

St Philips Care Limited

# Pavilion Care Centre

## 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

About the service: Pavilion Care Centre is a residential care home registered to provide personal and nursing care for up to 30 people aged 65 and over or people living with mental health issues. There were 27 people living there at the time of the inspection. The accommodation is based across three floors, with communal areas on the ground and first floors and more independent living in flats on the third floor.

People's experience of using this service:

The service met the characteristics of good in all areas.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. They were able to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the registered manager managed any complaints in line with the provider's procedure.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

More information is in the full report.

Rating at last inspection: Good: report published on 5 May 2016

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was 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 ●

# Pavilion Care Centre

## 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 checked 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.

Inspection team: The inspection was completed by one inspector.

Service and service type: Pavilion Care Centre is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: The inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this one year previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with three people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with one person's relative to gain their feedback on the quality of care received.

We spoke with the registered manager, the deputy manager, one senior care staff, two care staff, the chef and the activities co-ordinator. We reviewed care plans for five people to check they were accurate and up to

date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Staff knew how to recognise abuse and protect people from it.
- One person told us, "I am definitely safe here".
- When safeguard concerns were raised they were reported and investigated to keep people safe.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- We saw people being supported in line with their risk assessments; for example, being moved with the assistance of staff or using cushions to protect their skin.
- One relative told us that before moving to the home their relative had fallen at home but they felt this was now managed and they hadn't fallen since moving into this home.
- The environment was checked regularly to ensure that it was safe and well maintained.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

### Staffing levels

- There were enough staff to ensure that people's needs were met safely.
- We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- One person told us, "Staff bring my medicines and watch over me while I take them."
- We observed medicines being administered and saw that the staff took time with people and explained what they were doing to reassure them.

### Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection.
- One relative told us, "It is always spotless here".
- We saw that there was protective equipment available to staff when needed.

### Learning lessons when things go wrong

- □ Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, the registered manager told us about the action they had taken after a medicines management errors. This included additional checks by other staff and staff confirmed this was in place and working well.

# Is the service effective?

## Our findings

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

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 and choices were met in line with national guidance and best practice.
- Their care plans contained information to support specific health conditions, dietary requirements, mental health support etc.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training. One person told us, "The staff here know what they are doing."
- One member of staff said, "I have had lots of opportunities to do training. I have done my medicines training as well as national vocational qualifications. After supporting someone at the end of their life I asked for some training in that and the registered manager organised it for me."
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. The registered manager explained how new staff were supported through shadowing experienced staff and completing training. The provider had introduced a financial reward for completion of this training to motivate new staff to finish the training in a timely manner.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- One person told us, "The food is very good. We get two choices of main meal and pudding of the day. But I think you can have something else if you don't like the pudding. I always do!". A relative also said, "The food is lovely."
- People were supported to maintain their independence through the use of adapted cutlery and plates. When they did require support from staff this was given patiently and staff spoke with the person, putting them at ease.
- Staff were aware of any specialist diets that people had and the chef told us what systems were in place to ensure they were updated of any changes.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- There were good relationships in place to ensure that people saw healthcare professionals when required.
- One person told us how staff supported them to remember and attend health appointments. There were some appointments they preferred to go to independently because they were private and staff respected and assisted them to do this.

- One member of staff told us about a referral that had been made to a health care professional to review someone's dietary needs. They had been assessed as needing soft food but as their health had improved they now wanted to extend their meal choices again.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People told us, and we observed that staff assisted them to make their own decisions. For example, they asked people if they would like to come to the dining room for their meal, where they wanted to sit and whether they wanted to wear a clothes protector.
- When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered.
- DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in progress. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.

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

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment.
- This included people's bedrooms. One person showed us their room was full of belongings from their home. They said, "The only thing that didn't originally belong to me is the bed. It's got to feel like home!"
- The service supported people's independence through the use of technology and equipment. For example, there were call bells for people to use. One person said, "I do have a buzzer in my room but I have only ever needed to use it once".

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People had caring, kind supportive relationships with the staff who supported them.
- One person told us, "I am well looked after by the staff and they do make me laugh. They are like family to me."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. One member of staff said, "I love my job. The people here are all lovely and I enjoy spending time with them."
- People received support based on their beliefs and culture. One staff member told us, "One person is very spiritual and I go and sing hymns with them. We all had a religious service last week and people enjoyed singing Christmas carols."

