

Akari Care Limited

# Princes 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?

**Good** 

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

Princes Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Princes Court also had a rehabilitation unit which is ran in partnership with the NHS.

At the time of our inspection 52 people with physical and mental health related conditions permanently lived at the service. Additionally, 18 people were using the rehabilitation service on a temporary basis.

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

The service failed to maintain accurate and complete records in respect of people's care and support. Individual risks were not always identified, and some care plans had missing information or information had not been fully completed. Medicines were not managed safely, and we observed a medicine round and found the staff member did not follow best practice.

We have made a recommendation in the safe and well led section, about record keeping.

People were protected from abuse by staff who understood how to identify and report any concerns. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. The registered manager sought to learn from any accidents and incidents involving people.

Staff were recruited safely and received appropriate training and support to enable them to carry out their role effectively. 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 home supported this practice. People were happy with the food provided and all dietary needs were catered for. People's needs were assessed before coming to live at the home. People were happy with their rooms and had personalised them.

We have made a recommendation about the length of time the provider takes to fix things around the home once they have been reported.

Staff were caring and treated people with kindness and respect. Independence was encouraged, and care plans supported this.

People had person centred care plans which detailed their life history, likes, dislikes and how they preferred their day to be. People were confident to raise any concerns they had with staff. There were plenty of activities available. People were provided with information in a way they understood. End of life care plans were in place.

People and staff felt supported by the registered manager. Quality assurance systems were completed however the audits had not highlighted the concerns we raised.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 October 2017). There was also an inspection on 9 October 2018. However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

The provider completed an action plan after the October 2017 inspection to show what they would do and by when to improve.

Why we inspected

This is a planned re-inspection because of the issue highlighted above

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

Enforcement

We have 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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Princes 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 team consisted of one inspector, an assistant inspector, a specialist professional advisor (nurse) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Princes 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### Before the inspection.

The provider was asked to complete a provider information return, however the inspection took place prior to the date this was to be returned. 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 requested feedback from the local authority, the Clinical Commissioning Group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any feedback we received was used to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 10 relatives. We spoke with nine members of staff which included the regional manager, registered manager, nurses, senior care workers, care workers, the cook and an activity coordinator.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further evidence the provider sent us, along with actions they had addressed immediately following our concerns.

# Is the service safe?

## Our findings

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

At the inspection on 20 October 2017, this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Medicines were not managed safely. We observed a lunchtime medicine round and found the staff member did not follow best practice guidelines. The provider took immediate action to address this.
- Protocols for medicines to be taken when required had details missing such as the name of the medicine.
- Medicine records highlighted that a certain medicine was to be administered by night staff at 7am, yet records showed it continued to be administered at 8am.
- Medicine patch records did not evidence that patches were applied as per manufacturers guidance.

Failure to safely manage medicines has led to 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

- Risk assessments needed more detail to support staff to mitigate the risks.
- Where risks had been identified and measures were put in place to mitigate the risks, staff were not always completing these records. For example, one person had a sore, a care plan was put in place, yet no records to show the sore was being reviewed had been completed for six months.
- The electrical installation check completed on the 14 May 2019 showed it was unsatisfactory. Work to improve the electrics had not been completed. We were told an electrician had come to do the work on the 22 January 2020. Following the inspection, we received a record of this.

We found no evidence that people had been harmed. However, records were not robust enough to demonstrate people were kept safe. We recommend the provider ensures all records are updated and audits identify any gaps in records.

### Preventing and controlling infection

- The home was clean and odour free. One relative said, "It is always fresh and clean, I always see people cleaning the rooms and corridors when I am here."
- Staff had received infection control training and understood their responsibilities in this area. Staff made appropriate use of the available personal protective equipment such as gloves and aprons.

### Learning lessons when things go wrong

- Accidents and incidents were analysed by the registered manager to determine what had happened, the cause identify trends and the actions required to help reduce the risk of a re-occurrence.

