Akari Care Limited

Wordsworth House

Inspection report

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Date of inspection visit:
08 January 2019
10 January 2019

Date of publication:
07 February 2019

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

This inspection took place on 8 January 2019 and was unannounced. We also inspected on 10 January 2019 which was announced. At the time of the inspection 51 people were using the service, some of whom were living with a dementia.

We last inspected Wordsworth House in January and February 2018 and rated the location requires improvement.

Wordsworth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Wordsworth House can accommodate 78 people in one adapted building across three floors.

The service had a registered manager, who had been in post at the last inspection. They registered with the Commission on 1 October 2018.

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.

During this inspection we found improvements had been made.

There were mixed views about staffing levels and we observed staff on the ground floor spent time outside of communal areas completing paperwork, whilst on the first and second floors staff sat with people chatting with them whilst completing their records. We have made a recommendation in relation to staff deployment.

People were happy with how their medicines were managed and this was done in a safe way. 'As required' medicines protocols lacked detail which placed people at potential risk. The registered manager and deputy manager ensured these were all re-written and a full medicine audit was completed to ensure no one had come to harm, which they hadn't. We have made a recommendation in relation to the governance of 'as required' medicine protocols.

Activities were available. People living with a dementia would benefit from more involvement with the activities. Staff told us if people became anxious or distressed they weren't always invited to the activities. We have made a recommendation about this.

Everyone we spoke with was keen to let us know that improvements had been made and they had

confidence in the registered manager and the staff team. People and relatives told us they felt safe and well cared for.

Care plans and risk assessments were in place, and contained sufficient detail to enable staff to support people appropriately. The registered manager aimed to develop these further to ensure they were more person centred and individual. The nutritional needs of people were met, and there was a well balanced diet available for them to choose from.

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.

Staff told us they felt well supported and found the registered manager approachable. They felt trained to do the job. Some staff mentioned that the majority of training was now completed on line and they felt they would benefit from the opportunity to discuss their learning.

We were told there were regular resident, relatives and staff meetings which were beneficial and productive. Minutes were available and everyone was invited to contribute to the agenda.

Premises and equipment checks were completed appropriately. Wheelchairs and hoists were stored in communal hallways which may have presented a risk to people and visitors. We were assured that storage was being discussed as it had been recognised that this was a risk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were administered safely, however protocols for the administration of 'as required' medicines were not detailed or specific. Action was taken immediately to address this and we recommend it is kept under review.

Staff understood safeguarding and any concerns were reported, investigated and action taken.

Safe recruitment procedures were followed and staffing levels exceeded those identified by the dependency tool. We were told there were not enough staff so have recommended this is kept under review.

Is the service effective?

Good

The service was effective.

Peoples needs and choices were assessed and care plans were developed based on people's assessed needs.

The principles of the Mental Capacity Act (2005) were followed and best interest decisions were documented.

Staff told us they felt well supported and well trained to meet people's needs.

Is the service caring?

Good

The service was caring.

People and their visitors told us they were treated with kindness and respect and their dignity and privacy was maintained.

Staff on the first and second floors actively spent time sitting with people, chatting and offering comfort and reassurances. On the ground floor staff sat in communal hallways rather than in lounges where they could engage and spend time with people

Is the service responsive?

Good

The service was responsive.

Care plans contained specific detail about how people wanted, and needed to be supported, including their preferences, likes and dislikes.

Complaints were managed well and responded to in a timely manner with appropriate action evident.

No one was receiving end of life care at the time of the inspection, however a policy was in place and training had been planned.

A range of activities were available for people, although we received some mixed views about them.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were complimentary of the leadership and management of the home, telling us there had been lots of improvements since the last inspection.

Governance and quality assurance systems were used to drive improvement, however concerns with 'as required' protocols had not been identified.

Lessons were learned and improvements made in response to incidents and concerns.

Wordsworth 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.

This inspection took place on 8 January 2019 and was unannounced. This meant the provider did not know we would be visiting. A further day of inspection took place on 10 January 2019 which was announced.

The inspection team was made up of one adult social care inspector, an assistant inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted the local authority commissioning team, CCG and the safeguarding adult's team. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with 12 people living at the service and seven visitors. We spoke with the six care staff, two senior care staff, a nurse and the deputy manager. We also spoke with the activities co-ordinator, the maintenance person, housekeeping and kitchen staff. Discussions were had with the registered manager, the regional manager and the nominated individual.

