

# Akari Care Limited

# St Marks Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected St Mark's Court on 24 October 2018. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

St Marks Court is a 'care home'. People in care homes receive accommodation, nursing and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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 have dementia. At the time of this inspection 50 people used the service.

We last inspected the service in September 2017 and found the service was not meeting our expectations. We rated St Mark's Court as Requires improvement overall and in four domains. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment and good governance.

We found that the provider was failing to submit notifications, which is an offence and we issued a fixed penalty notice. The provider paid the £1250 fine and has subsequently sent in notifications.

The service has not had a registered manager since June 2017. 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. Over the last year the provider had recruited three managers and one person had applied to be the registered manager but left the service before the process was completed. At the beginning of September 2018, a new manager had started working at the service.

At the last inspection we highlighted concerns around how people were supported with their mobility. Staff needed to ensure that they adopted the correct moving and handling techniques. Moving and handling equipment needed to be appropriate for each individual and stored appropriately. Accidents and incidents were monitored but we found improvements were needed with how the information was analysed and used to assess risks of falls and injury. We found that the provider was changing the systems they used for monitoring the service and in the transition period the systems in place had not picked up the issues we identified.

At this inspection we found that although the provider had been working to resolve these issues and improvements had been made, the instability in the management had led to a continuation of issues.

We found that the provider was introducing new training programmes but not all staff were up to date with mandatory training. New staff had not received moving and handling training, the catering staff had not renewed food hygiene level two awards and the provider needed to ensure there were sufficient qualified

first aiders to cover 24 hours every day. Staff had not completed regular supervision sessions but the new manager was re-introducing these.

There were not enough staff on the unit for people living with dementia during the mealtimes to ensure people ate sufficient food. Also, staff on this unit did not fully recognise when people were at risk of malnutrition or take proactive measures to encourage people to consume sufficient nutritious foods and maintain their weight. Catering staff were not always alerted to people's dietary needs and had not been supported to understand how to create foods that were suitable for people at risk of losing weight.

The regional manager discussed how they had recently reviewed staffing levels and these were to be increased both during the day and overnight. They were in the process of recruiting staff to fill these newly created vacancies. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The provider was planning to complete a full refurbishment of the service and some decorative works had commenced on the nursing unit. Priority needed to be given to refurbishment to the unit for people with dementia, as this was malodorous. The settees in lounges needed replacing, as these were sagging and low. We heard that since the new manager had started to work at the service repairs were being completed, for instance a bath that had been broken for over six months had been fixed.

Safeguarding and whistleblowing procedures were in place. Staff reported concerns but the previous manager had not dealt with these effectively. A complaints process was in place and the new manager was checking with relatives and the people that used the service that any issues raised had been acted upon. We found no records to show the previous managers had investigated incidents or what lessons had been learnt.

We reviewed the systems for the management of medicines. We found that people were administered medicines safely but the oversight of these needed to be improved. The treatment room temperatures exceeded 25 °C, in part because one of the air conditioning units had been broken for a number of months and the other treatment cupboards were small. This meant that some items would be stored above the recommended temperature.

Staff understood the principles of the Mental Capacity Act 2005. We discussed how staff needed to demonstrate that decisions were made for people in their 'best interests' and complete effective capacity assessments.

The new manager and regional manager were taking steps to review the service to ensure that they were aware of all concerns, these had been thoroughly investigated and actions were taken to resolve them.

Staff knew the people they were supporting but the care records lacked information about people's lives and were not always person-centred, as we could not establish basic information about how to support individuals. We discussed this with the regional manager who explained that the provider had identified these deficits in the care records and was in the process of improving them.

People we spoke with told us they felt safe in the home and that staff made sure they were kept safe. Staff respected people's privacy and dignity. We found a range of activities were available.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to the need for consent and good governance. You can see what action we told the registered

provider to take at the back of the full version of the report.

## 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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns. However, the provider needed to ensure these were thoroughly investigated.

Plans were in place to complete a full refurbishment but at the time of the inspection the unit for people living with dementia was very malodorous. Medicines were administered safely but more oversight was needed and treatment room temperatures were too high.

Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work. The provider needed ensure there were sufficient qualified first aiders on duty.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff were not completing refresher training or receiving supervision in line with the provider's policies. The catering staff had not re-gained food hygiene level 2 awards.

The provider needed to enable staff to fully adhere to the requirements of the MCA. Staff worked closely with other healthcare professionals and ensured advice was sought when needed.

People received a nutritional diet but staff needed to be encouraging people who are under-weight to eat fortified foods. Staff were not always effectively monitoring that people received sufficient fluids.

