

# 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?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 and 14 December 2016 and rated it as 'Requires Improvement'. We found the provider to be in breach of four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued requirement notices in respect of these. Subsequently, the provider sent us an action plan setting out the immediate and on-going improvements they intended to make. We also requested that the provider updated us on a weekly basis of the progress against the action plan.

After that inspection we received further concerns in relation to the safety and governance of the service. As a result of this, a multi-disciplinary team decision was made to place the service into North Tyneside Council's 'Organisational Safeguarding Process'. This meant that outside agencies such as North Tyneside's safeguarding and contracts monitoring teams, the Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC) met regularly with the provider's representatives to implement and monitor a comprehensive action plan in order to ensure people who used the service were safe.

In August 2017, after eight months of closely monitoring the service, a decision was made to remove the service from the organisational safeguarding process following the provider's completion of an action plan and positive feedback from all agencies about the improvements to the service.

We undertook this focused inspection on 6 September 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Princes Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Princes Court is a residential care home situated in North Shields. It provides accommodation, nursing and personal care for up to 75 people with a wide range of health related conditions. The service also has a newly established NHS led rehabilitation unit for patients who require intensive support after a hospital admission before they can return home. At the time of our inspection 38 people used the residential service at Princes Court and 14 used the rehabilitation service.

There was a new manager in post who had been employed by the provider at another care home and had recently transferred to Princes Court. They had applied to the CQC to become the registered manager at the service. A registered manager is a person who has registered with the CQC 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.

At this inspection, we found the provider had made significant improvements throughout the service and were now complying with all of the regulations. There was a clear management structure in place and the governance of the service was robust. Additional audits and checks of the service had been implemented

and policies and procedures had been updated or completely re-written. The most recent documentation demonstrated that the senior management team had thorough oversight of the service and that any issues identified were being addressed in a timely manner.

People's care records contained up to date information including care plans. Risk assessments identified the specific risks people faced in their lives and information for staff on how to mitigate risks. Everyone we spoke with told us they felt safe living at Princes Court and their relatives echoed this.

Complaints records were up to date and formally recorded on the provider's complaints monitoring documentation. The manager was in the process of responding to two families who had recently raised issues. Written acknowledgements of complaints and full explanations with corrective action and lessons learned were now fully recorded.

Staff training was up to date. The provider had sourced a new external training company to deliver relevant key topics to existing staff and a robust induction programme for new employees that gave them a solid introduction to the role and to the care industry. All staff had received a formal supervision with the new manager to discuss their role and to provide guidance and support as required in order for staff to understand the higher expectations. A new appraisal system was in place and the manager had a comprehensive plan of when these needed to be completed.

At our last inspection we made a recommendation that the provider ensure staff were trained and competent in ensuring people's dignity and privacy needs were met and maintained. This was because we witnessed several undignified and disrespectful interactions between staff and people. At this inspection, all staff displayed kind and caring values and they acted friendly and professionally throughout the visit.

We have not changed the rating of the home at this inspection. This is because we want to be assured that the improvements made will be sustained over a longer period of time.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found improvements had been made to the safety of the service.

People told us they felt safe living at Princes Court.

Medicines were managed appropriately and the risks people faced had been identified and mitigated against.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

We found improvements had been made to how effective the service was.

Staff training was up to date and a robust induction programme has been implemented for new staff.

The management had a thorough understanding of the Mental Capacity Act and best interest decisions were made and recorded in line with MCA principles.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service caring?

We found improvements had been made to how caring the service was.

Staff were kind, caring, friendly and professional throughout our visit. .

We could not improve the rating for caring from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned

**Requires Improvement** ●

comprehensive inspection.

### **Is the service responsive?**

We found improvements had been made to the responsiveness of the service.

The complaints process was being followed correctly and complainants had received a timely response.

Reviews of people's care had taken place to ensure their records reflected their current needs.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** 

### **Is the service well-led?**

We found improvements had been made to how well-led the service was.

A new manager was in post. People told us they were happy with the new management team.

