

# Akari Care Limited

# Coble House

## 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 ●

# Summary of findings

## Overall summary

Coble House is a residential care home which provides accommodation and support for up to 52 older people who require nursing or personal care. Accommodation is split over two levels with lift access to the first floor. There were 46 people living at the home at the time of this inspection.

We last inspected the service in July 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

There was a registered manager in post who has been employed to manage the service since 2009 and was registered with the Care Quality Commission (CQC) to provide regulated activities in November 2011. 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.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if they suspected people were at risk of harm or abuse. Risk assessments were in place to minimise the risks people faced in their daily lives.

Accidents and incidents continued to be recorded and reviewed. The registered manager analysed these to identify any trends and reported them onto other agencies as required.

People's nutritional needs were met and they were supported by staff to access external health and social care services as required. Oral medicines were managed safely and consistently throughout the home. We made a recommendation about the management of topical medicines. These are prescribed creams applied to the skin.

Robust recruitment procedures continued to be carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training courses were delivered to ensure staff were suitably skilled. Staff were supported through a supervision and appraisal system.

The premises were clean and tidy. Checks and tests had been carried out to ensure that the premises were safe and well maintained.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us she had made applications on behalf of most people to restrict their freedom in line with the Mental Capacity Act 2005. All staff demonstrated an understanding of the MCA and worked within its principles.

People were encouraged to make choices and have control of their lives. Staff supported them in the least restrictive way possible; the company policies and procedures in place supported this practice.

We observed staff interacted positively with people who lived at the home. Staff promoted and protected people's privacy and dignity. There were systems in place to ensure people were involved in the development of their care and support.

Care plans were person-centred and detailed the specific healthcare and support needs of each person. Arrangements for social activities and community engagement met people's social, emotional, cultural and religious needs.

10 complaints had been received by the service since our last inspection. All of which had been resolved in a timely manner. There was a complaints procedure in place which was shared with people and their supporters.

Audits and checks were carried out to monitor all aspects of the service. Action plans were drafted to highlight any areas which required improvement. The registered manager had comprehensive oversight of the service which they regularly reported onto the provider. The provider also conducted a regular audit on the quality and safety of the service.

Staff told us they enjoyed working at the home and that they felt valued by the registered manager.

## 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 remained good.

We have made a recommendation regarding topical medicine records.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Coble House

## 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 comprehensive inspection took place on 4 July 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor and an expert by experience. A specialist advisor is a person employed by the Care Quality Commission to support inspectors during an inspection; they have specialist knowledge in a certain area. The specialist advisor on this team was a qualified nurse. 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 our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

The registered manager had completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, we spoke with 14 people who lived at the home. We also spoke with eight relatives. We also spoke with an external healthcare professional who was visiting the home.

We spoke with the registered manager, a clinical team leader, two nurses, five care staff, the activities coordinator and the catering and domestic staff. A representative from the provider organisation attended part of the inspection and we were able to talk to them about the leadership of the service and future developments.

We examined six people's care plans in depth and reviewed a random selection of medicines administration

records. We also checked staff records relating to recruitment and training and the records kept regarding the safety and quality of the service.

We consulted with staff from North Tyneside Council's safeguarding and commissioning teams and a clinical quality lead nurse from the NHS North Tyneside Clinical Commissioning Group to gather their feedback about the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "I am safe and well looked after, they are very respectful, even the male carers are very gentle with me." Another person said, "It's OK living here, I would prefer my own home, but I am safe and cared for here." Relatives also provided positive feedback. One relative said, "[Person] is well looked after here, I think they are safe and well looked after." Another said, "There is a nurse or a carer always available to help [person]."

There were safeguarding procedures in place. Staff had received training on safeguarding vulnerable adults and were knowledgeable about what action they would take if they suspected harm or abuse had occurred. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service. The registered manager continued to record and monitor minor incidents and report them to the local authority as required.

