

St Philips Care Limited

# Pavilion Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

### About the service

Pavilion Care Centre is a residential care home providing personal care to up to 30 people. The service provides support to people aged 65 and over, some of whom were living with dementia. At the time of our inspection there were 24 people using the service. The accommodation is 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 and what we found

Medicines were not always safely managed. Medicine administration records were not always legible. Medicines were not given in a timely manner. Records relating to medicines which were required 'as needed' did not provide staff with instructions how to safely give these types of medicines and reasons for their administration were not always recorded. There were not always enough staff on duty to safely meet people's needs. Emergency evacuation plans were not always in place or updated. People were able to access high risk areas of the home such as the kitchen and laundry as they were unlocked.

Staff were not able to spend quality time with people and did not always respect people's privacy and dignity. Personal care was not always given in a timely manner and had impacted on people's dignity. Communication between staff was not always respectful as care needs were discussed loudly in a communal area and people were referred to as room numbers.

We have made a recommendation about complaints as records for received complaints were not maintained and there were no lessons learned. Accidents and incidents were not monitored for trends, quality assurance checks were completed remotely on care records held electronically. Management audits and checks were not regularly completed, and actions were not always identified or followed up.

People were not always offered a balanced diet and alternative choices were not always offered. Signage to support people to orientate was limited. Staff received regular training and specialised training such as dementia. 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.

Relatives were not always sure of the outcomes of complaints. Care planning information was not always reflective of care given and end of life wishes in one person's care plan contained conflicting information.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 04 January 2019).

### Why we inspected

This was a scheduled inspection based on previous rating.

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.

### Enforcement

We have identified breaches in relation to medicines management, quality assurance systems, staffing and maintaining people's privacy and dignity. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Pavilion Care Centre

## 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 3 Inspectors 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

Pavilion Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Pavilion Care Centre is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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 who intends to deregister. A new manager had recently started and intends to register, they will replace the current manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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 annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

We spoke with 4 people that used the service and 10 relatives about their experience of the care provided.

We spoke with 7 members of staff including a manager, senior care worker, care workers and a maintenance engineer.

We reviewed a range of records. This included care records for 5 people and multiple medication records.

We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 we rated this key question good. At this inspection we have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely. Where people received medicines 'as and when required' (PRN) there was not always guidance for staff to know how and when to support people to take these medicines. This included medicines prescribed to treat medical conditions and medicines intended to provide pain relief. This meant people could be at risk of receiving their medicines unsafely.
- Medicine administration records were not always clearly written. For example, amounts of medicine required and instructions had been struck through. This increased the risk of people receiving their prescribed medicines incorrectly.
- People's prescribed topical creams were not safely managed. Directions for applying creams for one person was not clear. This increased the risk of sore skin and incorrect application.
- Medicines were not always given at the correct time. We observed medicines which were prescribed to be given in the morning to be given closer to lunch time. This meant people were not always given medicine as directed by the prescriber.
- The providers oversight systems had failed to ensure improvements were made in response to risk. There was no action plan in place to address the risks identified in a fire risk assessment review and not enough action had been taken to ensure people's safety.
- The provider had not ensured staff had access to suitable guidance in the event of an emergency. Personal emergency evacuation plans (PEEPS) were not in place for all people using the service. Information held in the emergency grab pack had not been updated. This meant people were at risk of delayed escape.
- People were not always kept safe from hazardous areas. We found a kitchen door was unlocked where knives were stored, and the area was not always staffed. This meant people had access to areas with potential risk.

The provider had not ensured the proper and safe management of medicines. This increased the potential for medicine errors and risk of harm to people. Risks had not been thoroughly assessed and actions to mitigate identified risks had not always been taken. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not always enough staff to meet people's needs. Staff were busy and were not always responsive to people's needs. We observed 2 call bells were sounding but staff had not been able to respond in a timely manner. We saw one person waiting for support in their room and another person told us "I'm waiting to go for breakfast, it just keeps getting later".
- We found call bell response times were not monitored by the provider. This meant themes and trends

were not identified, so improvements were not made.

- Feedback about staffing levels was mixed. One staff member told us, "Staffing levels are terrible" another told us, "For the ratio it is good, everyone works well as a team". A relative told us "One weekend there was no supervisor, there was only agency staff on duty".
- Staffing levels did not always allow the support required to keep people safe.
- The provider used a dependency tool to monitor the number of staff people required, this indicated there was enough staff to meet people's needs, however, we observed times where there had not been enough staff to meet people's needs. A volunteer staff member was left alone supervising people in the lounge area as other staff members were occupied. This meant people were left without suitable supervision.

