Akari Care Limited

Philips Court

Inspection report

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Tel: 01914910429

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This focused inspection of Philip's Court took place on 30 January 2018. It was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

We last inspected the service on 14 September 2017 and found the provider was meeting the fundamental standards of relevant regulations. At that time we rated Philip's Court as 'Requires improvement' overall and in all five domains. We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment, maintaining people's privacy and dignity, providing personalised care and having good governance systems in place.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? and Is the service well led? to at least good.

In September 2017, the local authority commissioners raised a number of concerns around the operation of the service and the registered manager's practices and since then the provider has had a range of regional staff working at the service. The provider agreed to a voluntary embargo on accepting new placements at the service whilst action was taken to improve the operation of the service.

This focused inspection was done in part to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 September 2017 had been made. We were also aware that local commissioners and healthcare professionals had raised further concerns following their recent visits.

We inspected the service against two of the five questions we ask about services: is the service well led, and is the service safe? This is because the service was not meeting some legal requirements in these areas.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Philips Court is a care home which provides nursing and residential care for up to 75 people. Care is primarily provided for older people, some of whom are living with dementia. There were 62 people using the service when we visited.

The home has not had a registered manager since 28 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. The provider had

recruited a person to be the registered manager who started working at the service at the end of August 2017. They have submitted an application with CQC to become the registered manager.

Staff knew the people they were supporting but the care records still did not reflect this knowledge. Also the records did not provide evidence that could be used to demonstrate to external parties why some people needed one-to-one support. The diaries that had been introduced for this purpose showed people were settled and did not record instances when people had been distressed. The care record documentation also did not provide evidence to demonstrate what people's needs were, how staff needed to work with individuals and why they were using the service.

We noted that the home was changing from Well-pad back to Boots medication systems in the next few months. However, we found there were multiple issues with medication administration, including failures to ensure appropriate rotation of patches, difficulties with stock balances, failings to adhere to guidelines in relation to using covert medication, as required medicines and topical creams.

Although the manager had been completing audits these had not picked up issues, for instance the poor administration of medication, the variability in the quality of care records, minimalistic and uninformative care records being completed on some units and lack of reference to guidance and care plans provided by external healthcare professionals.

In discussions with the Consultant Psychiatrist for older people using facilities in Gateshead we established that the client group in Philips Court were the most complex and challenging in the whole area. We found that staff rated people as having high dependency levels where in comparison to other homes and it would have been expected that a number of individuals would have been rated as 'extremely high' dependency levels. Also the regional manager told us that the provider expected staff to rate everyone as having high dependency levels so they could provide 10% extra staff. However, it was not evident that this occurred as in the residential unit there were only two staff but it would have been expected that there would be more staff if everyone was rated as having 'high' dependency levels.

We found that more consideration needed to be given to staffing levels on the residential unit as we observed that for long periods of time one staff member would be looking after 11 people. Also we found staff providing activities were too stretched to provide support to each unit. We saw that the majority of the time people were asleep or watching television rather than have meaningful occupation to engage in. Also the current staffing levels provided insufficient staff to support people to go out into the local community.

We noted that improvements were being made to the environment, with a completion date for refurbishment scheduled for end March 2017. The issues identified on the health and safety audit in October 2017 had been addressed but the hazards within the internal courtyard and external fire routes had yet to be addressed.

The home was cleaner but the additional cleaner appointed no longer worked at the home and we saw the potential for domestic staff to be spread too thinly to keep on top of cleanliness' in the service. We noted that the deep clean identified on the action plan from Oct 2017 had been undertaken.

We were pleased to find that frosting effect material had been used to cover the glass walls on the upstairs floor, as the clear glass had posed perceptual risks to people; allowed people's dignity to be compromised and caused distress for some of the people. We also saw that the upstairs unit had been redecorated and all of the bathrooms/showers were now in working order.

We noted that the provider had ensured that additional resources were being put in place to support the manager to effect change. We saw that a critical review of the service had been completed and the practise improvement manager was reviewing the current action plan to determine what issues remained outstanding. Also, the regional manager had completed a robust review of the service and was aware of the issues we found so had started to take remedial action.

All of the staff and visitors we spoke with were positive about the steps the manager had taken and the improvements they were witnessing. They found their hands on approach very refreshing and felt they provided more support and enabled the nurses to undertake their clinical tasks.

People did speak positively about the staff at the service and their attitude. People and staff also told us that they found over the last 12 weeks improvements had been made to the service and they thought the manager was approachable. We found that staff were kind and caring and practices had improved. We found staff had benefitted from attending various courses and this had assisted them to work with people whose behaviour may challenge.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment; staffing; and having good governance systems in place.