Individual risk assessments were in place to address a range of risk areas such as falls, moving and handling, malnutrition and pressure damage. This meant that risks were minimised and action was taken to help keep people safe. The registered manager told us, "We assess specific risks like falls and have equipment such as sensor mats in place. We have one person who has started to step over the mat which poses a further risk. We have to look at the options again." They told us they had to be "Mindful of positive risk taking which can improve the quality of people's lives."

Accidents and incidents continued to be monitored and analysed by the registered manager. Action was taken if concerns were identified.

The premises were clean and well maintained. One person said, "The home is kept so clean and tidy all the time." Another person said, "My room is very nice, it's kept clean and tidy by the staff." Safety tests were carried out by external contractors on the electrical installations, gas, water and fire alarm systems, to ensure the home was safe. The home employed a maintenance person to attend to other safety checks and maintenance jobs. The registered manager told us, "The domestic staff genuinely take pride in what they do."

We checked staffing levels at the service. The registered manager kept a dependency tool up to date which measured people's current needs and structured the staff team on that basis. We observed staff carried out their duties in a relaxed manner and had time to provide social and emotional support to people. We noted staff were busier upstairs over mealtimes as there were more people with complex needs who required assistance to eat their meal living on the upper floor. We relayed our observations back to the registered manager who told us they would look into the deployment of staff at key times of the day.

Staff recruitment continued to be safe and robust. Pre-employment checks were thorough and confirmed that applicants were suitable to work with vulnerable people.

There was a safe system in place to manage people's medicines including controlled drugs. A controlled

drug has tighter legal control as per the Misuse of Drugs Act (1971) as they are medicines which are liable for misuse. The treatment room had air conditioning and secure storage facilities. People's medicines were handled appropriately from receipt through to disposal. We observed oral medicines being administered safely and in line with the provider's medicines procedures. Medicine administration records were completed accurately. The service used an electronic system to record the management of medicines and we saw daily audits were conducted by nursing staff and an overall audit was regularly carried out by the registered manager and a provider representative.

We noted that topical medicines such as cream and ointments were not always labelled with an opening date. This meant that nurses could not be sure of the expiry and therefore could potentially apply a cream that was not at its most effective. Topical medicines were also not routinely recorded on topical medicine administration records therefore care staff did not have written instructions readily available as to where or how to apply the cream or ointment. The care and nursing staff we spoke with were familiar with people's needs as they had read people's medicine care plans which contained this information and they were aware of what the instructions were with regards to applying the creams. We found there had been no impact on people's health and well-being from the lack of records as wounds were healing and certain skin conditions were controlled. We also received positive feedback from external professionals about the support people received at Coble House.

We recommended that the registered manager and nursing staff review the arrangements for recording topical medicines in line with NICE (National Institute for Health and Care Excellence) guidance. They told us this would be implemented by the end of the day and we found that it was. A nurse showed us the charts were in place and told us they intended to monitor these daily.



# Is the service effective?

## Our findings

People and relatives told us that staff effectively met their needs. One person told us, "I have a nice life here; lots of people are here to look after me." Another person said, "I can't fault the treatment I get here, they are helpful and kind and make my life very comfortable."

A relative told us that in the few weeks that their relation had lived at the home, staff had arranged for a dentist, a chiropodist and the speech and language therapy team to attend. They added, "[Person] has been working on their speech and already can say some words." Another relative said, "The staff encourage [person] to do as much as they can for themselves." A third relative said, "[Person] was here for respite care in February and they were made very welcome and well cared for. They thrived when they were here for respite care; they called it a special place."

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager had completed DoLS applications in line with legal requirements.

Staff implemented the principles of the MCA into their working practice. Mental capacity assessments had been completed for specific decisions such as the use of covert medicines. Best interest decisions had been made following consultation with healthcare professionals and relatives where appropriate. Staff sought people's verbal consent before providing care or support.

Staff informed us that they felt well equipped to carry out their roles and said there was sufficient training available. One care worker told us, "I am happy here and we get to know all the residents and the other staff as we work on different floors and can look after everyone. The [clinical] staff are lovely and help us and are always there for us." A visiting professional told us, "I have been coming here for a few years and things have improved over time and the staff are always very helpful and know the residents. Communication is excellent."

