

Akari Care Limited

Crofton Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Crofton Court is a residential care home providing accommodation for persons who require nursing or personal care. The service can support up to 50 people. At the time of the inspection 45 people were using the service, some of whom were living with a dementia.

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

Policies and procedures had not been effectively implemented to ensure the proper and safe management of medicines. We found no evidence people had come to any harm, however there was an increased risk that people may be harmed due to the identified concerns.

Due to ongoing recruitment people were supported and cared for by agency staff and staff from other Akari homes as well as permanent staff. This had impacted on people's care and support as staff did not always know people. Assurances were offered during the inspection that longer-term secondments had been offered to staff to ensure consistency. We have made a recommendation about staffing and recruitment.

We have made a recommendation about nutrition and hydration to ensure people's needs are met in line with guidance from external professionals. People told us the food was lovely and they were offered plenty of choice.

Overall, 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. Risk assessments were in place to assess the need for restrictions, however specific capacity assessments and best interest decisions were not always completed. We have made a recommendation about capacity and consent.

Care records varied in quality, completeness and detail. This had been identified by the provider and steps were being taken to improve the accuracy and quality of record keeping. We have made a recommendation about this.

Overall, people told us they felt safe living at the home and the permanent staff who knew them well were kind, caring and treated them with dignity and respect. People were not happy about the high use of agency staff and staff who did not know them well.

Staff had confidence in the support and leadership offered by the team leader and the regional manager however morale was low due to the number of changes in management and leadership in recent months.

The regional manager and head of quality were responsive to our feedback, acknowledged our findings and where they could took immediate action to address concerns. A detailed home improvement plan was already in place which identified actions that needed to be taken, and by when to ensure continuous

learning and improvement.

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

Rating at last inspection

The last rating for this service was good. (Report published 25 May 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines, falls and lack of leadership. A decision was made for us to inspect and examine those risks.

We found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

Enforcement

We identified a breach in relation to the safe management of medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Crofton 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 (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 completed by one inspector, a pharmacy inspector, an assistant inspector and a specialist professional advisor who was a nurse.

CQC support services also generated an intelligence report based on the information we held about the service.

Service and service type

Crofton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means 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 who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided and a visiting professional. We spoke with 20 members of staff including care workers, senior care workers, agency staff and care workers from other Akari homes who were working at Crofton Court. We also spoke with kitchen staff, the regional administrator, a team leader, the regional manager, a regional support manager and the head of quality. We completed multiple observations and 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, multiple medicine records and accident and incident records. We also sampled multiple other records in relation to people's care and support including specific care plans and daily recording charts. We looked at two staff files in relation to recruitment, and viewed staff training records, induction and staff supervision. We also viewed a variety of records relating to the management of the service including governance and quality assurance.

After the inspection

The regional manager shared with us updated care plans and medicine plans where we had identified specific concerns. We continued to review and clarify information shared with us during the inspection.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We could not always be assured people received their medicines as prescribed. For example, one person was receiving the incorrect dose of a pain killer. Records for topical preparations such as creams were not always completed correctly. There was no monitoring of medicines administered via a patch on the skin to make sure they stayed in place.
- Policies were in place for the receipt, storage and disposal of medicines however these were not always followed. For example, staff did not always enter received by or carried forward balances therefore stock could not be reconciled. Staff did not always follow policy in relation to recording the administration of 'when required' medicines or the refusal of medicines.
- Written plans for 'when required' medicines were in place for most medicines, however some required more clarity around dosing.
- Medicine care plans did not always reflect people's needs. For example, one person did not have a care plan for a prescribed a high-risk medicine. This was rectified immediately by the regional manager.
- Audits completed on 14 January 2020 had identified the same issues found on inspection however no action had been taken by staff to rectify the issues found.

Due to a failure to ensure proper and safe management of medicines people had been placed at risk. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks relating to people's needs had been assessed and steps taken to minimise those risks.
- Some risks were clearly evident on day one of the inspection and related to an unforeseen staffing situation where there was a reliance on agency staff and staff from other homes who did not know people. Staff told us they felt the situation was not safe. On two occasions sensor mats alerted staff to a risk of people falling but they were not responded to. Staff had not been told which people were at high risk of falls or who had specific needs relating to mobility or nutrition and hydration.
- On day two of the inspection this risk had reduced as people were being supported by staff who knew them. However, we observed several near misses, on both floors, when people sat on small tables, as there were no empty chairs. The regional manager and head of quality agreed to review seating arrangements due to the level of risk this presented.
- Safety checks of premises and equipment were completed in a timely manner. Agency staff and staff from other homes had received a fire safety briefing and attended fire drills where possible.