The service was rated Requires Improvement at the last comprehensive inspection and this rating has not changed.

You can see what action we told the registered provider to take at the back of the full version of the report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk"

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service remains requires improvement.

Risk assessments needed to be improved as did the practices staff adopted when administrating medicines.

The provider assessment of people's dependency level needed to factor in the complexity of individuals' needs and providing opportunities to go out into the local community.

The provider had taken action to improve the environment and a full refurbishment programme was due to complete in March 2018.

The provider had ensured staff were trained to support people who presented with behaviours that challenge. Staff were recognising signs of potential abuse and reported any concerns.

Recruitment procedures were completed in line with best practice.

The service was not clean or well maintained.

Is the service well-led?

Requires Improvement

The service remains requires improvement.

The provider had not ensured the systems for assessing and monitoring the performance of the service were effective which placed people at risk.

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

There was no registered manager at the service.

Philips 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.

This unannounced inspection took place on 30 January 2018. The inspection team consisted of an adult social care inspector, a bank inspector, a pharmacist 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 a service.

Before the inspection, we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also reviewed reports from recent local authority contract monitoring visits and attended multidisciplinary meetings held about the service.

During our inspection we spoke with nine people who used the service, five relatives, a visiting podiatrist and the Community Consultant Psychiatrist for older people. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We also spoke with the regional manager, a manager overseeing the service from another home, three nurses, a senior carer, seven care staff, the cook, two members domestic staff team and the activities coordinator.

We observed the meal time experience and how staff engaged with people during activities. We looked at seven people's care 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 all of the communal areas.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 14 September 2017 we found improvements needed to be made to medication practices, the cleanliness of the environment and it's upkeep, fire safety, care records, risk management and ensuring staff were effective when managing behaviours that may challenge.

We wrote to the provider asking them to outline how they would make the necessary improvements. The provider sent us action plans detailing what they would do and by when.

In January 2018 the local authority contacts management team and Clinical Commissioning Group pharmacist raised concerns around the operation of the service. They had found that care records were not providing sufficient detail to ensure staff were able to outline and deal with any presenting risks and medicines were not safely managed.

When we inspected on 30 January 2018 we looked at how medicines were handled and found that the arrangements were not always safe.

We looked at the medicine administration records (MARs) for eleven residents across the home. We found residents had a photo, their GP and their allergy status recorded which helped to keep them safe. We found the administration of people's prescribed oral medicines were clearly recorded and non-administration codes were used correctly. However records for medicines prescribed topically, such as, creams were incomplete. We were unable to determine whether creams had been applied as prescribed.

Instructions for some people receiving medicines as and when prescribed were missing. This information is important to ensure staff are aware of the circumstances under which these medicines should be given. In addition, we found staff did not always record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

We looked at records for three people who received their medicines covertly, hidden in food or drink. For all three people the records were incomplete and it was not clear how these people took their medicines. For medicines that staff administered as a patch, a system was in place for recording the site of application; however, for the three people whose records we looked at there were incomplete records in place to show where the patch was applied and the application site was not rotated in line with the manufacturer's guidance to prevent side effects.

Medicines were stored safely. Staff knew the correct procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the provider had completed medication audits recently and these had identified some of the issues we found.

In the internal courtyard we found; broken furniture, cigarette ends, a pile of planks stacked at the end of the courtyard, several trip hazards and the lighting was poor. We also found that a designated fire exit was being blocked with metal boxes, a trolley, a cupboard. A fire exit route led to a path that was adjacent to a steep slope and did not have any handrails. We discussed this with the estate manager who undertook to make sure these hazards were removed. They also discussed whether the route out of the building should be a designated fire exit and stated they would look into this matter. They also told us the provider is considering works that can be done to the external area of the service that will resolve the issues around steep slopes.

The provider had introduced a new care record format and we found from our review of peoples' care records and discussions with staff, that at times, there was marked variation in the quality of these. One units records were extremely minimal and contained insufficient information to ensure staff could safely manage any potential risks. For example, we could not establish from the records what people's presenting needs were, how conditions such as diabetes were managed. We saw in care records related to monitoring diabetes no baseline sugar levels were recorded and there was no information about what staff should do if these levels were high or low. Additionally information was not available to show how staff were to support people whose behaviour may challenge. In fact it was difficult to establish exactly what behaviours people displayed and how staff were to support people during times of distress.

This was a continued breach of Regulation 12 Heath and Social Care Act (Regulated Activities) Regulations 2014.

