administration records assured us medicines were given as prescribed. They contained supplementary information to guide staff in what the medicines were prescribed for.
- Medicines risk assessments were in place, with medicines care plans that were person specific.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager followed government guidance with regard to visiting during the pandemic.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, to look for trends, enabling any safety concerns to be acted upon.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. A relative told us, "In the early days they asked a lot of questions about [Name]. They asked what [Name] liked to eat, what activities they like."
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs.

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

- People were supported with maintaining a balanced diet. The chef was knowledgeable about people's dietary needs. One person commented, "I get plenty to eat. There's always a choice of food."
- Care plans and risk assessments were in place if people had nutritional needs. A relative told us, "[Name]'s appetite is not so good now, their food preferences have changed, but [Name] does eat well."
- Where needed, staff monitored people's food and fluid intake and took appropriate action if concerns were noted.

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

- Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy, social workers and the mental health team. One relative told us, "I know the GP goes in the home once a week. They have a good relationship with the local GP practice."
- Referrals were made as required to make sure people received effective and consistent care.
- There was communication between staff and visiting professionals and staff followed the guidance they provided to ensure people's needs were met. A professional commented, "We have worked closely with Pavillion home over many years."

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.

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

We checked whether the service was working within the principles of the MCA, 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.

- Consent to care and treatment was sought in line with the MCA.
- DoLS applications were submitted and a log of submissions and authorisations was maintained and monitored.
- Mental capacity assessments and best interest decisions were appropriately made and documented.

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills. One staff member told us, "We get plenty of training and there are opportunities for personal development and career progression."
- New staff completed an induction, including the Care Certificate and worked with experienced staff members to learn about their role. A relative commented, "Staff certainly seem to know what they are doing."
- Staff received regular supervision and appraisal to discuss their work performance and personal development. Staff members all said they were, "well-supported" by the management team.

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

- Some areas of the building were showing signs of wear and tear and one unit on the top floor was not appropriately environmentally designed to meet people's needs. Refurbishment was taking place elsewhere in the building.
- We received an action plan with timescales to accelerate the programme of refurbishment across the top floor including to develop the environment to meet people's needs.

We recommend the provider continues with the programme of refurbishment in a timely way, and follows best practice guidance with regard to environmental design to meet the needs of people who live with dementia.

- People's rooms were personalised in the manner of their choosing.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and staff put people at the centre of their care. All aspects of care were person-centred. There were examples of where staff had gone the extra-mile to support people. For example, arranging and providing an intimate wedding anniversary meal for a couple, arranging a large motor bike escort as part of the funeral cortege of a motor biker whom they had cared for.
- Relatives and people were very positive about the staff. A relative commented, "They really care for [Name]. I am really impressed. My brother and my sister are all of the same opinion. We couldn't have picked a better home. Such nice staff." Another relative told us, "Staff are lovely. Every single one of them have been really, really smashing, helpful and kind" and "I've been very impressed about the staff."
- During the inspection we observed many positive interactions between people and staff. Staff knew people very well.

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

- People were offered choice and supported to express their views and to be involved in making decisions about their everyday living requirements.
- Staff asked people and offered them choices, in ways to assist their decision making. Where people needed support, staff asked people's permission and explained what they were doing as they supported them.
- Information was accessible and was made available in a way to promote the involvement of the person. Guidance was available in people's care plans which documented how people communicated.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A relative said, "I tell you what I notice is that [Name]'s bedding is always clean, and they are always colour co-ordinated. [Name], always looks clean and tidy. They have always been conscious of how they look."
- Care records documented how people's independence and autonomy were to be promoted.
- Staff were proud of their caring approach towards people and believed strongly in the values of the service. One relative told us, "The actual care staff give, they are respectful of [Name]'s wishes. They are very good."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care and support was person-centred giving people choice and control in their lives.
- People's care records were detailed and documented their history, preferences, health and mental health care needs. This information assisted new staff, who were not familiar with people's preferences, as they had guidance to provide appropriate care and treatment. A relative told us, "They [staff] did a care plan, [Name]'s only been in a couple of weeks so it's early days yet."
- People's needs were regularly reviewed, and staff worked in close partnership with people, relatives and relevant professionals to make changes. One relative commented, "We have reviews and have always been happy with the home and more to the point [Name] is happy there."

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

- People were supported to remain engaged and stimulated.
- There were activities, entertainment and opportunities for engagement for people including people who lived with dementia. One relative commented, "There is always something happening. The last time I went they took horses in. [Name] loved it, they love ponies. They have a notice board up with what activities are going on" and "A couple of weeks ago there was a singer on. Last Tuesday [Name] went to a coffee morning at the local chapel where they used to go before, they went into the home."
- Information was available about people's hobbies and interests.

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 provider was aware of the Accessible Information Standard. Information could be made available in various formats including pictorial, audio, large print or easy read format to meet individual communication needs.

End of life care and support

- People's wishes were respected to remain at the home when they needed end of life care.
- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.

- People's care records contained information about their religion and cultural wishes, so their needs could be met in a person-centred way.

Improving care quality in response to complaints or concerns

- A procedure was in place to investigate and respond to complaints and concerns. People and relatives said they would speak to the registered manager if they were unhappy or concerned. One relative commented, "If I thought something was wrong, I would go to the carers or manager."
- Complaints were analysed to learn lessons and improve the quality of care received.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The ethos of the service promoted openness and inclusivity.
- Records provided guidance for staff about people's care and support needs.

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

- The registered manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making.
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. Regular meetings also took place with people.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home.
- Staff said they were well-supported. They were very positive about the registered manager and said they were approachable. People, relatives and staff all said the registered manager was "very approachable". One relative said, "The manager is really helpful and accommodating."
- Feedback surveys were given to people, relatives and staff. The results from these enabled the management team to see what they were doing well and what needed to be improved. A relative commented, "I've had a questionnaire and they have put an envelope with it for me to return it."

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 quality assurance system was in place and regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- Relatives and staff said the registered manager was approachable and communication was effective.
- The management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

Working in partnership with others; Continuous learning and improving care

- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.