Staffing and recruitment

- Overall staffing levels were in line with the numbers the provider had assessed were needed. However, there was a reliance on agency staff, and the support of staff from other homes who did not always know people. Staff commented on the pressure they felt when working with high numbers of staff who did not know people or their routines. They told us this meant paperwork may not always be accurate or up to date as a result of the staffing situation.
- People spoke with us about the impact of staffing. One person told us, "We could do with more carers and seniors, the staff are getting stressed and that passes onto us, we want staff to be upbeat." Another said, "There's a lot of agency staff, I can't relate to them,"
- On day two of the inspection we were told seven staff had been seconded, on a temporary basis, from other Akari homes to provide consistent staff to support people. Arrangements had also been made to make sure a consistent management presence was in the home to support and guide the staff team.
- Safe recruitment practices were followed, and several new members of staff were due to start in post in the next few weeks following the inspection.

We recommend the provider keep staffing and recruitment under review to ensure use of agency staff is minimised.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people and concerns had been reported.
- Investigations into concerns had been completed and action taken to minimise the risk of re-occurrence.

Preventing and controlling infection

- The environment was clean and tidy and housekeeping staff worked to maintain hygiene levels. People and visitors told us the home was, "Beautifully clean."
- There was ongoing replacement of some areas of flooring to improve and maintain hygiene in the home.

Learning lessons when things go wrong

- There were a high number of falls and incidents, which were being logged and analysed for trends and lessons learnt. The regional manager agreed to complete an in-depth analysis of falls to assess whether the ongoing staffing situation had had any impact on the number of falls.
- In response to the ongoing concerns in relation to lack of consistent management and staff vacancies the regional manager had completed lessons learnt exercises in team meetings which had progressed to one to one discussion with the staff. This gave staff the opportunity to share their reflections on what was and wasn't working and how things could be improved. A full collation of responses and actions was yet to be completed.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Needs assessments were completed before people moved to the home. This included spiritual, social and relationship needs as well as health care needs.
- Information from initial assessments was used to develop care plans and risk assessments. Shortfalls in care planning had been identified and an action plan was in place to develop and improve these processes.

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.

- DoLS applications had been appropriately made, however there was no system in place to monitor and track progression of applications.
- Care plans had been written when people had an authorised DoLS.
- Risk assessments had been completed for restrictions such as bed rails and lap belts. However, specific capacity assessments and best interest decisions were not always in place when it had been assessed that restrictions were needed to keep people safe.

We recommend the provider review best practice in relation to capacity and consent.

Staff support: induction, training, skills and experience

- Agency staff and staff seconded from other services had received a brief induction, including provision of a pocket-sized summary of people's needs. This was being developed following feedback to include people's photographs. Induction for permanent staff was in place, however records weren't always fully completed.
- Staff had shared with the regional manager, and us that they did not always feel well supported due to

significant changes in management over recent months. During the inspection steps were taken to ensure a more consistent approach to staff support and the management of the home.

- A range of training was completed by staff, including that deemed mandatory by the provider and additional personal development opportunities. There were some minor gaps in people's training however dates had been booked to ensure this was addressed.

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

- Guidance issued by health care professionals was not always followed in relation to meeting fluid targets for people identified at risk of dehydration. In addition, guidance relating to the provision of support was not always followed, we saw one person who needed support during mealtimes was often left alone. The regional manager took immediate action to address this.

- Overall people were supported to maintain a balanced diet. People told us the food was lovely and said they were happy with the choice of meals.

- Following feedback on the dining experience after day one we saw vast improvements in the support people were offered on day two.

- Further improvements were planned, and the provider was working with another organisation to further enhance the nutritional value of meals whilst managing any special requirements, choice and preferences.

We recommend the provider consider current best practice in relation to supporting people with nutrition and hydration needs.

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

- Staff liaised with other professionals and supported people to access healthcare services.

- There was regular contact with speech and language therapists and the behaviour support team were needed.

- People were supported with oral health care, dentistry, chiropody and eye care via visiting professionals.

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

- Some refurbishment to the decoration of the building was ongoing, including new flooring.

- There was some dementia friendly signage which supported people with orientation and recognising specific rooms. Plans were in place to develop memory boxes for people who wanted them.

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

- Overall, people were treated with kindness and respect. There were clear and distinct differences in the approach of permanent care staff as compared to the agency staff being employed at the home. One person said, "I really don't like all these different faces, it isn't very nice being cared for by staff I don't know. It's much better when we know each other."
- Permanent staff showed care and compassion when supporting people. Interactions were engaging and people looked comfortable and happy in their company.
- Agency staff interacted less with people and didn't engage people in conversation.

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

- When supported by permanent staff people were involved in decision making about their care and support.
- Overall, staff sought people's permission before providing care and were sensitive to people's needs and anxiety explaining what they were doing and why.
- Peoples preferences and wishes were recorded in care plans and there were plans to develop this.