Records showed staff had completed training in key topics related to the needs of people who lived at the service, such as moving and handling, nutrition and dementia care. Staff received support to understand their roles and responsibilities through a robust induction programme, regular supervision, observation of practice and an annual appraisal.

Staff supported people to receive a healthy and nutritious diet. People were very complimentary about the

meals. Their comments included, "The food is varied, and cooked very nicely", "The food is a highlight of the day, it's very good", "The food is fine, we get a choice every day, there is plenty to eat and lots of drinks throughout the day" and, "The food is very good, when you have a good meal it does you good."

The meals were well presented and looked appetising. Staff provided discreet support to ensure people received sufficient amounts to eat and drink. Records were maintained to monitor some people's food and fluid intake and their weight. The catering staff had a good overview of people's dietary requirements and catered for special needs as required such as diabetic, fortified and textured diets. The registered manager told us, "We provide high protein, high calorie meals and follow the North Tyneside Dietetics procedures for referrals. All our food is fortified and we make high calorie snacks and milkshakes throughout the day unless someone is following a low fat diet of course."

People told us and records confirmed that they were supported to access external health and social care services. Records demonstrated that people regularly saw their GP, dentist, optician and a chiropodist to monitor their health and well-being. Specialists were involved as necessary when people's needs changed or to manage complex needs, such as the speech and language therapy team, dieticians, tissue viability nurses, respiratory nurses and the challenging behaviour team.

# Is the service caring?

## Our findings

People told us that staff were caring. Their comments included, "They [staff] are understanding, caring and definitely respectful to me", "It's nice here, I love it here", "It's not a bad place at all, I like it here", "The staff are very nice they look after me well", "I have been here some years now, the staff are great and they do a hard job very well" and, "I like living here, they are all very friendly people who look after me."

Relatives echoed the positive comments. A relative told us, "The carers are all very gentle and respectful when they help [person] to shower or dress."

All staff we spoke with expressed passion and pride about the importance of ensuring people's needs were met and that people were at the centre of everything they did. We saw staff reacted to situations with an immediate response, giving people choice and promoting their independence.

Staff displayed a kind and compassionate approach when interacting with people. We noted a lot of positive interactions, not only between care workers and people, but also other members of the staff team such as the catering and domestic staff. There was a lot of joking and laughter between staff and people and the atmosphere was relaxed. We observed that staff treated people with dignity and respect and they spoke with people in a polite and friendly manner.

Staff knew people well and were knowledgeable about people's needs and could describe these to us. We found the care planning process was person-centred and focussed on individuals and their wishes and preferences. Care plans included, peoples' family history, background, likes, dislikes and routines, in order for staff to get to know people better. One person told us, "It's good to have long term staff; I have got to know them quite well."

People and relatives told us that they were involved in making decisions about their care. People had signed their care records, where able to do so, to indicate that they agreed with their plan of care. One person said, "Staff will always bring me up to date with things and are always available to discuss anything." A relative told us that their relations care plan had been reviewed recently. They added, "I am kept fully involved in her care." We saw relatives were able to advocate on behalf of their relations and staff listened to relatives as natural advocates for people in their care.

At the time of our inspection the staff were providing end of life care to some people. We saw this was handled with exceptional dignity and respect. There was a process in place to ask people about their end of life wishes and we saw in care records that these were documented. This included advanced care planning, emergency healthcare wishes and resuscitation preferences. Staff were trained in providing end of life care to ensure they were able to continue to appropriately care for people if it was required. We also noted that the home was not split into areas, for instance people with nursing needs all residing on the same floor. People could choose whichever room was available upon admission and they could remain in that room whilst they resided at Coble House no matter how great their needs become. This meant that unnecessary disruption was avoided at a time which can already be particularly sensitive and stressful for people and

their supporters. The registered manager said, "If we help people to have a good death then we have done a good job."

There was information, advice and guidance displayed on noticeboards around the home which would be of benefit to people and their supporters such as local safeguarding contacts and leaflets on dementia awareness, advocacy services and advice on current and relevant topics of interest. People had been given a 'service user guide' upon admission which contained information about the service; what to expect, what services are offered and the local amenities.

