

Akari Care Limited

Dene Park House

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



Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 and 20 February 2015. Two breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations relating to staffing and safeguarding people from abuse and improper treatment.

We undertook this focused inspection on 14 December 2015 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dene Park House on our website at www.cqc.org.uk.

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the regulations.

The service had a manager in post. This person had applied to the Care Quality Commission in December 2015 to be registered in respect of Dene Park House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Action had been taken to ensure there were sufficient staff to meet people's needs. The manager had introduced a new assessment tool which more accurately identified people's dependency needs. Changes had been made to the deployment of staff. The home had

Summary of findings

been reorganised to provide care to people over two floors rather than three, which meant staff were better able to meet people's needs in a timely way. More staff had been recruited and there was less reliance on the use of agency staff. Where agency staff were used, the manager used a small number of such staff for extended periods, which meant they became familiar to people and were better able to meet individual needs.

Action had been taken to ensure the service acted in compliance with the Mental Capacity Act 2005. We found

improvements had been made to the assessment of people's capacity to consent to being placed in the home. Where it was assessed a person lacked such capacity, a decision was made in their best interest and an application was made to the authorising authority for a Deprivation of Liberty Safeguard to be put in place. This meant that people's rights were being protected and any deprivation of liberty was lawful and as least restrictive as possible.

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 safe.

Improvements had been made to the staffing levels in the home and people's needs were now being met safely.

We could not improve the rating for 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service effective?

The service was effective.

People's legal rights under the Mental Capacity Act 2005 were now being protected.

We could not improve the rating for 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Dene Park House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Dene Park House on 14 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 16 and 20 February 2015. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service effective?' This is because the service was not meeting some legal requirements at the time of our initial inspection.

The inspection was undertaken by an adult social care inspector. During our inspection we spoke with the manager, the regional manager, the deputy manager, the administrator, one senior care assistant, two care assistants, one domestic, and one visiting professional. We looked at staff rosters, the dependency tool used to assess staffing levels, records of the use of agency staff, and records of staff training. We examined the records kept of mental capacity assessments and Deprivation of Liberty Safeguards.

Is the service safe?

Our findings

At our inspection in February 2015 we found that the staffing levels in the home, combined with the reliance on agency staff, did not always allow for people's needs to be met in a timely way, and that some people's independence, dignity and choice was being compromised as a result of this.

During this inspection we asked the manager to explain how the staffing levels were calculated. The manager told us they were calculated on a monthly basis to meet the assessed dependency needs of the people living in the home. The manager told us they had trialled the use of the Royal College of Nursing (RCN) dependency tool, in addition to the dependency tool normally used by the provider, to see which was the more effective in setting safe and appropriate staffing levels. The manager told us the RCN model was found to be more in depth and helpful in setting staffing levels.

We discussed the current staffing levels in the home. The manager told us these were one nurse, one senior care assistant and four care assistants between the hours of 8am to 8pm. One extra care assistant was on duty between 8am and 2pm. The staffing at nights was one nurse, one senior care assistant and a minimum of two care assistants. We saw these levels were in line with the dependency tool calculations. Study of staff rosters confirmed the home was being staffed at these levels. The manager told us they normally managed to have three care assistants on nights, but they were in the process of recruiting extra care staff to allow for this. These staffing levels were to meet the needs of 27 people over two floors. Staff we spoke with confirmed the increase in staffing levels and told us the home was now staffed appropriately to meet people's needs. One staff member told us, "Staffing levels are fine, now."

Prior to this inspection, the service's regional manager had informed the Care Quality Commission of the provider's

intention to close the third floor of the home, which was under-occupied. We saw at this inspection this proposal had been carried out. The manager told us this had allowed for the better use of staff resources over two floors rather than three.

We looked at the use of agency staff. Records showed this had decreased significantly since our inspection in February 2015, although there had been more use of agency staff in the four weeks prior to our inspection. The manager told us this was a result of a number of staff resignations and the subsequent need to recruit again. The recruitment process was underway. In the interim, the manager told us, a small number of agency staff were being used. The manager demonstrated they made every effort to use only agency workers who were known to the home from previous use and who knew the people in the home. An agency staff file was kept. This demonstrated that only a small number of regular agency staff was used. The file contained a pen picture of each agency staff member, along with their qualifications, professional registration and personal identification number (for nurses), references and training record.

The manager was able to demonstrate that plans were in place for giving further training to night duty care assistants and senior care assistants. The aim was to improve their knowledge and skills and enable them to meet a wider range of people's assessed needs. Training planned included catheter care, assisted feeding techniques, tissue viability and allergies. Ultimately, the aim was for all night staff to hold qualifications equivalent to National Vocational Qualification (NVQ) level three in health and social care.

The change of deployment of the staff, combined with the use of a more appropriate dependency tool and a decreased reliance on agency staff, meant the home was now appropriately staffed.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in February 2015 we found that DoLS applications had not been made to the authorising authority, when people were being deprived of their liberty by being placed in the home when they lacked the capacity to consent to such a placement. We also found that more than half the people living in the home at that time had not

been assessed regarding their capacity to consent to their care. This meant that, potentially, some or all of these people were also being deprived of their liberty without the proper authorisation.

At this inspection we found that all the 27 people living in the home had been assessed regarding their capacity to consent to their care. The manager told us they now completed an assessment of each person as part of their pre-admission assessment. We saw examples of these pre-admission assessments and confirmed that the questions: 'Is a DoLS in place? Is one required?' were now standard and had been answered as part of the assessment. Where there was any doubt as to the person's capacity, a formal mental capacity assessment had been completed. The manager told us each person's capacity would be re-assessed at least every twelve months. We saw two people were currently subject to a DoLS and clear records were kept of assessments and of applications for DoLS. This meant people's liberty was no longer being unlawfully restricted and people's human rights were being protected.