

Akari Care Limited

St Marks Court

Inspection report

73 Split Crow Road
Deckham
Gateshead
Tyne and Wear
NE8 3SA

Tel: 01914901192

Date of inspection visit:
09 July 2019
19 July 2019

Date of publication:
30 August 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Marks Court is a care home which provides nursing and residential care for up to 60 people. Care is primarily provided for older people, some of whom are living with dementia. At the time of our inspection there were 30 people using the service.

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

A registered manager had been in post for the last two months. The provider's regional manager and quality team had supported them to identify shortfalls and to make positive improvements to the operation of the service. However, these changes were not fully embedded and further time was required for the provider and registered manager to be assured that these were effective.

To ensure people's safety in the event of an emergency a range of improvements were needed around fire risk management. The registered manager confirmed they would organise this training and develop an evacuation plan.

The provider's dependency tools did not assist staff to provide safe staffing levels. The regional manager and registered manager took this up with the quality manager and immediately increased the staffing levels. Despite this increase, we saw that on a morning the staff on the nursing unit could not support everyone to have a drink. The registered manager agreed to look at the deployment of staff during this time.

Staff were revisiting risk assessments, and these were in the process of being improved. Risk assessment for dehydration did not consider underlying physical conditions, which led to an inaccurate risk profile. The regional manager immediately discussed this with their quality team who reviewed the tool and supplied a new version that needed to be tested to determine if it was effective.

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. However, the policies and systems in the service did not support this practice, as the documentation was inaccurate and was confusing.

Staff completed monthly physical health checks but when this indicated a change or deterioration we could not establish what action was taken or understand the results. The registered manager undertook to revisit staff competency to use this tool.

The registered manager had reviewed medication practices and made improvements, but further work was needed. As required protocols were variable in content, and stock control needed to be reviewed for controlled medicines.

The staff were in the process of changing all 30 people's care records to mirror the new style records that were more informative. The registered manager had introduced new templates such as concise person

profiles, pocket size cards detailing risks for individuals and communication plans. The registered manager had also introduced a system of using colour coded dots on people's door to assist staff see at a glance how much support people needed in the event of an emergency.

Equipment was appropriately maintained, and checks were routinely completed. A new treatment room with air conditioning had been created on the nursing unit. The service was clean and tidy.

Recruitment was effective, but the provider needs to ensure enough space was available for people to record their full employment history. Staff training, and supervision were being completed. The provider and registered manager constantly monitored the effectiveness of the courses. This oversight had led them to change the training provider and staff reported that the new courses were far more informative.

Tools were in place and staff ensured people were encouraged to eat a balanced diet. The cooks were very knowledgeable. The cook had received training around how to support people who were underweight or needed adapted diets. Staff were now closely monitoring food and fluid uptake for people and knew who was at risk of becoming dehydrated or losing weight.

Staff told us that the registered manager and regional manager were approachable and closely listened to their views. They were positive about how the service was now being operated and felt morale had significantly improved.

The provider had a system in place for overseeing the service and had identified gaps in practice and put action plans in place. However, the recent frequent changes to the manager and the regional manager being needed elsewhere had impeded progress in meeting these goals.

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

Rating at last inspection and update

Requires Improvement (report published 11 December 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance arrangements and meeting MCA principles. Although the service had started to improve in the Key Questions we reviewed and no breaches of regulation were identified further improvements were needed.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Marks Court on our website at www.cqc.org.uk.

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 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Marks Court

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 Care Act 2014.

Inspection team

An inspector completed this inspection.

Service and service type

St Marks Court is a care home. People in care homes receive accommodation and nursing 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

This was an unannounced inspection.

What we did

We reviewed information we had received about the service, which included details about incidents the provider must notify us about, 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

We spoke with 12 people who used the service and three relatives to ask about their experience of the care

provided. We also 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 spoke with the registered manager, regional manager, quality team member, a nurse, two senior carers, nine care staff, a cook, a maintenance person, a domestic staff member and a visiting healthcare professional.