We saw that since the last inspection and a visit from the local authority, the manager had reviewed the needs of people in relation to their nutritional status and whether they were able to swallow without difficulty. We saw that a number of referrals had been made but from the records it was unclear why, as people had not lost weight and there were no concerns in respect of the individuals being able to eat a normal diet. Also staff completed food and monitoring charts for all of the people who used the service but it was unclear as to why this was necessary. This type of blanket approach to monitoring the needs of people can lead to staff not having time to effectively complete each record and miss key indicators. For example we found that fluid monitoring charts indicated people had drank less than 1000mls of fluid but there was no information to suggest any action had been taken. We discussed this with staff who believed this was a recording error and the people in question always drank plenty of fluids.

We found the standard of cleanliness and hygiene in relation to the premises had been improved. However the additional domestic staff member who had been employed following the last inspection had left and not been replaced. It was unclear with the current resources how the standard of cleanliness would be maintained. Particularly as there continued to be 'one day a week' allocated for deep cleaning, which for the size of the service was insufficient.

We discussed with the regional manager the need to ensure accident analysis covered the broader picture for people so reasons why someone was experiencing an increase in falls at specific times could be identified and explored. This analysis would enable consideration to be given to proving additional aides such as pressure mats and additional staff support. The regional manager told us action had been taken to address this but the manager was not on duty that day and they could not locate the document.

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

People and relatives we spoke with felt that at times the staff were very stretched and felt that having additional staff would be beneficial. People said, "Sometimes it's a bit thin on the ground, particularly at

night", "They are all very helpful, but they always seem so busy" and, "We need more staff but they are doing a great job under difficult circumstances. I can always find someone but another member of staff wouldn't go amiss."

We found information about people's needs had been used to determine the number of care staff needed to support people safely. However, it was not clear how this tool was robust as all of the people were deemed to have high dependency needs, which was not reflective of people's actual needs. The consultant psychiatrist we spoke with told us that they visited the majority of the people at the service. They found the people at the service had the most complex needs of all those had on their caseload and felt they had extremely high dependency needs.

We found that for the 62 people who lived at the service there were four nurses (until 2pm and then three nurses), a senior and 14 care staff (which included four care staff providing one-to-one support) during the day. Overnight there were two nurses, a senior carer and seven care staff. In addition the manager was on duty during the week. Ancillary staff and two activities co-ordinators also worked at the service.

It did become apparent that on the residential unit, although two staff were deployed, for long periods of time there was only one member of staff available to assist people. At one point no staff were in the communal areas as the senior carer was assisting the doctor with his weekly visit and the other staff member was helping someone to the toilet. This situation has the potential to put the other people in the lounge at risk of unsafe care.

This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People again had mixed views about the service. The people who used the service told us they now felt safer. A number of the relatives discussed how improvements had been made over the last 12 weeks but other relatives told us there were aspects of the operation of the service they were dissatisfied with, for example the management of medicines.

One person said, "Yes, very safe, the staff are kind." Another person told us, "Yes, they are really patient and now they really look after me very well, which didn't used to be the case a few weeks ago!" Another person said, "I feel safe now that I have a key to lock my room at night - even though I never lock it."

Relatives commented, "[Person's name] is definitely more settled here. The staff are brilliant here. There has recently been a big improvement over the last few weeks and they seem to have got on top of things." Another relative told us, "Things are starting to improve but I still worry about how they manage the medicines, as I find tablets dropped on the floor."

We did find that staff now adopted practices that showed they took ownership for their actions, for example all staff contributed to tidying up. We discussed with staff hygiene, the infection control process and the availability of personal protective equipment. They confirmed there were no problems with obtaining protective clothing and there was a plentiful supply of colour-coded gloves and aprons for use during personal care and when handling food at mealtimes. We saw there were antiseptic hand gels around the home but one of the staff we spoke with said, "I really prefer to wash my hands but can use the gel in an emergency. Soap and water is best when hands get soiled during personal care which is sometimes unavoidable." There are infection control policy and procedure in place and monthly audits were completed. There were no unpleasant odours in the unit and the senior carer we spoke with confirmed they worked hard to keep any continence problems well under control using discretion at all times in order to

preserve the dignity of the people they supported. Training had been completed in infection control.

We spent time in all the units in the service and saw that staff interacted with all people regardless of their needs and treated people with dignity at all times. One member of staff told us, "It is up to all of us to keep people safe all the time. When people get agitated or aggressive it is not their fault so we move them to a quiet safe place. This nearly always helps to calm them."

