

Akari Care Limited

Park House

Inspection report

Fawdon Lane
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Tyne and Wear
NE3 2RU

Tel: 01912856111

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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

Park House is a care home providing personal and nursing care for up to 50 people. Some of whom have a dementia related condition. There were 22 people living at the service at the time of our inspection.

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

At our previous inspection we identified multiple breaches of the regulations. At this inspection, a new registered manager was in place and we found robust action had been taken to improve.

People, relatives, staff and health and social care professionals now spoke positively about the improvements the new registered manager had made. One relative said, "I would definitely recommend the home. I have seen what a bad home is – here, you've seen it at its worst. I would recommend it now and I thought I would never say that."

Effective systems were now in place to ensure people's safety. Risks were assessed and monitored, sufficient staff were deployed and safe recruitment procedures were followed.

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; the policies and systems in the service supported this practice.

People were cared for by staff who were suitably trained and supported. Staff supported people to access healthcare services and receive ongoing healthcare support.

Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us they would now be happy for a friend or relative to live at the home because of the standard of care provided.

People were supported at their end of life. A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.

People were supported to continue their hobbies and interests both within the service and outside, in the local community.

At our previous inspection, some people, staff and relatives said there was a negative culture at the service. The new registered manager had now changed this to a very open culture where everyone was listened to. She encouraged everyone to participate in this new way of working which was beneficial to both people and staff. One relative said, "It's a brighter, happier place – it's spot on."

Audits and checks were carried out to monitor the quality and safety of all aspects of the home. Our

observations and findings confirmed there was now an effective quality monitoring system in place.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 18 February 2019).

At our previous two inspections, we identified multiple breaches of the regulations. We placed conditions on the provider's registration to minimise the risk of people being exposed to harm. This included imposing a suspension of admissions to the home.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since our inspection in May 2018. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating and enforcement action taken

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.

Park 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 inspection was carried out by two inspectors.

Service and service type

Park 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

The 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. 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 all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, registered manager, regional manager, a nurse, two senior care workers, five care workers, a member of domestic staff and the

chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a GP, contacted a palliative care nurse from the local NHS Trust and a member of staff from Newcastle Gateshead Clinical Commissioning Group (CCG). We also spoke with a member of staff from the local nursery.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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 inadequate. At this inspection, this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we found safeguarding and whistleblowing procedures had not always been followed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding people from abuse and improper treatment.

At this inspection, robust action had been taken to improve and the provider was no longer in breach of regulation 13.

- Effective systems were now in place to ensure people's safety. Staff were knowledgeable about what action they would take if abuse were suspected. Staff told us they had confidence that action would be taken if any safeguarding concerns were raised. One staff member said, "We report everything to [registered manager]. She is here, and she will act on it, not like previously [with different managers]."
- Appropriate action had been taken when safeguarding issues had been raised. The registered manager had notified the appropriate authorities and investigated the concerns raised.
- A GP wrote us a letter which stated, "In my opinion, Park House is a very well led and safe place of care for residents."

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection, we identified shortfalls and omissions with the management of risk. Staff had not always followed safe moving and handling procedures. We also identified shortfalls with medicines management. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

At this inspection, robust action had been taken to improve and the provider was no longer in breach of regulation 12.

- Risks were now appropriately managed. Safe moving and handling procedures were carried out.
- Medicines were well managed. There was a safe system in place to order, receive, store, administer, record and dispose of medicines. Action was taken if any concerns were identified. Following a medicines error by an agency staff member, the registered manager had introduced competency assessments for agency staff

to help reduce the likelihood of any reoccurrence.

- Improvements in medicines management was confirmed by health professionals. One health professional stated, "The home have made great inroads with their medicines management. [Registered manager] has worked extremely hard and I have noted a huge difference from my visit two years ago."

Staffing and recruitment

At our last inspection, we found safe recruitment procedures were not always followed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 19.

- Safe recruitment procedures were now in place. Records were in place to show staff experience and character had been checked before they started.
- There were enough staff deployed to meet people's needs. Staff carried out their duties in a calm unhurried manner.

Preventing and controlling infection

- Safe infection control procedures were followed. Staff had access to and used gloves and aprons to help prevent cross infection.

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 now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection there were shortfalls in the provision of training and staff support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At this inspection, robust action had been taken to improve and the provider was no longer in breach of regulation 18.

- People were cared for by staff who were suitably trained and supported.
- An email from a health professional stated, "I would like to express how impressed I was with the keen interest shown by staff [during training] and how enthusiastic your team are at developing this essential patient care tool."
- All staff told us they felt supported. One staff member told us, "I feel supported...it [the home] is back to being lovely now."
- There was a supervision and appraisal system in place.

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

- People's nutritional and hydration needs were met.
- People told us meals had improved. A new chef had been employed. She was knowledgeable about people's dietary requirements. Communication had improved between care staff and the kitchen.
- Staff made meal times a sociable experience. We had lunch with people and saw staff supported and chatted with people.

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 and receive ongoing healthcare support.
- We received positive feedback from health and social care professionals who were involved in people's care. A letter from a health professional stated, "I personally feel like an extension of the staff and feel they come to me with issues and are willing to discuss management options and try and resolve issues for residents."

