

Akari Care Limited

# Comfort House

## Inspection report

Middlegate  
West Denton  
Newcastle upon Tyne  
Tyne and Wear  
NE5 5AY

Tel: 01912644455

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Comfort House provides accommodation for up to 42 people with residential care needs. At the time of the inspection, 27 people were using the service. Some of the people were living with dementia.

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

People and relatives had many positive comments about the service provided. They praised the care and kindness shown by staff. The home had a very welcoming and friendly atmosphere and staff morale was good.

Medicines were generally managed safely. However, we have made a recommendation about the storage of medicines.

People lived in a clean and tidy environment with staff following good infection control procedures. Some areas of the service needed an update, and this was planned to occur in the next six months. We have made a recommendation about this.

People's care records and risk assessments were regularly reviewed to make sure their needs were met. A small number of gaps needed to be updated.

People told us they felt safe and were confident any concerns would be dealt with effectively. Staff had received suitable training, including to maintain people's safety. There were robust recruitment procedures in place and enough staff to look after people, with call bells answered quickly. Staff received regular support and a suitable induction to the service.

People received a good range of food and drinks to meet their dietary needs, but the dining experience on the upper levels of the home were not as good as the ground floor. This was immediately addressed.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

A range of activities were in place and a new activity coordinator had been recently employed to further enhance this, particularly for people living with dementia.

The provider, registered manager and staff had worked hard to improve the way the service was run. There were systems in place to check the quality and safety of the service.

People and relatives said the registered manager was open and approachable. They were happy with the way the service was ran and felt included in this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 6 March 2019). The service has improved and is now rated good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Comfort House

## 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

The team consisted of one inspector 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

Comfort House is a 'care home'. People in care homes receive accommodation and nursing or 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.

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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

#### During the inspection

We spoke with 11 people who used the service and gained the views of 10 relatives. We spoke with the registered manager, Head of Quality, a regional support manager, deputy manager, the administrator, kitchen staff, the activity coordinator and eight members of care staff.

We 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 reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were robust systems in place to keep people safe. People and relatives had no concerns about safety at the home. One person said, "Staff are in and out all the time." A relative said, "Staff are always making sure (person) is safe...removing tripping hazards (for example)."
- Staff had received training in safeguarding vulnerable adults and said they would have no hesitation in reporting any areas of concern.

Staffing and recruitment

- The provider had enough skilled staff on duty to meet people's needs. A recruitment plan was in place to replace a small number of vacancies.
- Robust recruitment checks were in place. This included staff having pre-employment checks completed before starting work at the service.

Assessing risk, safety monitoring and management

- Risks were well managed. Each person had plans in place to help minimise risk as much as possible and staff understood them.
- Safety checks on the building and equipment were carried out.
- Fire safety procedures were in place to keep people safe.

Learning lessons when things go wrong

- The provider learned from accidents and incidents. These were appropriately recorded and analysed.

Using medicines safely

- Medicines management had improved since our last inspection, and overall, medicines were managed well. A small number of recent recording issues were addressed straight away. Protocols for medicines which were administered as required were in place and used correctly. Ordering had improved, and stock was monitored well.
- Staff were patient and sensitive as they administered medicines to people on time. They wore 'do not disturb' aprons to help alert other staff to what they were doing and help them to remain focused.
- Storage of medicines was generally good. The room was clean and tidy and monitored for its temperature. It was kept locked at all times. However, a healthcare professional was able to gain access to the medicines room via a key code to collect items. We brought this to the attention of the registered manager who immediately had the code changed and was going to discuss the issue with all staff involved with medicines management.

We recommend the provider regularly change the code on the medicines room to ensure continued security of medicines.

#### Preventing and controlling infection

- The service was clean and tidy.
- Staff had received infection control training and wore protective clothing, such as aprons or gloves when required.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to taking up residence at the service to ensure staff could meet them.
- Changes to health and other needs were monitored and acted upon. One person said, "They all know me well and are caring and have helped me through the worst of my illness. They've built me up again. Got a lot to thank them for." One person's records were not fully detailed. The registered manager was looking into this.