- Learning was shared with staff during flash meetings and staff meetings.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been recognised, fully investigated and referred to the appropriate authorities.
- People and relatives felt the service was safe. Comments included, "I am safe, the staff check the rooms and check who is with you, they make sure it is a relative" and "I am safe yes, they staff check on you all the time they are in and out." Relatives comments included, "It is extremely safe, I can't fault them. My relative is checked every two hours, it gives you a lot of satisfaction. When you get home you don't have to worry" and "I have no safety concerns, non-whatsoever, they [staff] are constantly monitoring."
- Staff had completed safeguarding training and were aware of what action to take if they witnessed abuse or harm.

Staffing and recruitment

- The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.
- There were enough staff to meet people's needs. People commented that when needed the staff come quickly and respond well.

# 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 inspection on 20 October 2017, 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.

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

- People had pre-admission assessments that supported their move to the home. This included their care needs and how they preferred to live their lives.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received mandatory and role specific training in areas such as fire safety, medicines, safeguarding and food hygiene. One person said, "The nurses are trained and know what they are doing."
- Staff told us they received regular supervision and a yearly appraisal. This provided them with an opportunity to discuss concerns, reflect on practice and consider their professional development.
- Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. Records showed all nursing staff were up to date with their validation.

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

- People were supported to maintain a well-balanced diet and had support to eat and drink where required.
- People's comments about the quality of meals provided was positive. We asked one person if they had enjoyed their food, they replied, "Yes pet, it was lovely aye, always is." Other comments included, "The food is nice, we get a choice of two meals and a choice of sweets. I get enough food and I eat in here [room] I like to eat in here" and "The food is nice, I would say it is up to standard."

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

- People had been supported with visits from GPs, district nurses, chiropodists and dentists.
- People's oral health was assessed when they moved into Princes Court and care plans were in place to guide staff on the importance of maintaining good oral hygiene.
- The service used WHZAN which is a system that helps detect early signs of decline before an illness worsens
- The service used the Red Bag scheme which helps provide a better care experience by improving communication between the care home and hospitals.

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

- Timely systems were not in place to ensure the service was safe and well maintained. For example, a broken window was highlighted at a residents meeting in March 2019, this was highlighted again in May 2019 and again in November 2019. We checked, and the window was still broken. The registered manager had put in a request to get this fixed but ten months later was still waiting. We received information following the inspection that the window had been temporarily fixed and would be fully fixed on Monday 27 January 2019.

We recommend the provider ensures work is completed in a more timely manner.

- People had personalised rooms which supported their individual needs and preferences.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.

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.

- People had their capacity assessed and applications for DoLS had been made appropriately.
- Staff had completed MCA training and ensured people had choices and could make decisions.
- Where best interest decision had to be made these were done in line with legal requirements.

# 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 inspection on 20 October 2017, 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

- Without exception people and their relatives found staff to be kind and caring. Comments included, "All of them are lovely, both the day and night staff, they will do anything they can for you", "They are caring and some of them have a great sense of humour, which cheers you up" and "They have time for you if you want a chat."
- The care provided by staff for people using the service was good, with positive staff interventions. We observed many examples whereby people were treated with kindness and respect. Staff laughed and sang with people.
- Members of the local church visited regularly and were in the day of the inspection to do Holy Communion.
- The service had received a large number of compliment cards from people and their relatives.

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

- People were supported to express their views about their care and how they wished to spend their time. Care plans detailed how people preferred to spend their day, clothes they like to wear and what time they wished to go to bed. One person said, "They [staff] take time to listen to you and ask what you want."
- People and relatives attending meetings where they discussed events coming up, health and safety, meals and activities. People could also express any concerns they had or anything that was going well. At the last meeting people were very complimentary about the staff and the activities.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated an awareness of how to maintain people's privacy and dignity. People said, "Everyone of them [staff] is pleasant, they have a very caring nature. They close the curtains and doors before helping me to get ready for bed" and "They [staff] ask you if you want a shower or a bath and make sure the door is shut so no one can see in. I always get female carers which is what I like."
- People were encouraged to maintain their independence. One person said, "They [staff] say just shout if you need me. I like to do what I can for myself and they help if needed."
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed that there were no restrictions when they visited, and they were always made to feel welcome. Comments included, "I have relatives that come at different times, they come when they want to. The staff are always offering relatives a cup of tea. They are brilliant here" and "They [staff] are very welcoming and pleasant when I arrive."