**Requires Improvement** 

### Is the service caring?

The service was caring.

**Good** 

### Is the service responsive?

The service was responsive.

**Good** 

The provider was in the process of improving the care records templates.

The new manager ensured complaints had been thoroughly investigated. They produced evidence to show that action was taken to review incidents and determine how lessons could be learnt.

The new manager had re-introduced opportunities for people to give their views about the home.

Activities were available for people to take part in. People told us they enjoyed a wide range of activities and had been filmed singing in a choir by a local news programme.

### **Is the service well-led?**

The service was not always well-led.

The registered provider needed to ensure the systems for assessing and monitoring the performance of the service were effective.

The new manager and deputy manager were taking action to improve the operation of the service but further work was needed.

There was no registered manager in post.

**Requires Improvement** 

# St Marks 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 was planned to check whether the registered 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.

An adult social care inspector and assistant inspector completed this unannounced inspection on 24 October 2018.

Prior to the inspection the provider submitted a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits and outlined their views.

During the visit we spoke with nine people who used the service and five relatives. We also spoke with the manager, the regional manager, deputy manager, a senior care staff member, five care staff, the administrator, the cook, a domestic staff member and the activities coordinator.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at seven people's care records, three recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, all of the bathrooms and the communal areas.

# Is the service safe?

## Our findings

The service was rated requires improvement at the last inspection and this rating has not changed.

When we inspected in September 2017 we found that people who were identified to be at risk, had plans of care in place such as plans for ensuring action was taken to safely assist people to eat. However, the 'Client's General Risk Assessment' form contained only basic information and only listed four specific areas, with one section for 'other' risks. Despite a safeguarding alert being previously raised about a person sitting all day in their wheelchair we found that no action was taken to ensure they had suitable pressure relieving equipment or support to make regular positional changes. We found that staff were using inappropriate moving and handling techniques and staff either did not know what equipment was needed or they didn't use it appropriately. Staff needed to ensure moving and handling equipment was stored appropriately and named for the individual who had been assessed to use it. Staff needed to ensure people who remained in their rooms could always reach the nurse call alarms.

At this inspection we found these matters had been resolved.

Staff understood what actions they would need to take if they had any safeguarding concerns. Safeguarding and whistleblowing policies were in place. However, we found that the previous manager had not completed thorough investigations or maintained accurate records around the actions taken. No information was available to show whether lessons had been learnt or whether identified actions had been completed. The new manager was in the process of reviewing all of the available safeguarding information to check that all had been addressed.

We found Personal Emergency Evacuation Plans (PEEPs) were available for the people who lived at the service but action was needed to ensure they were accurate. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We noted that although fire drills and training were completed night staff did not complete regular simulated evacuations.

The provider needed to ensure accident analysis covered the broader picture for people so reasons as to why someone was experiencing an increase in falls at specific times was reviewed and so that consideration could be given to providing additional aides such as pressure mats and extra staff support.

We reviewed the systems for the management of medicines and found that people received their medicines safely. However, stock checks were only completed once a month, which meant the manager could not be assured that any discrepancies in administration would be identified in a timely manner. The treatment cupboards on each floor temperatures exceeded 25 °c, which meant that some products such as the supplement drinks were not stored at recommended temperatures.

We heard that since starting work at the service six weeks ago the manager had ensured that one of the baths had been repaired. This had been 'out of order' for over six months. They were in the process of



ensuring the air conditioning unit in the treatment cupboard on the nursing floor was repaired. This had been broken for several months.

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 for people who used the service and 60 ° c for staff washing dishes.

No action had been taken prior to the new manager and regional manager starting work to rectify these issues. Both undertook to ensure these issues were resolved.

This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the service. Comments included, "This is a nice home", "It is a lot better than some of the other places we have been", "The staff are decent and make sure we are always alright."

For the 50 people who lived at the service there were one nurse, two senior care staff and five care staff during the day. Overnight there was a nurse and four care staff. In addition to this a manager and deputy manager were on duty during the week. We discussed whether the current staffing levels were sufficient to meet people's need and allow people to be safely evacuated in the event of an emergency. The regional manager told us that the provider had recently instructed staff to assess everyone as being high dependency and adding 10% onto the figures for calculating by the dependency tool to determine staffing levels. This suggested the staffing tool was not effective. The regional manager told us that the recent review of staff, using the adapted framework, had led the provider to make the decision to increase staffing levels to 10 staff during the day and five staff overnight. At the time of the inspection the manager was recruiting staff for these new vacancies.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions. The deputy manager showed us information which confirmed checks from the Nursing and Midwifery Council (NMC) for qualified nurses were up to date.

We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. These checks helped to protect the health and safety of the people using the service.