Plans were in place to address the issues raised at the last inspection and the manager was making significant improvements within the service.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** 

# Princes Court

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Princes Court on 6 September 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in December 2016 had been made. We inspected the service against each of the five key questions that we ask: Is it safe? Is it effective? Is it caring? Is it responsive? Is it well-led? The inspection was conducted by one adult social care 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 this type of care service.

Prior to the inspection we reviewed all of the information we held about Princes Court, including any statutory notifications that the provider had sent us and the safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally, we spoke with staff from North Tyneside Council's contracts monitoring and safeguarding teams and from North Tyneside Clinical Commissioning Group (CCG). We used this information to help with the planning of our inspection.

During the inspection we spoke with nine people who used the service and five relatives. We spoke with 12 members of staff, which included the manager, a nurse, a senior care worker, six care workers, two domestics and the cook. We also spoke with a GP who worked with patients using the rehabilitation unit. A representative from the provider organisation was visiting the home during the inspection and we were able to talk with them about their involvement and the governance of the service. We reviewed a range of care records and the records kept regarding the quality, safety and management of the service. This included looking at three people's care records in depth.

# Is the service safe?

## Our findings

At our last comprehensive inspection we found that the safety of the service required improvement.

At our previous three inspections of the service, we identified issues around medicines management. At the last inspection this had included finding some medicines were out of stock, nutritional supplements were not stored correctly and procedures to administer nutrition and medicines through a PEG (Percutaneous Endoscopic Gastrostomy) tube were not followed correctly. PEG feeding allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth using a flexible tube which is inserted into the stomach. At this inspection, we found the management of medicines had been improved and the nurse we spoke with had a comprehensive understanding of her responsibilities surrounding this. The manager also had a thorough understanding of the electronic system used to monitor medicines and used a daily report to ensure people received the right medicines at the right times.

The provider had arranged for a thorough review of how the service managed people's medicines and this was undertaken by the local NHS medicines optimisation team. They had given the provider a comprehensive action plan to address the issues and we saw this had been completed in a timely manner.

We reviewed the care records of a person who had a PEG tube fitted and saw that they comprehensively described the procedures staff should follow. This included information about the risk of aspiration and the action staff should take to minimise the risks.

Each of the care records we looked at detailed the risks people faced in their daily lives. Up to date, detailed risk assessments provided information to staff about how to mitigate the risks and the action they should take in the event of an incident. Environmental risk assessments were in place and safety checks on the building and equipment were completed.

Incidents of a safeguarding nature had been appropriately referred to external agencies and documented. Due to the service being in 'organisational safeguarding' these had been closely monitored by the local authority and the Clinical Commissioning Group (CCG). We saw that the information was up to date, with appropriate investigations having taken place and action including changes made to working practices and on occasions, staff had been disciplined. Where necessary, the manager had informed the Care Quality Commission (CQC) of the incidents and provided explanations and satisfactory outcomes.

Through discussion staff were able to demonstrate to us that they were aware of their responsibilities and could describe the actions they would take if they suspected harm or abuse had or may occur. Staff safeguarding training was up to date. New policies and procedures were in place to ensure people received safe care.

People told us they felt safe at Princes Court and relatives agreed. One person said, "The staff are excellent." Another told us, "They absolutely do look after me." A relative said, "They keep a good eye on him to make sure he is alright." Another said, "Yes, I think my husband is safe here."

We considered that the provider had made improvements to the safety of the service by ensuring that medicines were more robustly monitored and that risks to people's health and safety were promptly identified, minimised and recorded.



## Is the service effective?

### Our findings

At our last inspection we found the service was not always effective. The provider had not ensured that a robust induction programme was delivered to staff and training which the provider deemed as mandatory was not entirely up to date. Following that inspection four staff were immediately enrolled onto the 'Care Certificate' and training refresher sessions were arranged for existing staff. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

At this inspection, the provider's representative told us they had sourced a new external training company to deliver the Care Certificate. The manager told us none of the most recently employed staff were required to complete it because they were suitably experienced but they were aware that it was there to be used to update their skills and knowledge if necessary. We saw the training matrix demonstrated that staff training was up to date and competency checks were now routinely carried out to ensure staff were competent in their roles.

