

Akari Care Limited

Comfort House

Inspection report

Middlegate
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Tyne and Wear
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Date of inspection visit:
28 January 2019
29 January 2019

Date of publication:
06 March 2019

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

Rating at last inspection: Inadequate (Report published on 15 August 2018).

About the service: Comfort House is a residential care home that provided personal care for up to 42 people. At the time of the inspection, 32 people were living at the service.

People's experience of using this service:

- People and their relatives were positive about the service and the improvements made since we last inspected. The registered manager and staff had updated many procedures for the benefit of people receiving care and support. We need to ensure this is maintained over a longer period of time.
- People's needs were assessed before moving into the service. Tailored care plans with associated risk assessments were also put in place to keep people safe and ensure their needs were met how they wanted.
- Safeguarding systems and processes were in place, including staff training and reporting of concerns appropriately. People told us they were safe and relatives confirmed this.
- Accidents and incidents were recorded and reported correctly. The registered manager analysed incidents to minimise the risk of them happening again and looked for any trends forming.
- There were enough safely recruited, trained and supported staff working at the service and this was monitored by the registered manager. The registered manager had booked further training to take place and we have made a recommendation regarding training in pressure damage (skin care).
- Medicines were generally managed well. We did find some recording issues, which were addressed immediately.
- People's dietary needs were met, but we had mixed views on the food prepared. The registered manager had this in hand already.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The service was clean, tidy and homely.
- Activities were occurring and had greatly improved and measures were in place to maintain this.
- The registered manager led the team with an open and honest approach. They were kind and caring as were the rest of the staff team.
- Complaints had been dealt with effectively, but some outcomes had not always been documented, this was to be addressed.
- The registered manager was very visible within the service and knew people and visitors well. Audits and checks were completed to ensure quality was monitored and continually improved upon. Links with the local community had improved.

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

Why we inspected: The inspection was a planned inspection based on the previous rating. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again

within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

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

Comfort 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, an assistant inspector, a specialist advisor and one expert by experience. The specialist advisor team member was a tissue viability nurse specialist. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service; this expert by experience had knowledge of older people.

Service and service type: Comfort House 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: The inspection was unannounced and occurred over 28 and 29 January 2019.

What we did: Before the inspection we looked at all information received from the service, including accidents and allegations of abuse. We reviewed the information the provider sent us in their last Provider Information Return. This is information we require providers to send us at least once annually, for example what works well and improvements planned. We contacted local authority commissioning and safeguarding teams, the local fire authority, infection control for care homes and the local Healthwatch. Any comments received supported the planning and judgements of this inspection.

During the inspection, we made observations to help us understand the experience of people who could not talk with us. We spoke with 10 people, seven relatives and a befriender from a local charity. We spoke with the chief operating officer, regional, registered and deputy managers, two senior and seven care staff, cook, administrator and two domestics. We spoke with two activity staff from another of the provider's homes. We

spoke with two members of the community nursing team and contacted one care manager.

We reviewed a range of records including 10 care records and all recent medicine administration records. We looked at records relating to the management and quality assurance of the service.

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 published in August 2018 we asked the provider to act to make improvements in the safe care and treatment of people and staffing levels. Most issues had been addressed and those found during the inspection were addressed straight away.

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. Further time and monitoring was required to ensure safety was maintained.

Using medicines safely

At the last inspection the provider had not managed medicines safely and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and any issues we had found during the inspection were addressed straight away, but further time is required to ensure this is maintained.

- Medicines management, including storage and ordering had improved and was now safe.
- Medicines with specific instructions for taking, for example those to be administered after food; were given correctly.
- Details about medicines which were given intermittently (for example Paracetamol for pain relief) were not carried on medicines trolleys when being administered. This was immediately addressed.
- Observations were completed to ensure staff could administer medicines safely.
- Medicines were generally disposed of correctly.
- We did find several recording issues including not always ensuring patch application charts and topical (creams and ointments) medicine charts were fully completed. After the inspection visit the registered manager told us they had fully reviewed all procedures and staff were now recording correctly with close monitoring taking place.

Staffing and recruitment

At the last inspection the provider had failed to ensure there were enough staff to keep people safe. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good improvements had been made and the service was no longer in breach of this regulation.

- Staffing levels were sufficient and call bells were answered quickly. Staff were now allocated to work in each area of the home, including upstairs. Staff visited people who preferred to stay in their bedrooms. One person told us, "It's much better now. Staff are about if you need them."
- Agency staff usage had decreased with permanent staff now in place.
- Safe recruitment procedures were in place including checks on suitability to work with vulnerable people and identification checks.

Preventing and controlling infection

- The service was clean and tidy with no odours.
- Staff wore personal protective equipment such as gloves and aprons appropriately.

Systems and processes to safeguard people from the risk of abuse

- The provider had updated their finance procedures. No cash was now being dealt with via families and this had added to the security measures now in place.
- Any safeguarding concerns had been reported to the local authority and CQC in line with legal responsibilities.
- Staff had received safeguarding training and were fully aware of their responsibilities to report concerns.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure the safety of people by assessing risk and full monitoring of safety. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the service was no longer in breach of this regulation. However, we did find some issues which were addressed during the inspection but meant further time was required to ensure this is maintained.