The provider had failed to ensure there were sufficient staff deployed to meet people's needs. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were safely recruited to the service as relevant background checks had been carried out. This included completing a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk from abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Where people had accidents and incidents follow up actions were taken. However, it was not always evident lessons had been learned to prevent issues reoccurring. For example, one person had a fall and the record stated a falls sensor mat had been found to be unplugged. The provider had systems and processes in place to recognise potential signs of abuse. Referrals to safeguarding professionals were made appropriately.
- Staff understood how to raise any concerns with the home manager. Staff were confident the home manager would act on any concerns raised. One staff member told us, "I certainly would raise concerns, management are very open to be approached."

Preventing and controlling infection including the cleanliness of premises

- 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 provider facilitated visits in line with current guidance.



# 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 we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were involved in the choice of meals from a set menu, however menus were not always varied. We found the same meals were planned for the evening every day and menus were based on pre-prepared foods. The manager told us they were making changes to improve the menu options and include more fresh produce.
- Most people enjoyed their meals, however we observed 2 people telling staff their meal was dry and vegetables were hard, people were offered additional gravy to moisten their meals. One relative told us, "[Relative] does like the food and the meals are ok."
- People's dietary needs and preferences were recorded in their care plans, including any specific dietary arrangements and textured diets. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from risks associated with choking or inhaling their food or drink.

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

- Signs to orientate and inform people who may become disorientated to their surroundings were limited and not always obvious. For example, a sign for the dining room was out of view as the door was always open.
- People's bedrooms were decorated and personalised in a way they chose. People had decorated their rooms with their own personal belongings.

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

- People's needs were assessed, and clear guidance was in place to enable staff to support them.
- Care plans were person centred and detailed people's background, medication conditions and how they liked to be supported.
- People had access to a range of health professionals including nurses to ensure people were supported effectively with their conditions.
- Relatives felt they were updated about people's needs. One relative told us "I do feel well informed." Another told us, "Communication is usually good."

Staff support, training, skills and experience

- Staff were trained effectively to meet the needs of people in the home. Staff had the skills and knowledge they needed to support people.
- Staff told us they felt supported in their role. Staff received an induction and also completed refresher

training.

- Staff told us they had received specific training to support people with dementia and training records supported this.
- Staff had received regular supervision meetings.

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

- The provider maintained close working relationships with other agencies. This meant they referred people to healthcare professionals in a timely manner and followed any advice given. For example, a nurse was visiting on the day of our inspection responding to a referral.
- The visiting nurse told us, "Management are responsive."
- People's health needs were considered and reviewed. Systems to refer people were in place and the manager told us people were given a choice of GP.

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.

- The provider worked in line with the MCA. People were supported to make their own decisions, where people were subject to DoLS, conditions were known by staff.
- Staff understood how to support people to make their own choices.
- People's ability to make their own choices was assessed. Where decisions were made in people's best interests, these were documented. Relatives were given opportunities to be involved.

# 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 we rated this key question good. At this inspection we have rated this key question requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; Respecting and promoting people's privacy, dignity and independence;

- People were not always well treated or supported as there was not enough staff available to meet people's individual needs. Staff were not able to spend enough time meeting people's social needs.
- Staff told us people had to wait for care. This had impacted on people's dignity as personal care needs were not always promptly met.
- People's privacy and dignity was not always respected by staff. People were not consistently treated with dignity and respect. We observed an undignified moving and handling technique. Although people were supported in line with their moving and handling care plan, staff did not ensure the technique used protected the persons dignity. For example, the person was not covered to protect their privacy in a communal area.
- Communication between staff was not always kind or compassionate. We observed staff loudly discussing the personal care needs of a person across an occupied communal area. This treatment did not respect their right to privacy and dignity.
- Staff referred to people by their room numbers and not by their names. This was not respectful towards people using the service.
- Staff supporting people at mealtimes were not always dignified in their approach. We observed staff stand at the side of a person's chair and support them with their meal. This support was not respectful or dignified.

People were not consistently treated with respect and their dignity was not always maintained. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Respecting equality and diversity

- Staff received training in equality and diversity.
- People's care plans showed their equality and diverse needs for staff to follow. For example, in relation to their beliefs and lifestyle choices, which staff understood.
- They knew people well and ensured good relationships with them and their families.

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

- People were not always involved in their care.
- Relatives shared information about people as part of a survey. For example, one person likes a hot meal

on a hot plate, however there was no evidence to show this was acted on or responded to. This meant People's views and preferences were not always acted upon to individualise the support provided.