Respecting and promoting people's privacy, dignity and independence

- Overall, people's privacy and dignity was respected.
- Two staff were heard using derogatory terminology when referring to people who needed support at meal times. The regional manager and head of quality were aware and were addressing the use of inappropriate terminology. Other staff were very respectful in their use of language when discussing people's needs.
- People told us they felt well looked after. One person said, "I can be as independent as I want, it's important for me to keep my independence." A staff member said, "I think people are well cared for at a basic level, but we need more staff."
- One person said, "The staff are very kind and always treat me with dignity and respect."

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 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

- Overall permanent staff knew people and their needs well. Permanent staff were feeling the impact of working alongside other staff who did not know people so well, however the provider had taken steps to minimise the impact of this and provide consistency for people.
- Care records included individual profiles which detailed how staff could best support people.
- Some care plans were very specific however some lacked detail in relation to what assistance people needed. An external professional said, "Care plans are in the process of being updated, some have been out of date for a long time but concerns are being taken seriously." These concerns were being addressed.

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.

- Communication care plans had been developed. The quality and detail varied, with some being very specific about how people communicated and what specific vocalisations met, whilst some lacked detail.
- Posters were displayed advising that if people needed specific documents in a different format this would be made available for them.

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

- Activities were provided for people and included regular entertainment and pet therapy as well as games, quizzes and reminiscence sessions. Visiting Church services were going to be arranged as people had said this is something they would like.
- People were supported on a one to one basis as well as in groups. People and their relatives told us they were happy with the activities on offer.
- A visiting band provided entertainment on day two of the inspection. This was very well attended and people told us how much they had enjoyed it.

Improving care quality in response to complaints or concerns

- Complaints and concerns had been recorded, acknowledged and investigated. Apologies had been offered where complaints had been upheld and outcomes were shared with complainants.
- Concerns had been raised in a relative meeting in October 2019 however minutes of this meeting had been accidentally shredded which was very disappointing for relatives. An apology had been offered in the

next relatives meeting where family members were able to voice any ongoing concerns.

End of life care and support

- People's end of life wishes were recorded when people had chosen to discuss this with the staff. If people chose not to discuss end of life care this was documented.
- Family members were given an end of life booklet which they could fill in if they wanted to.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the 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

- There was no registered manager in post at the time of the inspection and we had not received an application for a new registered manager. It is a condition of registration to have a registered manager.
- Since the previous registered manager left on 7 October 2019 there had been several managers overseeing the home. Staff said this had led to inconsistencies in leadership, guidance and support resulting in low morale. This view was shared by family members and external professionals.
- Staff said they were confident in the support of the current team leader and regional manager.
- Permanent staff were clear about their roles and responsibilities but felt the use of agency staff and staff from other homes was impacting on their ability to fulfil their roles. Permanent staff commented, "Agency staff don't know people's routines," and "we need to get the staffing right as this has an impact on everything." Staff who did not know people also commented that they didn't feel able to complete care records as they did not know people.
- On day two of the inspection we were offered assurances around plans for more consistent staffing. We were also told the regional manager would be managing the home until such time as a new manager was appointed and inducted.
- Audits were completed, and a detailed home development plan was in place however we found ongoing concerns in relation to the accuracy and completeness of some records. This included medicines, care records, capacity assessments and best interest decisions.

We recommend the provider review systems to ensure records are complete, accurate and fit for purpose.

- Both during, and after the inspection the regional manager worked to address all the concerns we had raised.

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

- Staff told us they loved working at Crofton Court and wanted the best for people, but that morale was low. Staff described the atmosphere as "negative" with "inconsistent management" and said, "The morale needs to be picked up with some stability." The regional manager was aware the culture of the home needed to improve.
- Systems and processes were being developed to build a culture that was open and inclusive.

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

- Duty of candour was understood, and apologies had been offered where complaints had been upheld.
- The head of quality explained that information had been shared in regional management meetings in relation to regulatory responsibilities.

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

- Staff and resident and relatives' meetings were held and had recently been chaired by the regional manager. This provided an opportunity for engagement and involvement.
- For those who had not attended the meetings, minutes were made available, apart from in October 2019 when we were told they had been accidentally shredded.

Continuous learning and improving care; Working in partnership with others

- Assurances were offered in relation to the need to continuously learn and improve care at Crofton Court. Opportunities were provided for staff, people and relatives to share their concerns and be part of reflecting on where things had gone wrong and what improvements were needed.
- The regional manager and head of quality were responsive to our concerns. Where possible, immediate actions were taken to improve care. They were clearly committed to identifying and addressing areas of concerns and improving the service for people, their relatives and the staff team.
- External professionals told us they were optimistic that things would continue to improve under the guidance of the regional manager and team leader. The staff team also shared their confidence in the support and leadership of the regional manager and team leader.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure the proper and safe management of medicines. Regulation 12(2)(g)