- The building was not fully secure. On arrival, one of the inspection team was able to walk into the service unchecked. We were told there were issues with the front door and the locking system. We spoke with the chief operating officer about this and they said this was already in hand with contractors having already visited on the day of inspection. They assured us the matter would be fully dealt with by 11 February when doors would be replaced.
- People who were at risk of skin damage had been fully supported. However, some staff were less aware of how often a person should be repositioned. We discussed this with the registered manager who said they would look into this.

We recommend further review of training regarding pressure damage, including utilising pressure ulcer risk assessment tools and NICE guidelines.

- People were protected from falls; risk assessments and any additional equipment were in place.
- Equipment and premises checks were carried out.
- Fire safety and evacuation systems were monitored and any actions identified had been completed.

Learning lessons when things go wrong

- Accidents or incidents were monitored and procedures were reviewed by the provider, including review of people's care records.
- Discussions took place, to learn from incidents.
- Audits and other checks were completed in relation to safety and any actions identified followed through to completion.

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 in August 2018 we asked the provider to take action to make improvements in staffing and consent and this action has been completed.

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's needs were fully assessed before moving into the service, which included visits to familiarise themselves with the service.
- There was also a new short term stay process in place.
- Where people's needs had changed and were assessed as requiring nursing care, the service worked with healthcare professionals to ensure a smooth transition.
- People had choice in what they wanted to do on a day to day basis and were supported by staff to meet those choices.

Staff support: induction, training, skills and experience.

At the last inspection the provider had failed to ensure staff had received a suitable induction, training or support. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good improvements had been made and the service was no longer in breach of this regulation.

- A suitable induction and training programme was in place and monitored by the registered manager. One newer member of staff told us, "I am new here but already I've been booked onto the mandatory training programmes. Until I have done this training there are things I cannot do, for example, moving and handling."
- Staff had received regular training since the last inspection. Further training was planned to keep staff abreast of any developments. We spoke with the registered manager about staff confidence in relation to people's continence. This was organised immediately to take place with the continence lead for care homes in the area.
- Role play was now used, including staff playing the part of people using the service. This showed staff how poor care would effect people.
- Staff felt supported and now received regular supervision and annual appraisals.

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

- People received a good choice of food and drinks to meet their individual dietary needs, with additional snacks always available, including fresh fruit.
- People who were at risk of malnutrition or dehydration were closely monitored and referrals made to healthcare professionals as required.
- A small number of people had mixed views on the food prepared. One person said, "The food is fine, can't really complain." Another said, "I don't like the chef's food." Staff had not always informed people what

variety of meal was available, for example, the type of soup being served. We spoke with the registered manager about this and the comments made. They were already aware of some issues and showed us what actions they were taking to address this, including more regular discussions with people and their relatives at meetings to find out if their food tastes had changed.

Staff working with other agencies to provide consistent, effective, timely care.

- A range of healthcare professionals were involved in assessing, planning and implementing people's care and treatment. This was clear from the record of appointments we saw in care records. One staff member said, "We know the importance of working with nurses or GPs and we all make sure we help them during any visit they make. We are good at asking advice when it's needed."

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

- The premises were light and airy with good signage, and had a homely atmosphere.
- The service was accessible and this had been further improved since our last inspection with upper lounge areas now being used by people, including for meals and for activities.

Supporting people to live healthier lives, access healthcare services and support.

- Health appointments were maintained, including those with specialist clinicians in hospital settings.

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

At the last inspection the provider had failed to ensure care and treatment was always provided with consent. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the service was no longer in breach of this regulation. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Comfort House was working within the principles of the MCA, restrictions on people's liberty had been authorised and any conditions on such authorisations were being met.
- The registered manager was working with staff to ensure they completed capacity assessments and best interest decisions appropriately.
- People and their relatives were involved in decisions about their care. Records had not always been signed to confirm this, but appointments were booked with people and relatives to have this addressed.
- The service had copies of lasting power of attorney (LPA) documentation to confirm any decisions were carried out legally. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People, relatives and visitors were positive about the care provided. Comments from people included, "I love the staff to bits" and "The girls are nice and are a very caring bunch." A relative said, "They are very caring and they seem happy in their work."
- Staff had received training in equality and diversity. One staff member said, "We are all aware of how people are not all the same and should be treated individually."
- People looked clean and tidy and appeared to have a good rapport with staff.
- Staff were observed to be kind and caring to the people they supported.
- Relatives were welcomed into the service. We observed relatives being greeted by the staff and registered manager.

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

- Staff had positive and caring relationships with people and their relatives.
- Engagement with people and their relatives had been expanded upon since our last inspection and confidence had grown for views to be expressed, listened to and acted upon with regular 'resident and relatives' meetings taking place.
- People and relatives were involved in planning their care although some records needed to be signed by those involved.
- People had access to advocacy services. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.
- People were supported with their communication needs. Care plans were in place to provide support to people with for example, loss of hearing or speech difficulties.

Respecting and promoting people's privacy, dignity and independence.

