

Akari Care Limited

Philips Court

Inspection report

Blubell Close
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Tel: 01914910429

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: 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. At the time of our inspection there were 68 people using the service.

People's experience of using this service: Improvements had been made to the service following our last inspection in July 2018. The provider and acting manager had improved the way the risks of falls were managed, the maintenance of falls sensor equipment, the maintenance of the wheelchairs and the effectiveness of the audits.

The registered manager had left and a new manager had come into post the day before we inspected. In the four months the deputy manager was overseeing the service they had driven improvement and made positive changes. Systems for overseeing the service were far more effective. The changes had enabled staff to address issues noted at previous inspections. However, the changes made were not fully embedded and further time was required for the provider and manager to be assured that these were effective.

Staffing levels now met people's needs but the provider's dependency tool did not assist staff to complete an accurate assessment of needs.

Staff stated they felt confident and able to raise safeguarding concerns. People discussed past concerns and at previous inspections we noted that concerns were not always sent to safeguarding teams. The new manager said they would check that concerns had been raised and where appropriate referrals had been sent.

Building works were being completed to improve the medication rooms and plans were in place to upgrade the kitchen. Medicine management was generally effective.

People and relatives in general felt the service had improved and was meeting their needs. Staff said they felt positive about how the service was being operated now and that staff morale had improved. They now felt able to contribute to the operation of the service.

Rating at last inspection: Requires Improvement (report published 13 September 2018).

Why we inspected: Philips Court has been rated as requires improvement since September 2017 and during this period we have inspected on three other occasions. We completed this focused inspection to review the service's progress and see if they met the regulations. The service had improved in one of the two key questions that we reviewed.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on CQC 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Philips Court

Detailed findings

Background to this inspection

The 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 checked whether the 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.

Inspection team: An inspector and an Expert by Experience completed this inspection. 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: Philips Court is a care home. People in care homes receive accommodation, nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission.

Notice of inspection: This was an unannounced inspection.

What we did: We reviewed information we had received about the service, which included details about incidents the provider must notify us about. Feedback from the local authority and healthcare professionals who work with the service. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people who used the service and eight relatives to ask about their experience of the care provided. We spoke with the new manager, the deputy manager, four nurses, a senior carer, six care staff, an activities coordinator, a cook and a domestic staff member. 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 five people's care records, medication records and various records related to recruitment, the building, and the management of the service.

Is the service safe?

Our findings

In July 2018 we rated this key question as requires improvement. At this inspection we found the service had improved. The concerns previously around: insufficient staff on the downstairs nursing unit to complete the required regular checks of people; the lack of appropriate maintenance of sensors, staff understanding of how to use the sensor; staff not taking action when people drank minimal amounts of fluids; and the cleanliness of the service had been resolved.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had improved the way staff responded to safeguarding concerns. Staff had received additional training and demonstrated a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management.

- There were systems in place to manage risk and make sure people were safe.
- A relative said, "I do feel my relative is safe here. I come here seven days a week and see since [name of deputy manager] has been running the home improvements are made each day. Though I must say the staff have always been kind and caring."
- The environment and equipment were safe and well maintained. Plans were in place to ensure people were supported in an emergency.

Staffing and recruitment.

- Sufficient staff were on duty to meet people's needs. The manager and regional used their professional judgement to set staffing levels.
- The provider's dependency tool was not comprehensive and did not take into account people's nursing needs. The regional manager stated that this had been raised at other services and the provider was in the process of reviewing the tool.
- The provider operated systems that ensured staff were recruited safely.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed.
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.

Preventing and controlling infection.

- Staff had received infection control training and used aprons and gloves to prevent the spread of infection.

Learning lessons when things go wrong.

- The deputy manager and manager critically reviewed all aspects of the service and determined if improvements were needed.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was going through a period of change. The registered manager left the service at the beginning of December 2018. A new manager came into post on 4 March 2019.
- The deputy manager had been running of the service since then. Staff stated that they had created a culture that was supporting them to deliver person-centred care.
- People and staff told us they felt listened to and that the deputy manager was approachable.
- Until recently the service had not been well-run. The previous registered manager had been unable to delegate tasks and roles, which led to many jobs being incomplete.
- Much of the information staff needed to operate the service had been unavailable and as we repeatedly found important documents such as complaints investigation reports were missing.
- Communication between the clinical leads and previous registered manager had been poor and this led to key information not being passed on.
- The deputy manager, with assistance from the regional manager and the provider's quality team had been rectifying these issues.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider understood their responsibilities and the legal requirements.
- The provider was involved in the service and visited regularly. The quality team were critically reviewing the service to determine the improvements that needed to be made.

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

- People and relatives discussed past concerns about monies going missing, unexplained bruises and concerns about another person's behaviour. Because of the poor recording, as identified at previous inspection we could not establish if these had all been raised appropriately. The manager undertook to hold discussions with people and relatives to check if their concerns had been addressed and that appropriate referrals had been made.
- The deputy manager had started to re-engage people in sharing their views about the service.

Continuous learning and improving care.

- The provider's quality assurance system had recently been improved and included a variety of checks carried out by staff, the manager and the regional manager. This was being rolled out so it was too early to

see if it would be effective.

- The deputy manager had reviewed the service and identified how they could enhance the service.

Working in partnership with others.

- Visiting healthcare professionals commented that since the deputy manager had been overseeing the service, improvements had been made and they felt valued as partners in care.