Newly recruited employees continued to undertake an operational induction and had shadowed more experienced members of the team. A probationary period was used to ensure staff were right for the role .

The provider's representative told us the new external training company provided a comprehensive list of training modules for staff which had enabled them to enrol staff onto a variety of courses to help meet people's needs more effectively. This included training around specific conditions people may have such as dementia and diabetes.

All of the staff had received a recent formal one to one supervision with the new manager. The manager told us this had enabled them to get to know each member of staff better and had given them an idea of the individual support and guidance staff needed. The manager had discussed their expectations with the staff and shared their vision about the future development of the service. The staff we talked with spoke of better morale amongst the team and of feeling supported by the new manager.

Appraisals had not yet been undertaken as the new manager did not feel they were in a position to fairly measure staff performance against the company objectives. They told us they had a comprehensive plan in place to ensure all staff received an annual appraisal and this would be carried out imminently or as staff reached one year in employment. We saw that the manager and provider's representative had held 'significant discussions' with some staff in an attempt to manage performance and deal with historic staff conduct issues which has been left outstanding. This demonstrated that the provider has ensured themselves that staff were suitable to work with vulnerable people and meet their needs effectively.

Handover meetings took place daily and the nursing staff ensured information was effectively communicated to the team. We saw this information was now clearly documented with the names of staff who were delegated responsibility to complete tasks. The daily notes which care staff maintained to record information about each person's individual care were found to be accurate.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed that the majority of people living at the home were subjected to DoLS. We saw evidence in care records that where decisions were made in people's best interests, these were appropriately recorded following the principles of the MCA. Throughout the inspection we observed staff gained consent from people before they provided any assistance .

Records kept to monitor the food and fluid intake for people at risk of malnutrition and/or dehydration had improved in order for staff to provide effective care and support. We reviewed food and fluid charts and found they were more descriptive than before and had been completed in a timely manner. This meant that people's intake was suitably monitored in order to reduce the risk of malnutrition, dehydration and weight loss. People had been appropriately referred to a dietician or their GP when concerns had arisen.

People and relatives told us they continued to have good access to external health and social care professionals to support their general health and well-being. We saw visits from external professionals were recorded in people's care plans. The GP we spoke with in the rehabilitation unit told us staff were getting much better at feeding back information about people and their care needs.

We considered that the provider has taken sufficient steps to improve the induction process for new staff, enhance training for existing staff and they demonstrated that staff would be supported and have their competency routinely assessed.

## Is the service caring?

### Our findings

During our last inspection we witnessed some negative interactions between staff and people who used the service. We also felt some of the situations we observed were not respectful. We recommended the provider ensured staff were trained and competent in maintaining dignity and making sure privacy needs were met and maintained.

At this inspection we noted the atmosphere throughout the home was professional but very friendly. All staff displayed kind and caring attitudes and we did not see any negative or disrespectful interactions.

With the implementation of a more robust induction process, the provider had assured themselves that new staff would be provided with training around dignity and respect. Following the introduction of competency checks the manager had ensured staff were conducting themselves in the correct manner when addressing people and supporting them with their needs. The manager and quality assurance team had undertaken observations of staff practices on a daily basis to ensure correct moving techniques were used and people were supported to eat their meals in a dignified manner.

Addressing historic issues with staff performance and challenging staff who did not always conduct themselves professionally had also protected people's dignity and privacy. The manager and provider's representative told us they were being extremely selective when recruiting new staff and were looking for employees who shared their caring values. They said, "We are not just going to recruit anybody because we are short staffed. We want the right staff who will respect people and maintain our high standards."