## Is the service effective?

### Our findings

The service was rated requires improvement at the last inspection and this rating has not changed.

When we inspected in September 2017 we found a better system was needed for monitoring whether people were receiving adequate fluids and staff needed to ensure all fluid intake was recorded. We noted that this issue had been raised with staff on several occasions but was not being acted upon. This meant the provider was not doing all that was reasonably practicable to mitigate risks related to this element of people's care.

At this inspection we found this remained the case.

At the last inspection we found that 20% of staff certified training such as first aid needed to be renewed and this was the same for refresher training. The deputy manager explained these certified courses had recently expired and the refresher training had just lapsed. Also, we observed that staff were not using the training they had received to inform their practice. For example, we observed that on several occasions staff did not use appropriate moving and handling techniques and this meant people did not always receive care safely.

At this inspection we found that staff had not completed the refresher mandatory training and supervision. We heard that the provider had developed a new training programme and this was being rolled out across their services. We noted that the provider needed to make sure there were sufficient qualified first aiders to cover 24 hours a day and that catering staff needed to complete level two food hygiene courses. The provider did not check whether agency staff had completed the training needed to support the specific needs of people at the service. Also, newly appointed staff had not always received moving and handling training as a part of their induction.

The manager had identified these issues and was proactively addressing them. They had train the trainer qualifications and looked at whether they could complete face-to-face training such as moving and handling training but were told the provider's training policy did not allow this to happen.

We observed that due to staffing levels people living with dementia did not receive appropriate assistance to eat their meals. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted. However, several people appeared to have low weights for their height and spent a large part of the day walking. Staff were not alert to the fact that these people were at risk of malnutrition and therefore did not let catering staff know about these individual's needs. They did not pick up that people remained hungry and would like more food at lunchtime. One person returned to the dining room for more food but was only offered biscuits and we were told that they often constantly snacked on these. Staff did not realise the person would have been better served if they had larger meals and fortified snacks. Staff, including catering staff had not received training around how to support people at risk of malnutrition and relied on dietitians prescribing supplements rather than offering high calorific foods and drinks. The new manager and regional manager started work to rectify these issues.

The provider had introduced an assessment tool. This was a tick box assessment form, which did not allow staff to describe how the person was impacted by their condition. We found this was not effective at assisting staff to record holistic information about people's needs.

This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

At the last inspection we found that some staff struggled to consistently complete capacity assessments and 'best interests' forms. The plan, at that time was for staff to complete other relevant training such as how to apply the MCA principles, how to complete capacity assessments and record 'best interest decisions.'

At this inspection we found this remained the case. For instance, we noted that a capacity assessment was in place for one person around their ability to consent to having bed rails. But there were no documents to show whether staff had considered if they had the capacity to decide to disregard medical advice and lie flat when having their percutaneous endoscopic gastrostomy (PEG) feed.

When people had been assessed as being unable to make complex decisions we found very few records to confirm that discussions had taken place with the person's family, external healthcare professionals and members of staff. These records show whether decisions are made on the person's behalf were done after consideration of what would be in their best interests. We also found there was no records to show whether relatives had enacted lasting power of attorney; care and welfare or were appointed by the Court of Protection as a deputy.

This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us the staff were good and had the ability to provide a service which met their needs. Comments included, "I couldn't fault them", "The food is good. it's canny here", "They always let me know what is happening" and "We are very happy with the care and find the staff are good at their jobs."

We saw evidence in care plans that staff contacted external healthcare professionals such as GPs, nurses and specialist doctors, when needed. People were seen by GPs and dietitians when concerns arose and attended regular appointments with these healthcare professionals. A visiting healthcare professional told us, "The staff contact me appropriately and always follow my advice to the letter."

# Is the service caring?

## Our findings

The service was rated good at the last inspection and this rating has not changed.

The people and relatives we spoke with were complimentary about the service. Comments included, "It is great here and I wouldn't want to be anywhere else" and "The staff are wonderful."

We saw that staff were caring and compassionate when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people. We found the staff were warm and friendly. Staff told us, "People deserve to be treated well and respected" and, "I treat people the way I would want to be treated."

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Since starting at the service six weeks ago the manager had forged links with the people who used the service and their relatives. Everyone we spoke with described how the manager constantly checked that people were happy and went out of their way to meet any requests. People found they were genuinely committed to provide care in ways that were respectful and dignified.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door. Staff also discussed how they supported people's diversity, for instance by enabling individuals to practice their religious beliefs and to be independent.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they used this information and took the time to read the care plans of new people.

