

Akari Care Limited

Piper Court

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Piper Court on 27 May and 9 June 2015. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. We started the inspection at 5.30 am as a routine way to review the night time provision.

Piper Court is a 60 bedded purpose built care home providing nursing and personal care to people within three separate units. There is a 22 bedded functional mental health unit, 10 bedded nursing unit providing both general nursing and dementia care nursing and a 28 bedded unit providing personal care to people.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 the inspection in August 2014 a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued warning notices in respect of regulation 13 Medicine management and regulation 20

Summary of findings

Records. At the inspection in November 2014 we found that these breaches had not been addressed and the registered provider failed to meet five other regulations. In January 2015 we completed a focused inspection because of concerns raised around staffing levels and found there were sufficient staff to meet people's needs and the registered manager was making improvements to the home.

At this inspection we reviewed the action the registered provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also completed a full review of the care and treatment provided at Piper Court.

We found that the provider had ensured improvements were made and the home was meeting the above regulations.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People we spoke with told us that there were enough staff on duty to meet people's needs. One nurse, a head of care, three senior care and eight care staff were on duty during the day. On the first day we visited there was one nurse, two senior care and five care staff on duty overnight. Staff told us that this left them stretched. We discussed this with the registered manager who immediately increased the staffing level to six care staff. In addition ancillary staff such as cooks and domestic staff were on duty throughout the week. The registered manager, administrator, and an activities coordinator worked weekdays.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. We found that action was taken to ensure the requirements of the act were adopted by the staff. The provider recognised that staff needed additional support to ensure they had the skills and knowledge to consistently work with the Mental Capacity Code of Practice.

We saw that the activities coordinator engaged people in a wide range of meaningful occupation and this was tailor made to each person's preferences. However, we

discussed with the registered manager that the sole activities coordinator had to rotate across the units and this led to some people having limited access to activities.

The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

People told us that they made their own choices and decisions, which were respected by staff. We observed that staff had developed positive relationships with the people who used the service. Where people had difficulty making decisions we saw that staff gently worked with them to find out what they felt was best.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia and Parkinson's disease. We found that the provider not only ensured staff received refresher training on all training on an annual basis but routinely checked that staff understood how to put this training into practice.

We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt

Summary of findings

into the home; and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider had implemented these and used them to critically review the service. This had led to the systems being effective and the service being well-led.

Summary of findings

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 safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were knowledgeable about people's support needs.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in activities and routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Good



Summary of findings

Is the service well-led?

The service was well led.

We found that the registered provider and registered manager were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found registered manager was firm but fair and felt able to have open and transparent discussions with them. Staff told us that the registered manager had needed to take firm action to make improvements at the home and felt this had been needed.

There were effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Good



Piper Court

Detailed findings

Background to this 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.

The inspection team consisted of an adult social care inspector and a specialist advisor who was senior support worker.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports

from local authority contract monitoring visits and the local clinical commissioning group. The registered manager and regional manager also provided us with documents following the inspection such as quality monitoring reports.

During the inspection we spoke with 12 people who used the service. We also spoke with the regional manager, the registered manager, a head of care, five senior care, two nurses, 11 care assistants, the administrator, the cook, two domestic staff and the activities coordinator.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at six people's care records, ten recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they liked living at the home. They found staff kept them safe and were very caring. People said, “The staff are excellent.” And “I am very happy here. It is like home from home.” And, “I have never had a worry about anything.”

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts used to document change of position; food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with 15 members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures.

We looked at the recruitment records for ten staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found information about people’s needs had been used to determine that this number of staff could meet people’s needs. Through our observations and discussions with

people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. One nurse, a head of care, three senior care and eight care staff were on duty during the day. On the first day we visited there was one nurse, two senior care and five care staff on duty overnight. Staff told us that this left them stretched. We discussed this with the registered manager who immediately increased the staffing level to six care staff. In addition ancillary staff such as cooks and domestic staff were on duty throughout the week. The registered manager, administrator, and an activities coordinator worked weekdays.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. The registered manager discussed how they had introduced new tools that had further assisted the registered provider to analyse incidents to determine trends and how they intended to use this to assist the senior managers look at staff deployment.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We heard from some of the staff that at times this ran out. We

Is the service safe?

discussed this with the domestic staff and administrator and found that sufficient supplies were always available and this was distributed across the units. Staff on one unit may think it was not available if they had ran out and no one had alerted senior staff so this could be replenished from the existing stock.

We spoke with the domestic staff who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits.

We found that since the last inspection action had been taken to ensure staff administered medicines in line with

safe handling of medication practice. We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and storing them. Adequate stocks of medicines were securely maintained to allow continuity of treatment. The medicines trolley was stored safely and at the correct temperatures.

We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly. We found that the registered manager had introduced a system of daily counts of medicine and of calling staff back to the home if they had not filled in the MARs chart. Staff told us this had led to them ensuring the medicines were safely administered. We did see that one staff member had difficulty accurately counting medicines. They had increased and decreased the stock count but we completed a count and found these entries had been made in error and there were no discrepancies in the medicines. We discussed this with the registered manager who was aware of the issue and was taking action to ensure this was not repeated.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Is the service effective?

Our findings

The people we spoke with told us they thought the staff were excellent and had ability to provide a service, which met their needs.

People said, “Staff always check on me and if I don’t feel well get the doctor to visit.” And “Staff are always at hand.” And, “I don’t think I would get better care elsewhere.”