We observed some very nice interactions between staff and people including seeing and hearing a nurse comforting a person in their room by gently stroking their hand and singing a song. This demonstrated to us that the nurse had time to spend with people on a one to one basis as well as time to carry out their clinical and administrative role. A relative told us, "The nurse is always good at making a fuss of my [relative]."

Other relatives said, "On the whole the staff are very good", "The basic care in here used to be a let-down but that has improved a lot now. They have improved on things like her clothing choices since I started matching them up" and, "This is one of the better ones [homes] I've been in. It's a lot better than it was too. Sometimes I used to come in and my [relative] would be (incontinent) and unchanged and I'd have to tell them to change her but that has gotten better now."

We concluded that the provider had acted upon our recommendation to improve staff awareness around maintaining people's privacy and dignity.

## Is the service responsive?

### Our findings

At our previous inspection we found that complaints had not always been thoroughly investigated and complainants had not always been communicated with in an effective or timely manner. We found that the previous senior management team were not effectively using the established company complaints procedure in order to be responsive to the issues raised.

At this inspection we saw that all historic complaints had been transferred onto the provider's complaints form template. The quality assurance team (who had provided temporary support following the last inspection) had updated each complaint with information about what investigations were conducted and what outcomes were achieved, where known. Going forward, all complaints received since December 2016 had been clearly documented in line with the complaints process. The manager told us they were in the course of responding to two relatives who had recently raised issues. We saw the nature of the complaint was recorded along with investigation notes and an explanation. Any statements taken from staff during a 'fact-finding' meeting were also documented. We saw the manager provided complainants with a written response and an apology if necessary, in a timely manner. A copy was filed with the complaint record. If corrective action had been identified, the manager had recorded this as well as any lessons learned. This meant the service had comprehensive evidence to allow them to thoroughly investigate and respond to complainants appropriately.

All staff had been reissued with the company complaints policy and during supervision sessions, the management team reminded staff to pass any complaints immediately to the manager or the nurse in charge. Lessons learnt were also shared at staff and resident meetings which meant staff could learn from each other and improve their practice.

The manager was responsible for reporting complaints information to the provider via an electronic recording system. This gave the provider oversight of the service and enabled them to look for patterns or trends across the wider organisation.

We considered that the provider has ensured the new manager was using the established system to identify, receive, record, handle and respond to complaints made about the service and this was now being operated effectively.

At the previous two inspections we found issues with people's care records not being signed and dated when they were completed. We also saw that the care plan documentation and daily monitoring tools had not been fully implemented for a person who has been admitted to the home in an emergency. Staff had told us they did not always have time to complete records properly.

At this inspection we looked at three people's care records in depth and found no issues at all. The records were comprehensive, up to date and accurate. They contained personalised information which gave staff an understanding of the person needs and provided insight to the person's life in order to develop a relationship, build trust and confidence. This meant staff had all of the information available to them in

order to be responsive to changes in people's health and well-being.

The provider's representative confirmed to us that all care records had been audited since the last inspection. Any actions identified had been addressed and completed by the manager, a nurse or the quality assurance team. Staff had been instructed to ensure that people admitted in an emergency had their most urgent needs identified and care plans drafted within 48 hours. The manager would check this had taken place during their daily 'walk around' audit.

Some people told us they had not been involved with their care plan and some people weren't sure what we meant. A couple of relatives were also not familiar with the care planning or review process. Equally some people and relatives were aware of the contents of their care plan and confirmed they had taken part in regular reviews. One person told us, "We reviewed it once or twice, but if I wanted something changed I would just tell them." A relative said, "The manager has been going through it with me, it's all in there."

The provider's action plan stated that a questionnaire had been sent out to all people and their supporters to ascertain their thoughts about the service, gather their opinion on satisfaction and to understand what (if any) issues people had that could be addressed. This showed that the provider had given people the opportunity to present feedback about the service they received.

Staff told us that the staffing levels were much better and it enabled them to do a better job. They said, "Now that we have regular staff, it's better for the residents. They are able to pick up on issues now" and, "I've noticed changes for the good, we have a better structure and the staffing levels are better." A relative told us, "Since [nurse] has been here, it's improved. [Nurse] actually passes messages onto the carers ."