- Care plans detailed people's likes and preferences. This provided guidance for staff to support people to make choices about their care. We observed staff followed care plans when supporting people. Staff members told us they would read care plans regularly.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Planning for end of life care was not always reflective of people's wishes. Care plans detailed the decisions and arrangements people made, however one care plan contained conflicting information about the decisions a person made for their end of life care.
- Care plans were not always followed by staff. For example, care plans detailed one person required staff observation when seated in communal areas, however we observed times when they were left alone. This meant people were at risk and not always supported safely.
- One person's care plan stated they preferred to eat meals in their room, however they were supported into the dining room at lunch time.
- Care plans contained detailed information on people's life history and included information on people's memories, employment and family. Staff told us how they used this information to understand people and get to know them.
- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- Staff received training on how to support someone at the end of their life.

Improving care quality in response to complaints or concerns

- People who used the service and relatives told us they knew how to raise complaints or concerns. The complaints procedure was available in the home, however, there was no record of the complaints made or the outcome.
- Some relatives shared examples of how their complaints had been resolved. However, another person told us, they were not sure of the outcome.

We recommend the provider reviews their complaints procedure to ensure complaints are recorded and the provider uses the learning from complaints and concerns as an opportunity for improvement.

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.

- People's communication needs were considered as part of their assessment and care planning process. However, signage to support people to orientate was limited. For example, the dining room door had a sign,

however the door was always open meaning it was not visible and it was not in an accessible format.

- Some posters in the home had pictures of people to support understanding. For example, the activities notice board had pictures.

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

- The service employed a dedicated activities co-ordinator who organised group activities. Individual and group activities took place at the service based upon people's wishes and preferences.
- Planned activities were displayed on a notice board for the week. On the day of our inspection we saw people engaged in an activity about types of sweets. Meaningful conversations were prompted by the activity. One person told us, "it's great, I can't fault it."
- People were supported to stay in touch with people who were important to them. People's care plans contained information of the support people needed to maintain relationships with others.

# 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 we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance processes were not always operated effectively to identify where improvements were required.
- There was no overarching analysis of accidents and incidents.. This meant people were at risk as action was not taken to prevent the risk of reoccurrence.
- Audits of medicine records had failed to recognise the unsafe medicine practices reported on in the safe domain of this report. This meant people were at a continued risk of receiving their medicines unsafely.
- Audits to check people's experience had not been completed regularly and actions were not followed up. For example, a dining experience audit from 27 October 2022 found plates were being cleared too soon. This action was not reviewed.
- Complaint records were not maintained. This meant the provider did not have oversight of themes and trends to identify improvements.
- Quality assurance checks were in place from the provider and the home manager responded to actions. These checks were completed away from the home checking electronic information held. Completed actions were not reviewed by the manager to maintain improvement.
- Daily walk around checks were not completed regularly. Where actions had been identified, these were not followed up. For example, on 7th December 2022 curtains needed to be re-hung, there was no follow up check completed. This meant safety and quality was not always monitored.

The provider had failed to implement effective systems and processes to assess, monitor and improve the safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The new manager had started to engage with people, staff and relatives were engaged and involved, to help inform their care and related service planning.
- A range of methods were used, to help inform service planning and improvement. This included a range of meetings and periodic care quality and staff surveys. Recorded feedback showed overall satisfaction with the service, and an open culture where people, relatives and staff were confident their views were routinely sought and acted on.
- When any changes or improvements were needed for people's care; management records showed this

was communicated to staff in a timely manner, to ensure they fully understood.

- The new manager had identified areas for improvement, for example the new manager was looking at staffing rota to make sure they worked effectively.

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

- The provider and the home manager understood their legal responsibilities in relation to duty of candour and sent the necessary statutory notifications.
- During the inspection process, the home manager spoke openly about actions taken to improve the service, and areas where action was still required.

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

- Managers were supportive and responsive to staff and people using the service. Staff were positive about the new home manager and told us if they raised concerns, they would be acted on.
- Staff told us the manager spoke with people and was involved in the delivery of care.
- One relative told us, "I know [manager]. I do feel that I can make suggestion." Another told us, "We've had a newsletter from [manager]. [manager] introduced themselves and told us their plans and aims."

Working in partnership with others

- The provider engaged regularly with health and social care professionals to ensure the needs of the people using the service were met. We saw evidence that staff engaged regularly with external healthcare professionals, and social care professionals frequently visited the service.



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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to implement effective systems and processes to assess, monitor and improve the safety and experience of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there were sufficient staff deployed to meet people's needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People were not consistently treated with respect and their dignity was not always upheld

**The enforcement action we took:**

We issued the provider with a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured the proper and safe management of medicines.

**The enforcement action we took:**

We issued the provider with a warning notice