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

- The design and décor met people's needs. Improvements had been made since our last inspection. One relative told us, "It is much more homely in the entrance hall and they have taken the carpets up...They have been investing in the environment which is better for the residents and the staff feel better if it is a nicer environment for them to work in. They also seem to be doing more with the outdoor space with flowers."
- The registered manager had carried out research into the positive effect that being outside had on people's wellbeing. The outdoor area had been redesigned and there was now an accessible and safe garden area which people told us they appreciated and enjoyed.

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 registered manager had submitted DoLS applications in line with legal requirements.
- People's rights were upheld. Staff sought consent before carrying out any care and treatment.
- People made their own choices whenever possible. Where there were concerns about people's capacity, assessments had been carried out in line with the MCA.

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

- People's physical, mental and social needs were assessed. People's care and treatment was based on best practice guidelines.

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 requires improvement. At this inspection this key question has now improved to good.

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; Respecting and promoting people's privacy, dignity and independence

At our last inspection people's preferences to receive personal care support from a female member of staff were not always respected. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 10.

- People were treated with kindness and staff promoted people's dignity and respected their wishes.
- People's preferences for a female or male member of staff to support them with personal care were respected.
- We received positive feedback from everyone about the care provided. One person told us, "The staff are exceptionally caring." A health professional stated, "Patients are happy and very well cared for. Staff are always courteous and engaging when I visit."
- We observed kind, caring and thoughtful interactions. There were lots of smiles, waves and kisses blown between staff and people. One person displayed distressed behaviours and shouted out. Staff skilfully redirected this person's attention. A staff member took the person around the service and out into the garden in their wheelchair. The person came back and said, "Oh it was wonderful."
- Staff recognised people's religious and cultural needs. They greeted one person using the traditional Hindu greeting 'Namaste.' Staff bowed their head slightly with their hands in a prayer position. Another person told us how they appreciated going to church. Staff were aware of this person's faith and a staff member spontaneously started to sing the hymn "Blessed assurance" to them, which started off a hymn singing session.

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

- People and relatives told us they were involved in making decisions about people's care. This was reflected in people's care plans.

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 as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection, we identified shortfalls with the management of complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 16.

- An effective complaints process was now in place. Complaints had been acknowledged, investigated and responded to.
- One relative who had previously made a complaint told us, "I have no complaints now, it is amazing... Before, you had no one to tell, the staff weren't happy. Now, if you have the slightest niggle, it is sorted."

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

- People and relatives said staff provided responsive care. One relative said, "Before, [person] had to fit in with the home's routine but now it's all about her routine. If staff go in and ask whether she wants to get up and she says 'no,' they let her have a lie in."
- Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided.

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.

- Information was available in a variety of formats to meet people's individual needs. Staff had provided information for one person about various aspects of their care in their own language.

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

- People's social needs were now met. Two activities coordinators were employed, and people were

supported to continue their hobbies and interests both within the service and outside, in the local community.

- Children from the local nursery visited. We heard how these visits had a positive effect on people's wellbeing, especially one person who used to run a children's club with the British Red Cross. A member of staff from the nursery told us, "They are very, very good, they always get things ready for the children; snacks, cakes and biscuits. The kids love it and they get so excited to go to the care home because they enjoy it so much. It works both ways because it's nice for the people too especially if they don't see their grandchildren very often. [Names of activities coordinators] are so good and so welcoming."

End of life care and support

- People were supported at their end of life. A multi-disciplinary approach helped ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.

- Staff had completed training in this area to help make sure they had the knowledge and skills to care for people. An email from a palliative care nurse following a 'Dying matters awareness' course stated, "I was greatly impressed by the care given to your residents by staff that I observed during the course of the afternoon."

- Staff explained the importance of remembering and respecting people after they had died. They attended people's funerals to show people's relatives and friends how valued the person was to staff.

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 inadequate. At this inspection this key question has now 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, an effective system to monitor the quality and safety if the service was not in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At this inspection we found robust improvements had been made and the provider was no longer in breach of regulation 17.

- There was a new registered manager in place. Everyone gave positive feedback about her and the improvements she had made since taking over.
- She kept a very visible presence throughout the service and her lively manner contributed to the cheerful atmosphere. She made herself very accessible to both people and relatives. People, relatives and staff told us she carried out her management duties very skilfully. One relative told us, "She is absolutely, ridiculously efficient."
- Staff were now positive about working at the service. One staff member said, "It is a million percent better now, we have a lovely manager." We observed that this positivity was reflected in the care and support which staff provided.
- Health and social care professionals had also recognised the positive changes at the service. A letter from one health professional stated, "I have noticed many changes from an organisational perspective... You [registered manager] are very approachable and I feel we are building a good working relationship in regard to resident care and staff support."
- Audits and checks were carried out to monitor the quality and safety of all aspects of the service. This system was embedded into practice and demonstrated that improvements were being sustained.
- Our observations and findings confirmed the provider now had an effective quality monitoring system in place.

Continuous learning and improving care; 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

- There was an emphasis on continuous learning and improving care. Lessons learnt were discussed and acted upon following safeguarding incidents, accidents and complaints.
- An open and honest approach was taken when things went wrong. The registered manager had offered an apology, explained what had happened, advised what lessons had been learnt and what action was going to be taken to improve.

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

- Systems were in place to involve people, relatives and staff in the running of the service.
- Surveys and meetings were carried out. Feedback from these surveys and meetings was analysed and action taken if any issues were identified.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care. They tried to make sure the service was part of the community by working with local organisations such as churches and the nursery.