We reviewed a range of records. This included four people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management.

At our last inspection the provider failed to ensure robust governance and oversight arrangements were in place, which had led to delays in completing works to refurbish the building and ensure temperatures in the medicine rooms were safe. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- To ensure people's safety in the event of an emergency improvements were needed. The provider had not ensured staff had been trained to use the evacuation aids or completed simulated evacuations. The personal emergency evacuation plans (PEEPs) did not provide information on how to assist people to fully evacuate the home. Following our discussion about these matters the registered manager organised additional fire training and confirmed they would develop a plan to assist staff to safely evacuate the service.
- Staff were revisiting risk assessments and the very latest assessment clearly stepped out actions that needed to be taken to reduce risk. We noted the risk assessment for potential dehydration did not consider underlying physical conditions and this led to the assessment failing to produce an accurate risk profile. The regional manager immediately discussed this with their quality team and they amended this tool.
- The environment and equipment were safe and well maintained. The water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. However, these consistently fell well below 44 °c for hot water in bathrooms and people's bedrooms.
- A relative said, "The staff always try their best."

Staffing and recruitment.

- The provider's dependency tool was not effective. It did not account for people's nursing needs or provide an accurate picture of people's dependency or factor in the layout of the building.
- On the first day of the inspection, there were not enough staff on duty to meet people's needs. The building was divided into three units and initially there were nine staff including a nurse covering the service, with the most staff deployed on the nursing unit which left three staff to cover the other two units.
- In between our visits, the regional manager discussed this issue with the quality manager and agreed to increase the staffing from nine to 10 during the day. However, even with the increase the staff on the nursing unit experienced difficulties supporting everyone to have a drink on a morning. The regional manager and registered manager agreed to review staff deployment on a morning.
- The regional manager confirmed that the provider was reviewing the dependency tool and agreed the current one was not fit for purpose.

- The provider operated systems that ensured staff were recruited safely.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed. The registered manager had reviewed medication practices and put a daily count in, which had positively impacted staff practices. Also a new treatment room with air conditioning had been created on the nursing unit.
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow. These protocols were variable with some giving very detailed explanations of when to give a medication and others were not detailed. Stock control needed to be reviewed for controlled medicines, as more was being ordered or kept than was needed. The registered manager confirmed they would address these issues immediately.

Systems and processes to safeguard people from the risk of abuse.

- The provider had improved the way staff responded to safeguarding concerns. Staff had received additional training and demonstrated a good understanding of what to do to make sure people were protected from harm or abuse.

Preventing and controlling infection.

- Staff had received infection control training and used aprons and gloves to prevent the spread of infection.
- The service was clean and tidy.

Learning lessons when things go wrong.

- The registered manager critically reviewed all aspects of the service and determined if improvements were needed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider failed to ensure staff understood and adhered to the principles of the MCA. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a particular decision and 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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Since the last inspection the provider had ensured staff had received additional training around the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- However, the capacity assessment forms were confusing and led to some staff unnecessarily completing the full assessment. Also, staff were completing assessments for people with capacity rather than asking the person to complete a consent form. The manager and regional manager had identified this as an issue and raised it with their central quality team.
- Staff asked people for consent before providing them with assistance and asked them what their choices were for meals and drinks.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure robust governance and oversight arrangements were in place, which had led to staff not receiving the required training and supervision. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were being equipped with skills and knowledge they needed to support people. They were now receiving a comprehensive programme of training. Staff confirmed that they had been trained in the topics, which enabled them to work effectively with people.
- The provider and registered manager constantly monitored the courses and how well these supported

staff to develop the necessary skills. This oversight had led them to change the training provider and staff reported that the new courses were far more informative.

- The registered manager had identified training gaps and sourced new courses, for instance they had organised for syringe driver and catheter care courses to be completed in the next few weeks. The nurses confirmed that they were being offered more support and felt more equipped to meet best practice guidance and complete clinical tasks.
- New recruits completed the Care Certificate, as a part of their induction and completed training and shadowed experienced staff for their first few shifts.
- Staff had regular supervision and appraisals. The registered manager had commenced a programme of in-depth supervision sessions with each staff member, which gave them an opportunity to fully explore their role, areas for improvement in the service and support they needed. Staff told us they felt very supported.