Staff told us they knew the triggers that may upset people, most of the time, and so were able to deal with any disruptive behaviour before any serious incident. This was not always possible but they always managed to diffuse any incident when it happened. Staff understood what actions they would need to take if they had any safeguarding concerns.

We found Personal Emergency Evacuation Plans (PEEPs) were available for the people who lived at the service. 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.

At the last inspection we found many areas of the service were in a state of disrepair and immediate action was needed to make items such as radiator guards safe. At this inspection we found that a refurbishment programme was underway and we discussed the plans with the provider's estates manager. We found they were ensuring a full and comprehensive programme of upgrading the service. This was expected to be completed by March 2018. The programme included improving the grounds as well as the internal environment.

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. We confirmed checks from the Nursing and Midwifery Council (NMC) for qualified nurses were up to date. During their recent review the regional manager had noted that on occasions all of the recruitment checks had not been fully completed and they were taking action to ensure these were done.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in September 2017 we found multiple breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that the previous manager and the provider through their monthly visits to the service had not identified these shortfalls and addressed them.

At that time a new manager had been in post for four weeks. Although they had been reviewing the service and making changes we saw little evidence of good governance or leadership being in place beforehand. There was limited evidence to show that risk assessments to identify potential hazards to the health, safety and welfare of people who used the service had been completed.

At the last inspection we found the quality assurance procedures in place lacked 'rigour'. For instance, the tool the provider had supplied for monitoring accidents and incident did not assist staff to look at wider issues than a particular fall, so they were not considering if there were patterns or trends. We found the quality monitoring systems had not picked up that the vetting system for agency staff was not robust enough or that care records were not appropriately completed.

Following the inspection we wrote to the provider and asked them to provide a detailed improvement plan outlining how these issues would be rectified. They provided a detailed action plan that showed many of the concerns were addressed immediately following our inspection and others were in hand. We found that the provider set appropriate timescales for dealing with the concerns.

At this inspection we found that the provider had not met the deadlines they set in their initial action plan and again issues had not been picked up by their quality assurance system such as the care records only providing minimal information and not detailing risks. We found that although some areas had improved such as the internal environment the breaches of regulation remained in relation to safe care and good governance. Also the staffing levels meant that people could not access the community and in the residential unit two staff was insufficient to meet people's needs during busy periods.

We found medication practices needed to be improved, including ensuring appropriate measures were in place when covert medication was given. The health and safety risks identified at the last inspection in the courtyard remained the same. The dependency tool was not accurately reflecting what staffing levels were needed, rotas did not identify who was receiving one-to-one support and care records did not show why this was support provided.

Again we found that staff time was not organised effectively to meet people's needs, for example there was lack of therapeutic activities to provide stimulation and interest to people. The current staffing levels and availability of activity coordinators meant people could not routinely go out into the community. We found that people spent most of the day sat in front of the television asleep.

Actions identified in the plan the provider submitted such as increasing domestic staff hours had not been sustained. We found the domestic hours had been reduced to those we found to be inadequate in

September 2017. Also, we heard from the local authority contract monitoring team that none of the actions identified as needed following their visits had been completed. This demonstrated that there had been a clear lack of regular auditing of standards of care.

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

At the time of the inspection the manager was on leave and another manager was overseeing the service. It was their second day at the service and we found they had commenced a critical review of the action plan. They had determined that actions identified as completed needed to be revisited as that was not the case. Also the regional manager had completed a full audit on 22, 23, 25 and 26 January 2018 and identified, as we did, a wide range of improvements that were needed. They had alerted the provider to the issued and on the day we visited their compliance and quality team had started to work at the service.

The manager took up their post at the end of August 2017 and on 22 January 2018 they submitted an application to become the registered manager, which CQC's registration team found was completed accurately so could progress to the team who complete registrations.

Staff had reported that the manager had not delegated any tasks to them such as improving the care records so found it difficult to take ownership for them. However, the regional manager had noted this gap and, with the manager, set up meetings with all the staff for the beginning of February 2018. At these meetings it was intended that the action plans would be discussed and each team given action points to resolve.

The people and relatives we spoke with were positive about the steps the manager had taken and the improvements they were witnessing. They found that positives changes had been made over the last 12 weeks but recognised that there was more to be done.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not ensuring that processes adopted within the service enabled staff to appropriately assess the risks to the health and safety of people receiving care or treatment and to take action to mitigate any such risks. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established systems or processes, which operated effectively to ensure compliance with the legal requirements. Regulation 17 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient numbers of staff be deployed at the service. Regulation 18 (1)