We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

The environment was designed to support people's privacy and dignity and people's bedrooms had personal items within them. The provider was in the process of completing a full refurbishment programme and we were told that a part of this redecoration would involve ensuring the unit for people living with dementia was appropriately decorated in line with best practice guidance.

# Is the service responsive?

## Our findings

The service was rated requires improvement at the last inspection and this rating has improved to good.

People told us, "Staff know me well and make sure I get what I want", "It is great here. [Person's name] has a terminal illness and came here because they couldn't manage at home anymore. The staff have been brilliant and helped [Person's name] regain their confidence and independence. It is the best thing that could have happened" and "I can raise anything with the new manager, as I know they listen to me and it will be sorted."

People and relatives told us care was delivered in the way they wanted and needed it. However, the care records lacked information about people's lives and care needs. Understanding how people had lived their lives is crucial when working with people who lived with dementia. They were not always person-centred, as we could not establish basic information about how to support individuals. We discussed this with the regional manager who explained that the provider had identified these deficits in the care records and was in the process of improving them.

People were given clear explanations in relation to their care and staff had access to a range of information in accessible formats to suit people's needs, such as braille or easy read. Information was also available in other languages.

We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. Staff explained what to do if they received a complaint. The manager had found that work was needed to check that all concerns raised had been dealt with as the previous manager had not maintained detailed records. To rectify this concern, they had held a relative's meeting and openly discussed the issues. They requested that people shared information with them and some people had taken up this offer. Also, the manager spoke to people three times a day as they went around the service. People told us the manager was extremely interested in their views and actively sought their opinions. They felt confident that if they raised matters with the manager these would be resolved.

People and relatives told us that the activities coordinator was excellent at their job and really brought the home to life. Comments included, "[Name of activities coordinator] is so inventive and is always looking for interesting things for us to do. We recently went to a show at the theatre that we help to create with local school children" and "We were part of a local choir that was on Look North."

We found people were engaged in meaningful occupation and the activities coordinator had tailored the programme of activity to stimulate each person and entertain individuals. They had secured lottery funding to assist them create a vibrant activities programme and this had included working with a local school to create a play from the memories the people who used the service shared with the children. All the people we spoke with were very enthused by the activities.

At the time of our inspection people were receiving end of life care, when this was appropriate. Staff

understood the actions they needed to take to ensure pain relief medicines were available. Care records contained evidence of discussions with people about end of life care.

# Is the service well-led?

## Our findings

The service was rated requires improvement at the last inspection and this rating has not changed.

Prior to this inspection we found that the provider was failing to submit statutory notifications, which is an offence and we issued a fixed penalty notice. The provider paid the £1250 fine and has subsequently sent in notifications.

At the last inspection we found that the quality assurance procedures in place lacked 'rigour'. For instance, the tool the provider had supplied for monitoring accidents and incidents did not assist staff to look at wider issues than a fall, so they were not considering if there were patterns or trends. The provider had not identified that staff were not adhering to approved moving and handling techniques or following recommendations from safeguarding investigations. Also, they could not be assured that all concerns were identified as their own governance system had not picked these issues up.

At this inspection we found this remained the case. We found that issues raised at the last inspection had not been addressed. For instance, the completion of staff training and supervision, ensuring MCA requirements were met and that the assessment tool enabled staff to have a holistic understanding of people's needs.

The registered manager left the service in June 2017. A new manager took up post in September 2018 and told us they would be applying to become the registered manager. Since our last inspection there have been two other managers in post, of which one manager submitted an application to become registered. The deputy manager had acted up as manager when needed. The lack of stability in management of the service has contributed to little progress being made towards making the required improvements.

The provider's quality assurance system had failed to identify the other shortfalls that we found at this inspection. For instance, that the water temperatures were not maintained at the recommended temperatures, that the unit for people living with dementia was malodorous and in need of refurbishment as a priority. Outside of the provider's quality assurance system the manager had noted that equipment such as chairs were not fit for purpose and baths were broken so had acted to rectify them immediately. These had been issues for over six months but the provider had not acted until the manager came into post.

This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff provided positive feedback about the new manager. Comments included, "[Manager] is very excellent. I think they are the best manager we have had in a long while and does really care."

Since coming into post the manager had held meetings with all the staff, with relatives and the people who used the service. We saw the manager had made a number of positive changes to the service in the short time they had worked at the home.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had not ensured staff were adhering to MCA principles.  Regulation 11(4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured the systems and processes in place to oversee the service were effective.  Regulation 17 (1)



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 15 Registration Regulations 2009 Notifications – notices of change
Treatment of disease, disorder or injury	The provider had failed to submit statutory notifications.

### **The enforcement action we took:**

We served a fixed penalty notice.