

Akari Care Limited

Piper Court

Inspection report

Sycamore Way
Stockton-on-Tees
Cleveland
TS19 8FR

Tel: 01642 606512

Website: pipercourt@akaricare.co.uk

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Overall summary

We completed this inspection on 13 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. At the inspection in November 2014 a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. We were not reviewing these issues but responding to a number of concerns that had been raised in respect of staffing over the previous weeks.

Piper Court is a 60 bedded purpose built care home providing nursing and personal care to people within three separate units. There is a 10 bedded functional mental health unit, 22 bedded nursing unit providing both general nursing and dementia care nursing and a 28 bedded unit providing personal care to people.

A manager is in now in post and in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. It is a condition of the provider's registration to have a registered manager and this is a breach of that condition. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people were being cared for, or supported by, sufficient numbers of skilled and experienced staff to meet their needs. Since November 2014, staff had been receiving regular supervision and the manager was ensuring that all the staff completed an annual appraisal.

We found that staff had been supported and trained to complete accurate and detailed care records. The records we reviewed showed that people's needs were now being fully assessed. We found that documents for monitoring people's health such as positional change charts and weights were now completed accurately.

We found that staff had a good understanding of each person's needs and tailored their approach accordingly. We found that staff could readily explain how they worked with people and had a clear understanding of people's likes and dislikes. People had their nutritional needs assessed and there was a system for monitoring this. We found that staff used this information to assist them to work with people.

When we concluded our inspection the provider had taken action to address the breach of regulation 22, which relates to staffing levels. Breaches which remained or were not reviewed, you can see at the back of the full version of this report.

Summary of findings

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.

Medicines were not always managed safely for people but action was being taken to improve staff practices.

We found people's care records did reflect their care needs.

There were sufficient suitably qualified staff employed to meet people's needs.

Systems were in place for staff recruitment.

Requires Improvement



Piper Court

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 was 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.

An adult social care inspector completed this unannounced inspection of Piper Court on 13 January 2015.

Before the inspection we reviewed all of the information we held about the service including statutory notifications we had received from the service. As part of the inspection process we also reviewed information received from the local authority who commissioned the service and the local

clinical commissioning group (CCG). We spoke with one of the local authority commissioning team about the service as well as a member of staff from the CCG. They felt improvements had been made in recent months.

Throughout both of the inspection visits we spent time observing the interaction between people who lived at the service and staff. We also spent time looking around areas of the service including people's bedrooms (with their permission) and communal areas. We also carried out Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with eight people who used the service, two relatives, the operational manager, the manager, one nurse and six care workers. We also reviewed relevant records. These included five people's care records, four staff files, audits and other relevant information such as policies.

Is the service safe?

Our findings

On 13 January 2015, at the time of the inspection, 41 people were residing at the home. Since the last inspection the manager had appointed a head of care for every unit, two leads for the residential unit and a nurse lead. Throughout the day either the head of or a lead nurse, two lead carers and eight care staff were on duty. Overnight a nurse, two senior care and six care staff were on duty. The manager worked in a supernumerary capacity. The manager and operational managers between them had been working in the home seven days a week to provide managerial cover. An administrator, activities staff, domestic staff and cooks also worked at the home and other than the administrator provided cover over the week. In total 53 staff worked at the home. We checked the duty rotas and confirmed these staffing levels were consistently provided.

Currently agency nursing staff still provided some cover. At the time of the inspection an agency nurse was on duty and they told us that they were provided with a comprehensive induction prior to starting each shift. This included a full outline of each person's needs and a review of their responsibilities. The manager told us that they were ensuring that when agency staff were used the same staff came to the home. We saw on the duty rota there was continuity of staff, as apart from the permanent nursing team two agency nurses were used.

We looked at the recruitment process and found that since November two care staff had left, seven new care staff had commenced working at Piper Court. Two nurses had started working at the home and we heard that two more nurses had recently been recruited. We looked at records for four of the newly appointed staff. We confirmed that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the home. DBS checks show whether people have been convicted of an offence or barred from working with vulnerable adults. References had been obtained and, where possible, one of which was from the last employer. The registered manager outlined the processes they followed when recruiting staff, which we found were in line with expectations and were effective. New staff we spoke with confirmed this to be the case and outlined the induction process, which we found gave them opportunity to become familiar with people who used the service and the expectations of the provider.

The people who used the service and relatives we spoke with told us that staffing levels had improved since November 2014. People now felt that there were sufficient staff to meet people's needs. From our observations and discussions with staff we saw there were sufficient staff to support people. The manager and staff openly discussed the problems with staff sickness they had encountered over Christmas and how as a team they had overcome these. Staff told us that they were never short albeit when staff phoned in sick because other people came in. We heard that staff had been motivated to provide this support because of the commitment of the manager and the fact that they had helped out with the care.

We found that staff had completed a number of courses such as safe handling of medicines training, safeguarding and nutrition. We saw that plans were in place for all the staff to have completed the mandatory training and condition specific training such as managing behaviours that challenge and for particular physical health conditions by April 2015. We also saw that staff had completed a range of competency assessments.

Staff we spoke with during the inspection told us the manager was extremely supportive and had ensured they were competent to undertake their roles. We saw records to confirm that competency checks, supervisions and appraisals had taken place. We saw a schedule of planned appraisals to demonstrate that all the staff would have completed these by April 2015.

We found that the provider had ensured senior managers worked in the home several days a week and that the gaps identified in the deep impact analysis report carried out by the provider were being resolved. We found that a comprehensive range of audits had been completed. We found that particular scrutiny had been given to the safe handling of medicines and accurate record keeping. We did not look at medicines but saw the provider had implemented a system for monitoring staff adherence to medication procedures. We found that there were significant improvements in these areas.

Staff told us that they had confidence in the new manager's approach and leadership style and thought this would lead to the home improving.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider had failed to ensure that staff were equipped with the skills needed to intervene when people displayed behaviours that challenged.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider failed to ensure staff adhered to the requirements of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The provider failed to ensure that suitable arrangements were made to train and supervise the staff working at the home.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	People were not always protected against the risks associated with medicines because the provider failed to have appropriate arrangements in place to manage medicines.
Treatment of disease, disorder or injury	