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

- People were enabled to make choices about the care they received. People had variable support needs and some people lived semi independently, choosing when to join communal activities or asking when they required assistance. One person told us, "I am independent here, but the staff do pop up with a cup of tea. If I am not well they will check more often and bring me meals."
- Other people were encouraged to make decisions about how they spent their day. People were asked what meals they wanted, or where they wanted to sit.
- Staff adapted their communication styles for different people to ensure they could understand. This was supported by information in people's plans. For example, for one person it said to use gesture and facial expressions to communicate.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected.
- We saw staff knock on people's doors before entering and ask for their permission to talk with us.
- People's families and friends could visit without restriction and were encouraged to get involved in events organised by the home. One member of staff told us, "We try very hard to get to know each individual person and it is good when families visit to include them in conversations, because it often helps people to remember. Families are generally very supportive and help out when they can by bringing prizes for bingo or wool for knitting."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

At our last inspection we found that this required improved and at this inspection the improvements had been made and people's needs were met through good organisation and delivery.

### Personalised care

- People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- At our last inspection we found that people were not always provided with a good range of activities. At this inspection this had improved.
- There was an activity co-ordinator who planned things to do around individuals interests and hobbies. One relative told us, "The activities are wonderful; it is really buzzy in here sometimes".
- People told us that they enjoyed some of the group activities and also that they liked some individual attention. One person told us that they enjoyed writing poetry and were planning something with the activities co-ordinator to share with other people at the Christmas party.
- We observed that the activities co-ordinator was skilled in engaging people in different ways and that they allowed people to lead the activity. For example, during a quiz people started a conversation about leaving school and the activities co-ordinator moved away from the quiz and asked questions to everyone about this which resulted in an animated discussion about the past. They told us how important they felt it was to reminisce with people and listen to their stories.
- There were care plans in place which were detailed and regularly reviewed.
- An electronic care system had recently been introduced and staff had mobile units to input information about people throughout the day. This was effective because it contained up to date information for any staff supporting the person; for example, if they had recently fallen or what they had eaten on that day. The service was in a period of transition, but staff we spoke with were positive about the new system and could see the advantages of having information available in the electronic format.
- The care plans had photographs and pictures on them so that people could easily understand the information that was maintained about them. This showed us that the provider had complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand

### Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to.
- There was information in their rooms to explain to them how to raise concerns.
- When complaints were received they had been reviewed in line with the provider's procedure.

### End of life care and support

- People had plans in place for the end of their life, including choosing when they would want to be

resuscitated.

- Some people who had been unwell had medicines in the home to manage their pain if they deteriorated in line with their wishes.
- There was no-one receiving end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

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

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

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were infection control and medication audits monthly which had actions for improvement recorded.
- The registered manager completed a monthly report for the provider which included all aspects of people's care. For example, skin damage risk, weights, falls and slips, infections. When there was something reported the registered manager recorded the action taken. For example, when someone had an infection they recorded that they had seen a health professional and were taking medicines. This was reviewed by the provider's compliance team which showed that the provider had close oversight of the service
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.

- Staff were well supported and able to develop in their role. One member of staff told us, "The registered manager does supervisions and they are a fantastic manager. They will always listen. It is nice to have a job you are happy in."
- Staff spoke positively about the culture of the home, including working closely together to support one another and share information. They all talked about how everyone cared for the people they supported; for example, coming to the home on their days off to sit with people at the end of their lives.
- All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. We saw guidance and support being given to staff throughout the inspection.

Engaging and involving people using the service, the public and staff

- There were regular meetings with people who lived at the home and their relatives. The registered manager responded to feedback from people. For example, in the PIR they told us that they had introduced a quality initiative called, 'Resident of the Day' which meant that one person was focused on to ensure they were receiving the support they wanted. However, people said in their meeting that they didn't like it and so it was no longer in place.
- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.

Working in partnership with others

- There were strong relationships with local health and social care professionals, churches and social groups.
- There was also support for the registered manager and senior team through the provider's meetings and training events which meant they could share best practice with colleagues in similar roles.