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

- The registered manager, quality team and staff were working hard to improve the assessments. The provider's existing assessment had not supported staff to provide detailed information about people's needs. This led staff to continue to use care plans to outline the assessment rather than the steps staff needed to take to work with people.
- Following our first visit the registered manager introduced a short profile record, a new assessment document and a communication plan, which were very detailed and provided a clear assessment of people's needs. Staff were in the process of introducing these assessments into all 30 people's files.
- Staff across all three units completed national early warning signs (NEWS) monthly physical health checks. NEWS uses a combination of six physiological measurements such as blood pressure, temperature and pulse which determines clinical risk. When these indicated a deterioration in people's health we could not establish what action had been taken and some of the nurses had miscalculated the NEWS score so had not increased the frequency of checks. The registered manager undertook to revisit NEWS skills with staff and look at whether these forms were needed on the residential unit.

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

- Staff encouraged people who were under-weight to eat fortified foods. The cooks had completed a wide range of nutritional training, including how to prepare appetising adapted diets. They were committed to providing high quality meals.
- Staff had experienced difficulties ensuring people took adequate fluids. The registered manager and regional manager had sourced a range of tools to assist staff to enable people to remain hydrated.

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

- Staff supported people to access healthcare services when appropriate and as agreed with the person concerned. Records showed when people had contact with other professionals including doctors and nurses. The records described the outcomes and if there had been any changes in people's needs.
- The local GP completed a weekly visit to the service and regularly reviewed people's care needs. In addition, people were seen by GPs and community nurses when health needs changed.

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

- The service was decorated in line with best practice guidance for people living with dementia.
- People had been supported by staff to make their accommodation homely.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last two inspections the provider had failed to ensure robust governance and oversight arrangements were in place. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was going through a period of change. A new manager came into post in May 2019 and was registered with CQC in July 2019, which is the fourth change of manager in two years. The frequent changes to the manager and the regional manager being needed elsewhere had impeded progress in meeting the goals set out in the provider's action plan and to make sustained improvements to the service.
- The provider had given assurances that the regional managers as well as their quality team would visit regularly. However, the level of input from the regional manager and team had been inconsistent over the last six months and the quality team only recently had been working at the service several days each week.
- The work the quality team were assisting the registered manager complete was at an early stage. For example, the provider had recognised all 30 sets of care records needed to be significantly improved but had not affected positive change.
- Until recently the service had not been well-run. The previous registered manager had not made sure the information staff needed to operate the service had been available and this led to key information not being passed on.
- People and staff told us they now felt listened to and that the new registered manager was approachable. Staff stated that they felt the new registered manager had created a culture that was supporting them to deliver person-centred care. They highlighted how the registered manager had assisted them to identify poor practices that had been adopted and make sure they changed and followed best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider understood their responsibilities and the legal requirements.
- The provider was involved in the service and had systems in place to make sure senior managers visited regularly. The registered manager, regional manager and quality team were critically reviewing the service to determine the improvements that needed to be made.

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

characteristics.

- People and relatives discussed the regular changes to the management of the service and how they found it unsettling. However, they did feel that the new registered manager was far more approachable and visible within the service.
- The registered manager had started to re-engage people in sharing their views about the service.

Continuous learning and improving care.

- The provider's quality assurance system had been improved and included a variety of checks carried out by staff, the registered manager and the regional manager. This had been rolled out, but due to the lack of consistency in management at the service, this had not been shown to be effective.
- The registered manager had considered gaps in practice at the service and the week of the inspection introduced some innovative practices such as pocket size 'resident profile cards' that gave agency and new staff a quick outline of people's needs, new handover sheets and the colour coding on the doors.

Working in partnership with others.

- The registered manager and regional manager were open to advice from visiting professionals around how to make improvements to the service.