- People were respected and their privacy and dignity maintained. People's comments included, "Yes, they always ask before (doing any personal care) and knock before entering" and "I have never heard staff speaking about me in public." A staff member told us, "To maintain people's dignity and respect and their privacy, I ensure I close doors and cover people with towels and not discuss people's care in communal areas."
- People said staff promoted their independence. One person said, "They help me to be independent and that is what I like."

Is the service responsive?

Our findings

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

At the last inspection in August 2018 we asked the provider to take action to make improvements in record keeping and complaints and this action has been completed.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. At the last inspection the provider had not ensured that all care records were in place and up to date. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made.

- Care was individualised by staff who knew people well.
- People's preferences had been discussed and documented, including pastimes they liked to be involved with.
- Care records had received a full review since our last inspection and had greatly improved. A few areas needed further information updated, and the registered manager was working on this.
- People were supported with hearing loss or with other communication difficulties.
- There were a range of activities in place, including entertainers, games, exercise and crafts. The activity coordinator was complimented by people, relatives and staff. One relative told us, "(Registered manager) had recruited a brilliant activities co-ordinator who was very popular and highly thought of by residents and their families. (Activities coordinator) has shown how important that role is to the care home. The hairdresser is back and her sessions are a highlight of the week for the residents. Local churches are also once again involved."

Improving care quality in response to complaints or concerns.

At the last inspection complaints were not always recorded or acted upon. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made.

- Complaints had been dealt with in line with the provider's policies and procedures. Thorough investigations had been carried out. However, there was not always an outcome recorded or evidence of a written communication with relatives. We discussed this with the registered manager who acknowledged that moving forward these would be entered onto the complaints log to ensure an outcome was provided.
- A complaints policy was displayed around the service. People and relatives knew how to complain.
- Many compliments had been received, including regarding the improvements made by the registered manager and staff team.

End of life care and support.

- There was no one receiving end of life care during the inspection but healthcare professionals said people had previously received good care at these times.
- The service had full support from community nurse teams and local GPs to ensure people had a pain free

death.

- Emergency health care plans were in place to anticipate any emergency health problems for some people. This included not being taken to hospital and being looked after at the service with input from external health care professionals.

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 in August 2018, we issued a warning notice and asked the provider to take action to make improvements to systems and processes, record keeping, oversight by the management team and quality assurance systems. There was also no registered manager in place. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A lot of work had been completed and the service was no longer in breach of this regulation.

Service management and leadership had been previously inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Further time and monitoring was required to ensure the service remained well led.

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

- The service layout and delivery had been changed to ensure people's needs were consistently met, including allocated staff in each location and dining experiences.
- The registered manager had built good relationships with people and visitors which was lacking previously.
- The registered manager had made improvements to check people were receiving good quality care. They told us, "I sometimes come in and do nightshift. I do this to check on the staff overnight and to see what happens on nights."
- The registered manager promoted an open and honest culture and actively praised staff for the work they had done, which was absent until recently. Staff said, "We are always thanked for our work."
- Staff morale had visibly improved. One staff member said, "I am so proud of all the staff for pulling together over the last six months, we knew things were not always right but we are working hard to get things right and I now feel proud to work here as we are heading in the right direction."
- Duty of Candour was met. Relatives were told of issues arising. Where a slip in communication had occurred, this had been appropriately addressed by the registered manager.

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

- There was a registered manager in post who had been registered with the Commission since November 2018. They had good ideas to carry on a programme of development of the service with the use of innovative ideas.
- The registered manager completed walkabouts of the service regularly and people/relatives confirmed this. It was clear they knew families well.
- The culture of working together as a single staff team had improved. One staff member told us, "Everyone gets on well here."
- The registered manager had introduced designated areas for staff to work and they were given individual

tasks to complete.

- Audits and quality assurance checks were in place. These were well recorded and stored for monitoring. Issues found had been followed up. The registered manager had reviewed their procedures around medicines and was going to further assess their medicines audits in light of the issues we had found.
- The provider had completed visits to the home to monitor quality and ensure actions identified had been carried out.
- Ratings were displayed correctly.
- Incidents had been reported in line with legal requirements.

Engaging and involving people using the service, the public and staff.

- People and their relatives had been fully involved in the service delivered when they wanted to be. One relative told us, "Family members are discussing how we can help (registered manager), and are proposing a group called 'The Friends of Comfort House' to help with fundraising and engagement with the local community."
- Meetings and surveys had taken place with people and families which had not occurred for some time. Records and emails showed discussion had taken place and comments for improvement had been acted on.
- Regular engagement with staff had taken place and a variety of topics had been discussed.

Continuous learning and improving care.

- One mattress was found damaged by staff; however, it had not been highlighted to the registered manager in a timely manner. The registered manager immediately changed the format of the checks to ensure this did not happen again.
- Care had improved. One staff member said, "I would be more than happy to have one of my relatives live here. If you asked me six months ago I would have said no but now I would be more than happy."

Working in partnership with others.

- Churches were involved to allow people to worship in the faith they chose.
- Healthcare professionals told us they had a good relationship with staff at the home and this had further improved in recent months.