# Is the service responsive?

## Our findings

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

At the inspection on 20 October 2017, 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.

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

- Care plans provided personal information about people's lives, past and present, what they enjoyed doing and people who were important to them as well as important life events.
- Staff clearly knew people well and easily explained how people preferred to be cared for.

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.

- Each person had a communication care plan which stated how they preferred to be spoken to and if they required any communication aids.
- Information was available in different formats such as large print, braille or picture format.

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

- A range of activities were provided by the activity coordinators and staff. External entertainers visited weekly such as cabaret acts and bands. Peoples comments included, "There are lots of things going on" and "There is a quiz every week, exercises and singing which is fun." A relative said, "They do activities morning and afternoons. They did a wonderful Christmas, children came into sing. They also had a 40's day when they got dressed up and played music and had a singalong."
- There was a meeting every three months, so people can say what activities they want. The activity coordinator said, "We have a book club and I have read Treasure Island, we have one person who doesn't come to activities, but they attended every one of the book readings. For the quizzes and bingo, I keep these at the same time as relatives like to come and join in. They like to win chocolate and it is nice to people face to face with their relatives."
- One to one activity was provided for people who wanted to remain in their rooms such as music, chats, looking at photos or hand massages.
- The activity coordinators had received training which included Reminiscence Interactive Therapeutic Activities (RITA) training which was having a positive impact on people.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and investigated.

- Information about how to make a complaint was displayed around the service. People we spoke with knew how to make a complaint, and said, "I am happy here, I have no worries, I talk to the staff and they sort it out, they are very good" and "I have not had any concerns, I see the nurses and they would sort it out or go to the manager."

#### End of life care and support

- When people wished to discuss their wishes and preferences regarding end of life care, care plans were created. Thank you cards praised staff for their care and support during this time.
- The service worked closely with the palliative care team.

# 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 inspection on 20 October 2017, this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Audits were used to assess standards and drive up improvements.
- Records were not always fully completed or kept up to date. For example, there were gaps on turn charts, daily records, patch application charts and care plan reviews were not always documented.

We recommend the provider ensures records are completed correctly.

- Following the inspection, the registered manager addressed all the concerns we raised immediately.
- Staff were knowledgeable and enthusiastic about their roles. Comments included, "I am happy working here, it is homely" and "I love my job."
- People and relatives said the service was well led. Comments included, "Definitely well managed, I love the place, the staff are very friendly, very efficient and cater for all my [relatives] needs" and "Yes, it is well managed, I have recommended it to many people. It's the environment, the staff levels and general atmosphere and calmness. It is well ordered and they will explain things."

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

- People and relatives had developed good relationships with staff. People said, "It is lovely, I would say to anybody who comes in here, they don't have to be afraid, they will be treated well" and "I love it here, they are all caring and will anything they can for you." Relatives comments included, "It is a pleasant environment and the girls are lovely" and "I am really well impressed, all are friendly and speak to you."
- There was a cheerful atmosphere in the home and staff made sure everyone was well looked after.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established forums in place to communicate with people. This included meetings and

formal surveys.

- The service worked in partnership with health and social care professionals who were involved in people's care.
- Regular staff meetings occurred.

Continuous learning and improving care

- The management team were committed to continuously improve the service.
- The registered manager was open and responsive to our inspection feedback.
- One external healthcare professional said, "The home has seen great improvement and stabilisation in the past 18 months with [named people] leading the team and have participated in new projects such as the national early warning score WHZAN Kit and supporting pre- registration nursing students. Also using the RITA system has proven a huge success in improving residents wellbeing."

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
Treatment of disease, disorder or injury	The provider was not doing all that is reasonably practicable to mitigate risks or to ensure the proper and safe management of medicines. Reg 12 (2) (b) (g).