

Akari Care Limited

# Wallace House

## Inspection report

Ravensworth Road  
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07 October 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Wallace House is a care home which can provide nursing and personal care for up to 40 older people, some of whom may live with dementia. At the time of this inspection there were 31 people living at the service.

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

People were protected from harm as risks had been assessed. Improvements were needed around how staff monitored fluid intake for those identified as being at risk of dehydration. Staff needed to ensure any Speech and Language Therapist guidance was clearly documented in people's care plans.

Staff needed to ensure they clearly detailed any restrictions people were subjected to under the Mental Capacity Act 2005. The registered manager needed to ensure staff fully understood and consistently applied the principles of the Mental Capacity Act 2005 and associated code of practice.

Electronic records had supported the provider to check for gaps in records, such as missing signatures when dispensing medicines. Training for staff and agency staff to use electronic records had been recognised as a need but not addressed in a timely manner. The lack of understanding of the electronic system had led staff to inconsistently and inaccurately record information.

People were receiving nutritious meals, but the care records did not identify when staff should be concerned about poor fluid intake or what action they should take.

The provider had ensured the governance arrangements were used to critically review practices within the service. Despite the governance arrangements being in place, at times, action to make improvements did not occur in a timely fashion.

There has been no registered manager in post since October 2020 and the new manager came into post six days before the inspection commenced.

People told us they felt safe. We observed staff deliver care and support in a kind and compassionate manner. People were protected from abuse by staff who understood how to identify and report any concerns. Staff adhered to COVID-19 guidance on working in a care setting.

There were enough staff on duty and staff were recruited safely. Staff were dedicated and committed to providing an effective service.

Staff worked closely with local healthcare professionals and commissioners. These good working relationships ensured people received care and treatment as needed.

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 good (published 21 December 2018).

We completed a targeted inspection of this service 5 February 2021 looking at infection prevention and control measures. We were assured the provider had appropriate measures to manage the risks posed by the COVID -19 pandemic.

### Why we inspected

In August 2021 we completed a direct monitoring activity, which involves gathering feedback from staff, relatives and people who use the service as well as looking at a wide range of documents. This identified some areas of practice, which were potentially of concern and needed further exploration, these were particularly around the application of the Mental Capacity Act 2005, consistency of care and staffing. This triggered the inspection.

This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wallace House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our Effective findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Wallace House

## 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.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector completed the inspection.

#### Service and service type

Wallace House is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 new manager who had been in post a week and they intended to be registered with the Care Quality Commission. This means the provider is 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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

Prior to the visit during the direct monitoring activity, we spoke with the provider's head of quality, the regional manager and previous manager.

During the inspection we spoke with seven people who used the service about their experience of the care provided. We spoke with the regional manager, the manager, two nurses, a senior carer, six support workers, a cook and the maintenance person. We observed how staff interacted with people using the service.

We contacted 15 relatives, 12 staff and reviewed feedback people who used the service had given the manager. We reviewed a range of records. This included 14 people's care records, medicine records and a variety of records relating to the management of the service, including staff recruitment, governance arrangements, policies and procedures.

# 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 remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- On the whole, risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments. However, since the provider had changed to an electronic recording system staff had not ensured accurate information was recorded in all risk assessments. We raised this with the manager and staff who undertook to ensure these were corrected immediately.
- The environment and equipment were safe and well maintained.

### Staffing and recruitment

- There were enough staff to meet people's needs. The provider regularly reviewed dependency levels and ensured staffing consistently reflected people's needs.
- Contingency plans for the operational difficulties faced across the care sector around recruitment and obtaining agency staff were in place. The provider had ensured appropriate action was to be taken if they faced staffing shortages at the home.
- Staff were prompt to respond to people's needs. One person said, "They [staff] are good and always come when I need them."
- The provider operated systems that ensured suitable staff were recruited safely.

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

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

### Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines. During their review of the service, the regional manager had identified areas where improvements were needed. They had put in place actions to ensure appropriate changes were made, for example staff now completed a daily count of medication.

### Preventing and controlling infection

- Staff adhered to COVID-19 regulations and procedures. PPE stations were available throughout the home.
- Checks were in place at the entrance and visitors were being tested.
- Current guidance around visiting was being followed.

### Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents.

Information was analysed and investigated.