Staff support: induction, training, skills and experience

- Staff received a suitable induction and appropriate training. The registered manager was aware of any training which staff had not done and monitored this to ensure it was completed.
- Staff told us they felt supported. There were ongoing supervision sessions and annual appraisals to support all staff in their roles.

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

- People were well supported to eat and drink to maintain a healthy diet, including anyone on special diets. People were encouraged with meals when their appetites were poor. Fluids were plentiful, and staff ensured people had a range to choose from throughout the day and encouraged them to drink.
- People and relatives commented positively about meals. Their comments included, "Food's brilliant... can't complain. Everything about it is good. There's always a choice" and "(Person) is eating very well here. (Person) was very underweight when they came here, and they've done so much to help build (person) up. They are on a soft diet because they have a swallow problem. The (registered manager's name) even went to the shops in her own time and bought soft chocolate puddings to try them on."
- Care records described people's individual nutritional needs and preferences about how staff should support them.
- The atmosphere during mealtimes on the ground floor was positive and people were relaxed and enjoyed the dining experience. However, on the recently converted upper dining room area, people did not receive the same experience. We discussed this with the registered manager who said this would be addressed straight away.

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

- People were supported with their healthcare needs and had access to a range of healthcare professionals. One relative said, "If she needs a Doctor's appointment or a paramedic if she's really poorly; they're there

straight away."

- Overall care professionals told us staff communicated well with them and provided the information they needed to provide collaborative support for people. However, two professionals said there had been a recent decline. The registered manager was aware of this and was addressing with staff.

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

- The premises needed further decoration and refurbishment. The provider had plans in place to improve various areas in the service within the next six months. This included updating lounge and reception areas, general redecoration and updating of the garden area when the weather improved. Information was sent to us from the Head of Quality with assurances this work was to be completed and they would confirm with us when finalised.
- Signage was in place to support people to move around the home with ease, particularly those who were living with dementia.

We recommend the provider follows best practice guidance to ensure environmental design is appropriate to meet people's needs.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA.
- The manager had made DoLS applications to the local authority to deprive people of their liberty and keep them safe. Information was stored to confirm when authorisations were due a review.
- Staff gained people's consent before they supported them. Including during medicines administration, before helping with personal care or supporting people with meals.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, considerate and treated people with respect. People comments included, "I think they're perfect...couldn't say anything negative about this place. They are very thoughtful with no grumbling. I just love them all"; "Staff speak to me with affection. They're lovely" and "More than happy with the care I get. Staff are very kind to me."
- The home had a warm, friendly and welcoming atmosphere. Staff greeted the people they were going to assist with smiles and spent time chatting to them. A relative commented, "(Person) always says, "Ooh, I love her" (about the staff team).
- People appeared relaxed and comfortable in the company of staff.
- People were protected from discrimination. Staff received training in equality and diversity and people's cultural needs were identified at initial assessment. The provider showed an understanding of protecting people's rights to express themselves as individuals.

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

- People had access to advocacy services when this was required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.
- People's preferences were documented in their care records. Staff supported people to achieve these.
- Picture menus were used at tables to support people with choices at meal times. Some further work was required for those people who lived with dementia to ensure their choices were fully supported.
- Meetings took place with people and families to allow them opportunities to express their views.
- Relatives were fully involved in their loved one's care. One relative said, "There are meetings to attend if you want, but you can always seek out a one to one meeting if you need to bring something up."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. One staff member discreetly wiped away excess fluid on a person's face without drawing attention and doing this action in a dignified manner. Staff knocked on bedroom doors before they entered. One relative said, "Staff are caring and treat (person) with dignity and respect. She can be challenging at times and they can get her out of her moods very quickly."
- Staff supported people to remain as independent as possible. One relative said, "Staff know (person) wants to be as independent as possible, so let them change their own stoma bag, but sometimes they just can't do it, so staff help them with it."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records were personalised to ensure their individual needs were known by staff. Senior staff were working through these records to ensure they were kept up to date. A small number of plans needed an update. We discussed this with the registered manager who was going to address this.
- Detailed staff handover meetings provided information about people's changing needs and how staff coming into work could meet them.
- People and their relatives were very happy with the care provided. One relative said, "The staff gathered all the information about (person) to make sure they knew how (person) liked things done. Everything, from the colour of clothing they like, to the type of food they don't like."