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff said, “We get lots of training and I find it is all really helpful for making sure I do a good job.” Staff were able to list a variety of training that they had received in the last few months such as moving and handling, infection control, meeting people’s nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the registered manager and registered provider would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff received a wide range of training that was relevant to their role. Virtually all the staff were up to date with mandatory training and condition specific training such as working with people who were living with dementia. Plans were in place for the remaining staff to complete this training. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid. We also found that the registered manager checked that staff applied the learning to their practice.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service’s policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us they received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. The registered manager told us that when they commenced at the home in November 2014 staff had not been receiving supervisions so they had

commenced this process and had ensured everyone was scheduled to receive at least four per year. We saw that competency checks had been completed with nurses and those staff who administered medicines.

The new manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had ensured that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The new manager understood the principles of the MCA and ‘best interest’ decisions and ensured these were used where needed.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people’s care and nursing needs. The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that MUST tools, which are used to monitor whether people’s weight is within healthy ranges were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual’s dietary intake.

We observed that people received appropriate assistance to eat in both the dining room and in their rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people’s personal likes and dislikes. People also had the opportunity to eat at other times. We observed people having their breakfast later in the morning. All the people we observed enjoyed eating the food and very little was left on plates.

People told us that they had to pick their meal choices a week in advance and this meant they often forgot what they had selected. We discussed this with the registered

Is the service effective?

manager and that pictorial menus were not available. The registered manager undertook to ensure people were able to select their meals nearer to the date and had pictorial menus.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

All the people we spoke with said they were very happy with the care and support provided at the home. People said, “The staff are wonderful and go the extra mile.” And, “The staff are very kind.” And “The staff genuinely care. It is like living with family because they care so much about us.”

Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely empathetic. Staff were seen to use a wide range of techniques, such as humour and a clear communication style, to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example assisting people to eat their meals at a pace that suited them. The staff were skilled in communicating with people who experienced difficulties. Staff could readily interpret what people said and always checked that they had heard before moving away.

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. Staff said, “I treat people as I would expect to be treated, with respect.” We saw that staff knocked on people’s bedroom doors and waited to be invited in before opening the door. The service had policies and procedures in place to ensure that staff understand how to respect people’s privacy, dignity and human rights.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to have for their meal, or where to sit in the lounge.

The staff also promoted people to be as independent as possible. Staff said, “I’m always looking at how we can give people the opportunity to do as much as they can for themselves.” And, “We always encourage people to go out and be independent, as possible.”

The environment was well-designed and supported people's privacy and dignity. All the bedrooms we went into contained personal items that belonged to the person such as photographs and pictures and lamps. The staff took care looking after peoples’ possessions as clothing was labelled and all toiletries in the bathroom were also labelled.

Throughout our visit we observed that staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere.

Is the service responsive?

Our findings

People told us how the staff provided a service that aimed to meet their needs and people felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were tailored to each person. People told us that the activities coordinator was fantastic at their job and really brought the home to life.

People said, “We are happy here and always busy.” And, “I am always tinkering about and the activities they have on are great.”

We found people were engaged in meaningful occupation. The activities coordinator was very enthusiastic and had created a wide range of enjoyable activities such as people joining them in making art work. However, we noted that the activity coordinator had to rotate across their working week, the visits to the units, which meant some people had limited access to activities. We discussed this with the manager and heard that another activity coordinator had been recruited.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. We found that the registered manager had sourced a range of current guidance such as NICE guidelines and ensured staff incorporated this into their practices. We noted that computers were not available on each unit, which meant staff could not readily look up the latest guidance. We discussed this with the registered manager who undertook to purchase iPads for each unit.

The staff discussed how they had worked with people who used the service to make sure the placement remained

suitable. They discussed the action the team took when people’s needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people’s needs.

At the last inspection we found that the care records did not accurately reflected people’s current care needs. This inspection we reviewed the care records of nine people and found that each person had a detailed assessment, which highlighted their needs. The assessment had led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. We found that as people’s needs changed their assessments were updated as were the support plans and risk assessments.

The registered manager discussed the care plans and told us that they found these needed to become more personalised and discussed the improvements they intended to make such as including information about personal choices such as whether someone preferred a shower or bath. The staff were able to discuss in detail the care they provided and clearly worked in a person-centred manner.

Staff were able to explain what to do if they received a complaint and were also able to show us the complaints policy that was on display. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. We saw that when complaints had been made in the last 12 months, which the registered manager and registered provider had thoroughly investigated and resolved.

Is the service well-led?

Our findings

People we spoke with who used the service spoke highly of the service, the staff and the registered manager. They told us that they thought the home was well run and met their needs.

We found that the registered manager was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. The staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that the registered manager and senior staff clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that they actively monitored the service and used the information they gathered to make improvements. We found that they had supported staff to review their practices and constantly looked for improvements that they could make to the service.

We saw that the registered manager held meetings with the people who used the service, relatives and staff, which provided a forum for people to share their views.

The staff we spoke with described how the provider constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved.

Staff said, "I love working here. I get a real sense of worth because I am allowed and supported to do a good job." And, "The manager had really worked hard to turn the home around and make it a better place." All the staff members we spoke with described that they felt part of a team and found the registered manager was very supportive. They told us that the registered manager was fair but firm. The staff told us that the home had not been running well before the registered manager took up post and lots of things had to be put right, which meant the registered manager had needed to be very firm about the changes that were needed. Staff told us they had appreciated this firm tack as it had led to significant improvements in the standard of care they provided. They all discussed how the registered manager wanted to provide an excellent service and really cared about the people at the home.

Staff told us that the senior management team were supportive and accessible. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

We found that the registered provider had comprehensive systems in place for monitoring the service, which they fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the senior managers checked to see had been implemented. This combined to ensure strong governance arrangements were in place.