## Is the service responsive?

### Our findings

People and relatives told us that staff were responsive to their needs. One person told us, "The doctor was called straight away when they thought I wasn't very well, I am improving now" and a relative said, "The manager is responsive to the needs of the residents, and will make adjustments where possible or necessary."

We read six people's care plans and noted these were thorough and person-centred. This meant the care plan detailed people's individual needs and preferences. People had care plans in place for all aspects of their daily life which they required support with such as, nutrition, communication, personal hygiene, sleeping, pain, social needs and medication. These provided staff with specific information about how people's needs were to be met. We saw in one care plan that very specific details for staff about pain management had been recorded. This included visual signs that the person might be experiencing pain and when pain relief medicine may be required. This plan had been developed very closely with the person's family members to ensure the accuracy of the details. The registered manager told us they planned to make all care plans more person centred like that one. They said, "I plan to give nurses supernumerary hours to put even more details into the care plans."

There was a keyworker system in place to make sure staff knew whose care plan they were responsible for updating and to ensure the monthly reviews were carried out. This meant there was a system in place to review people's care to ensure that the planned care and support continued to meet people's needs. We noted that through the monthly reviews a lot of the care plans had been re-written when people's needs had changed.

We cross checked information in care plans with daily care monitoring tools and we found the information was accurate. For example, we checked that pressure mattresses were set correctly as described in the person's care plan and we checked that information about nutrition and weight loss corresponded with the weekly weight records and the actions taken to address any issues. We also checked that the information recorded in care plans described the care and support which the staff had told us they provided. We found that they did which meant people received care which was appropriate to their current needs.

Emergency health care plans were in place in some of the files we looked at. This is a document that is planned and completed between people, their relatives and a GP to anticipate any emergency health problems and document wishes and preferences in the event of an emergency.

People and relatives told us that people's social needs were met. The provider employed a full-time activities coordinator who was very enthusiastic about meeting people's social needs. The registered manager told us that a designated care worker covered activities when the activities coordinator was unavailable to ensure consistency. We found there continued to be a wide and meaningful programme of activities on offer such as animal interactions, bingo, exercising and coffee mornings. We observed the activities coordinator carried out various activities with different groups of people throughout the day including, arts and crafts and a sing-a-long. They also maintained an activities board to inform people and

relatives of upcoming events which included a summer fair with live entertainment.

People told us they did receive one-to-one support to pursue their own hobbies and interests and that they were supported to access the local community, which had included trips to the coast, a jazz club, computer classes and visits to the local shops, café's and churches. One person said, "I get out sometimes, we have had a trip out, or we can go in the garden." We saw a large amount of visitors in the home, some who stayed for most of the day or returned later in the day. They told us they could come and go as they wished. The registered manager told us, "The place is always full of visitors, we have lovely families here. We provide food to visiting spouses and make everyone feel welcome. We even welcome well behaved pets."

The service worked in partnership with a local community group and had produced a "Looking Back" booklet. The first edition was called, "Being a Child in World War Two" and included a series of photos and quotes from people who lived at Coble House. The registered manager told us some people who wanted to be involved, had been supported by staff to hold reminiscence sessions, collect their photos and memorabilia and contribute to the publication of the booklet which they had really enjoyed.

The company complaints procedure remained in place and had been updated recently. We saw this was on display around the home. The registered manager told us they had dealt with 10 complaints since the last inspection, all which had been resolved. They told us they preferred face to face discussions to resolve minor issues and we saw they had maintained a complaints log with evidence of acknowledgement and outcomes letters which provided an explanation and if necessary an apology to the complainant. The registered manager told us, "I have an open door policy, people and relatives pop in and out all the time and we resolve things straight away." One person said, "The manager is often around, the staff are all very approachable, we have no complaints at all."

The service had received a huge amount of 'thank you' cards and compliments which were on display around the home.

## Is the service well-led?

### Our findings

A registered manager was in post at the time of our inspection. They had been registered with the Care Quality Commission (CQC) since November 2011 and had been in post since 2009.