We considered that the provider had ensured care records were audited and they had been brought up to date to reflect the current needs of people who used the service.

## Is the service well-led?

### Our findings

The service had a history of non-compliance, particularly around safety and governance. At the last inspection, we found the provider continued to breach regulations and had fallen below the expectations in order to meet legal requirements. Following this, we issued the provider with requirement notices in relation to four breaches of regulations. Subsequently the provider sent us a comprehensive action plan and we also requested that they sent us a weekly update so that we could closely monitor their arrangements.

At this inspection we found that significant improvement had been made with record keeping. We examined a sample of care monitoring records including, records kept to monitor people's daily health and well-being, such as food and fluid intake charts, weight charts and positional change charts and we found that they were clear, factual, accurate and completed in a timely manner.

The provider and senior management team had ensured that the concerns identified at the last inspection were addressed. They provided us with weekly updates and presented an update at each 'organisational safeguarding' meeting which took place. In areas where more work was needed than originally thought, the provider was open and transparent in informing us of targets that they could not meet. They were proactive in finding solutions and reset realistic deadlines for some of the more comprehensive work.

The new directors at the provider organisation were now established in their roles and they had updated or re-written every company policy. We saw these were now available to managers on the internal electronic system. There was also a plan in place to introduce the policies and procedures gradually to staff to ensure they were properly read and understood. This demonstrated that the provider made staff aware of current best practice and nationally recognised guidance.

The established auditing systems and processes were now performed effectively in order to identify and address issues promptly. The manager conducted a range of daily, weekly and quarterly checks of the service to ensure it was safe and effective. They reported statistics through the internal electronic system which fed information directly to the provider. Systems were set up to analyse audits of the governance of the home including any feedback. The provider kept an overview of the service and the quality assurance team made regular visits to check on the service. The manager completed weekly reports to monitor key performance indicators such as weight loss, pressure damage, infections and hospital admissions.

The manager and provider's representative were able to give us all of the information we requested and had a thorough understanding of the internal electronic system and the electronic medicine management system. We considered that the senior management team were fully aware of and able to identify potential risks to the health and safety of people who used the service. They had ensured correct documentation was in place and had taken suitable action to minimise or remove risks, which demonstrated compliance with the regulations.

'Resident and Relatives' meetings had been held to introduce the new senior management team formally to people and their families. One relative told us, "There have been a lot of changes here with the management

but it has been an improvement." Another relative told us, "[Manager] is nice as far as I'm concerned; I'd definitely talk with her."

Staff told us that morale had been notably boosted. They told us, "I like the manager, she is approachable. I would report stuff to her but that didn't used to be the case for us as there never used to be anyone there", "From what I've seen, [manager] is lovely, she did an induction with us all", "[Manager] is very approachable, she's not nasty at all, I would speak to her" and "[Manager] is great, you can talk to her, I reported something and it got resolved, she put my mind at rest and even came back and told me what the outcome was. She's not been here long but the atmosphere is much better." A new member of staff told us, "I love it here; I've only been here a month but I worked with the manager before at another home. I'd have no problem speaking with her."

Most people and relatives we spoke with told us there had been a marked improvement at the service. Comments included, "On the whole it's improved," "The home feels a lot more settled", "I've seen a big improvement" and "I've noticed a change for the better, at one time I'd dread coming here."

Following our inspection in December 2016 and the subsequent information of concern received about Princes Court, the local authority contracts monitoring team and the Clinical Commissioning Group (CCG) made several unannounced visits to the service to check on specific care related issues and monitor the on-going action plan. They informed us that they had found the provider and management team at the service to be proactive in addressing the issues and committed to making the necessary improvements. It was acknowledged that new processes had been implemented to improve the service and reduce the identified risks.

We concluded that the overall governance of the service had been improved which allowed the provider to have better oversight and assure themselves of compliance with the regulations.