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

- Staff supported people to avoid social isolation. A range of activities took place which included those involving the local community and others who lived further afield. For example, an activity had been set up in which the broader community were invited to write to people living at the home. The registered manager told us, "I oversee this, it's been lovely as we have had people writing to the residents from all over the place."
- A new activity coordinator had been employed with many years' experience of working with people who lived with dementia. Comments from people and relatives were positive. One person said, "She seems very nice and tries to involve everyone."
- People had been supported to vote in the recent general election if they wanted to.
- Volunteers were used to support people in the home. Students from Newcastle United Foundation had visited the home to socialise with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood each person's individual ways of communicating. Some people had limited verbal skills, but staff understood their communication styles and made sure their choices and preferences were met.
- People's records clearly described their communication needs and their personal preferences.
- The registered manager understood the accessible information standard requirement. They confirmed a range of communication methods could be used when needed to support people, including larger print or

easy read. Further work was to be undertaken to ensure that picture formats were used to support meal times for some people, particularly those living with dementia.

#### End of life care and support

- People were well supported with their end of life care needs. End of life care plans documented people's wishes and included evidence that family members had been involved.
- The service had recently adopted 'End of Life' boxes for families. They were intended to include poems and prayers, information about death and dying and other items which would be tailor made to the family's needs.
- People's deaths were celebrated within the service for people who could not attend funerals. One relative said, "They were very good. They held a wake at the service after the funeral so that her friends could say goodbye."

#### Improving care quality in response to complaints or concerns

- Complaints were acknowledged, explored and responded to. A complaints policy and procedure was in place to support this.
- People and their visitors confirmed they knew how to complain if they needed to.
- Compliments were also recorded as having been received from a range of people, relatives and healthcare professionals.

# 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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted an open and honest culture. Staff were trained to ensure that people were at the heart of the care they provided.
- The registered manager was very visible in the service. She was well liked, caring and had an open-door policy for everyone. One person said, "She is often out and about talking to people." One relative said, "I know the manager very well. She put me at my ease from the first day I visited. All staff know the family by name. They are so good."
- Morale within the service had visibly improved since the last inspection. Staff appeared happy and content in their roles. One staff member said, "Love it here. Its massively better with this manager."
- The provider was working with all of its services to ensure that terminology staff used was more person centred and appropriate. For example, rather than use the word 'bib' staff were to use the term clothes protector.

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 registered manager acted in an open and transparent way. They took on board feedback given during the inspection and acted on it quickly.
- People and their relatives confirmed the registered manager was open and honest when issues had arisen. They said they felt confident any concern would be dealt with fully and taken seriously.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection the provider, registered manager and staff had worked hard to make improvements to the service.
- Quality assurance processes had been recently updated and further work was underway to continue to improve systems with the new head of quality taking the lead on this.
- Accidents and incident had been notified to the Commission as legally required.
- The registered manager and staff understood their roles and responsibilities.
- Certificates of registration and the ratings from the last inspection were on display in the entrance areas to the service and on the providers website.

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

#### characteristics

- People and visitors were encouraged to feedback on the quality of the service via surveys and meetings. Any issues raised had been dealt with effectively.

#### Continuous learning and improving care

- The registered manager confirmed that complaints and any accidents or incidents were analysed, and learning taken was shared across other services within the organisation.
- The provider had an ethos of striving to continually improve on the service they provided. A new dementia lead had recently been employed by the organisation to promote dementia care across all services. Staff were booked to take place on further training.

#### Working in partnership with others

- Staff at the service worked with other health and social care organisations to achieve positive outcomes for the people who used the service. Communication had recently declined, but the registered manager was addressing this.
- The service had good links with the local community. Schools, churches and other local groups visited the home to maintain links.