The provider and registered manager were meeting the conditions of their registration. They submitted notifications in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. All staff were open and honest during the inspection. They accepted our findings and were keen to make immediate changes to improve the service.

They had also displayed their previous CQC performance ratings, both at the service, and on their website in line with legal requirements. This meant people who are interested in the service can see how well they have performed against the regulations.

Everyone we spoke with was positive about the service. People told us, "I was recommended to come here, by people who know the home well", "The staff are all very good to me, they are approachable we have never had any problems" and, "I can't fault the treatment I get here." Relatives added, "The manager is very helpful, they always respond to our comments or requests", "The manager keeps me fully informed and up to date with what is happening in the home" and "The family are delighted [person] was able to move here."

A range of daily, weekly and monthly checks were carried out by senior staff and the management to ensure that people consistently received safe and good quality care which was provided by suitably skilled and competent staff. The registered manager had introduced a peer review system whereby nurses audited each other's records. This had led to a notable improvement in the record keeping. Regular audits were also completed of care files, medicines, catering, infection control, complaints and finances.

The quality monitoring tools included a monthly home overview which recorded staff vacancies, occupancy, safeguarding issues, accident trends, tissue viability, weights, health and safety, staff training and supervisions. Our findings on the day of this inspection confirmed that there was an effective quality monitoring system in place. The registered manager told us, "All the reports make me have an overall understanding of what's going on. For example, if I see weight loss patterns, I can speak to the catering staff to top up calories."

The service had recently been externally checked by the local CCG which had been successful and a provider representative had also conducted an audit of the service recently. A service improvement plan was in place which detailed tasks to be completed and the timescales involved. The registered manager provided a key performance indicator (KPI) report to the provider on a regular basis which reported on issues such as infections, hospital admissions and wound management. This meant the provider also had oversight of the service.

A formal survey to obtain people's and relative's feedback had not been undertaken since our last

inspection, however, regular 'residents and relatives' meetings were held to ensure that people and their supporters were involved in the running of the service and had an opportunity to share their opinion. The home also had a supply of 'comment cards' available for people to complete and hand in or there was information on how they could post a review to an independent website. The registered manager told us she planned to conduct a formal survey this month and collate the responses to gather an overall opinion of the service. They added, "We ask people all the time for their input into things like menus and activities."

Communication systems at the home were effective. Handover meetings were carried out twice a day at the beginning of each shift to ensure reliable and safe care was provided. Staff meetings were held regularly and staff told us that they were comfortable to raise any issues with the registered manager and they felt their views would be taken into account. Staff meetings were used as an opportunity to look at better practices and involve staff in the home's improvements. For example, the registered manager had set up a 'documentation working group' and had invited staff to participate in reviewing the proposed documentation.

The registered manager had sustained their contact with vital organisations such as the local authority, local NHS teams and the CCG. The registered manager told us they had a strong relationship with these teams which meant that they were able to work in partnership to implement improvements and acquire best practice advice and guidance. The registered manager also attended local external provider forums and chaired an internal provider forum to encourage activity coordinators within the organisation to network and share ideas.

Staff told us that they enjoyed working at Coble House and morale was very good. They felt happy with the extra amount of staff and the improvements made by the registered manager in the past year. One staff member expressed their happiness about working at the home and told us they'd worked there for 11 years. They said, "The manager and all the staff work as a team and things are very settled" and, "I am keen for an efficient, happy, well run home but there is always things to improve and work to be done". Another staff member said, "I love it here and things are good. When the manager is round and about the home, they are approachable and have an open door policy." A third staff member told us, "All staff get on well." Staff we saw and spoke to were relaxed during the inspection and their positivity was reflected in the support they provided to people throughout the day.

The registered manager told us they were proud of the staff team. They said, "I love to hear the interactions, they [staff] have the toughest job in the world but the most rewarding. I love to hear the laughter and singing in the home and love to see people achieve their outcomes. It's good to know we have made a positive difference to people lives. If you get the quality right, the rest of the business should follow."