# 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 we found this key question had deteriorated to requires improvement. Work was needed to ensure the staff fully understood how to use the new electronic recording system, staff needed to fully implement the requirements of the Mental Capacity Act 2005 and accurately monitored people's fluid intake.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 Mental Capacity Act 2005 (MCA).

- Staff lacked understanding about the remit of the Mental Capacity Act (MCA) 2005. Staff had received training around the requirements of the MCA and its associated code of practice, but further training was needed to ensure staff fully understood how to apply the legislation.
- Electronic care records contained very little evidence to show how staff were applying the MCA principles appropriately. Of the nine records reviewed, only two people had capacity assessments and 'best interests' decision in place. Prior to the introduction of the new recording system these documents had been in place.
- Staff were not always considering the wider aspects of capacity, for example, staff had told a relative it was in the person's 'best interests' to move to the upstairs unit. No capacity assessment or 'best interests' meeting had been completed. There was no discussion with the person or appropriate representative to ensure their views were taken on board or consideration of alternative approaches such as telecare systems to assist in reducing the risk to the person.
- During the direct monitoring activity, the regional manager highlighted they had noted this as a gap in practice. When we inspected a month later the issues had not been addressed. The regional manager undertook to address this matter immediately and while we were there organised a 'best interests' meeting for the person who had moved to the upstairs unit.

Staff support: induction, training, skills and experience

- Staff had received a range of mandatory and condition specific training but limited training around how to use the electronic care records.
- Staff could show us how to use the handheld devices, but senior care staff did not know how to make

corrections to the documents such as recommended fluid balances. Staff told us they learnt off each other. There was no guidance available for staff to refer to, although we were informed the regional manager was in the process of obtaining these.

- The agency nurse we spoke with had not received any guidance around how to use the electronic record system and was only partially using the system, for instance to record medicines but nothing else and had to ask other staff to complete the rest of the functions.
- We raised this issue with the regional manager. They ensured staff at the home and regular agency staff received training on the system immediately. The provider told us the system had only recently been introduced and they recognised staff needed more support to use it effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed in line with recognised guidance. Recording of nutritional information was inconsistent and this had led to inaccuracies. For example, one person's record showed they were to have 500mls of fluid a day, which is incorrect as it is too low. This led to the electronic record system showing 80% of required fluids had been taken at 400mls rather than around a third of their recommended daily intake.
- Staff needed to ensure any dietitian guidance was clearly documented on people's care plans. We found for two people their guidance did not match the current care plan. Agency staff and regular staff were not clear how to use the system so were recording fluid intake differently. The regional manager undertook to address this immediately.
- The cook provided healthy and nutritious meals throughout the week. People were complimentary about the food. One person commented, "The food is always wonderful, and we get plenty."

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

- The staff worked closely with health professionals to deliver support according to people's needs. and sought advice regularly. The records we reviewed confirmed people were referred to appropriate healthcare professionals in a timely manner.

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

- People's rooms and communal areas were adapted to their needs and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means 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 deteriorated to requires improvement. This meant the service was not consistently managed. has not been a registered manager in post for over a year and the provider needed to ensure the new manager registered with the Care Quality Commission.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had been in post mid-September 2021 and intended on applying to become a registered manager. The last registered manager deregistered in October 2020 and since then there have been two other managers in post and the regional manager had also provided management cover.
- The manager was in the process of familiarising themselves with the home and the audits they needed to complete. They still had to learn how to use the electronic record system.
- The provider had maintained oversight of the service. They had identified there were issues with the implementation of the electronic record system, medication administration, application of MCA requirements, inaccuracies in care records and staff needed more training to use the electronic record system. The provider recognised action to address needed to be taken in a more timely manner and had ensured the service received additional support from their quality team.
- Reports had been sent to alert the CQC and local authorities when incidents occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives had mixed views around how well the service involved them in discussions about individual's care and support needs. A relative said, "If staff don't have time to talk and no one rings me back if I call asking for an update. It makes you feel like you're an annoyance when you try to ask questions or query anything and I feel some staff need better communication skills when talking to relatives."
- Other relatives felt the previous manager had been responsive and would keep them informed. People found staff listened to their views. One person said, "The [staff] are very good and always let me know what is happening and make sure I get the right support."
- Staff treated each person as an individual and made sure their diverse needs were met.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies.
- The service had openly engaged with various partners including the local authority and clinical commissioning group and used their advice to ensure the service delivered effective care.