We reviewed care records and medicine records for eight people. We reviewed four staff files including recruitment, supervision and training information. We reviewed records relating to the management of the service.

We looked around the building and spent time in the communal areas. We used the Short Observational

Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Medicine administration records (MAR) were completed appropriately and if 'as required' medicines were administered this was recorded on the reverse of the MAR. Protocols for 'as required' medicines were in place however they lacked the detail required to ensure safe administration. We did not see any evidence that people had been placed at risk by this lack of detail. We raised concerns with the registered manager who agreed with our concerns and took immediate action, as did the deputy manager. We received updated 'as required' protocols which contained specific administration details after the inspection. The registered manager also offered assurances that a full medicine audit had been completed and no one had been placed at risk of harm.

People told us they were happy with how their medicines were administered. We were told, "They won't leave you until you take them" and "Yes, I get them on time." Medicine profiles were in place which included people's preferences for how they take their medicines.

A dependency tool, based upon people's needs was used to assess the number of staff required to support people safely. Some staff hours were being provided by agency staff however we were offered assurances that the staff were consistent staff who knew people's needs. Staff and visitors told us they thought they would benefit from an additional staff member. One relative said, "Staffing levels have improved however the home could still do with some more." A person told us, "They're always one staff too short by and large, but they buckle under and do it." Another person said, "They usually answer the call bell quickly" and a third told us, "Sometimes it's two or three minutes, they set off to come, but then something happens and they have to help someone else."

We did not observe people to be waiting for care and support however we did raise this with the registered manager who explained that due to layout and size of the building it had been agreed that staffing would be at a level higher than that indicated by the dependency tool.

Staff said they generally worked across the whole home. Senior care staff felt this was challenging at times as they had specific responsibility for updating some people's care plans. Senior care staff said if they were not working on the floor the person resided on they couldn't always fully evaluate or update their care plans in a timely manner. One senior staff member said, "It would be easier if we [seniors] were aligned to a specific floor for continuity."

We recommend the provider keep staffing levels and the deployment of staff under review.

People said they felt safe living at Wordsworth House. One person said, "I've been here a long time, it's a comfortable feeling, I feel at home here, it's just cosy."

Any concerns of a safeguarding nature were raised and staff felt confident that they would be addressed. Staff were also knowledgeable about whistle-blowing procedures. A staff member said, "As a team we would never tolerate any neglect abuse or loss of standards. I would whistle-blow and/ or raise a safeguarding at

the slightest concern." The regional manager told us, "Safeguarding management is very good, very open and honest with commissioning." The recording and investigation of safeguarding concerns was completed and appropriate action taken to learn lessons and minimise the risk of a reoccurrence. For examples, referrals had been made to other healthcare professionals and recording and documentation had improved.

Accidents and incidents were recorded including key details about the event and the action taken. The registered manager completed an analysis to explore themes and trends.

Risk assessments were completed for areas of need including medicines, continence care and skin integrity, moving and handling and falls, nutritional needs and oral healthcare and were regularly reviewed. The risks were clearly documented and actions taken to minimise the risk. One visitor discussed falls with us and said, "[Person] did roll out of bed one day, but it was on to a mattress. We would compliment them that [person] had few falls."

No concerns were raised with us about people's personal safety and we were told that people were encouraged to keep any valuable items in the home safe.

Appropriate and relevant checks of premises and equipment were completed and people and staff were very complimentary of the improvements made by the current handyman. A staff member said, "You only have to say something needs done and he'll go and look at it, come back and tell you what he needs to do and when it'll be done." The premises were clean and there were various domestic staff on duty who followed a cleaning schedule and there were no malodours. Staff had access to a good stock of cleaning equipment as well as gloves and aprons for use during personal care. Overall people were happy with the frequency of showers and baths; however, we did see people with soiled hands and fingernails which we raised with care staff.

A Food Hygiene Rating of 5 – Very Good was awarded in February 2018 by the Food Standards Agency. The kitchen was tidy, clean and organised however would benefit from refurbishment. Foods were stored appropriately and food storage and preparation temperatures were carried out and recorded. Cleaning schedules were in place in the kitchen and staff told us the equipment was reliable.

Safe recruitment practices were followed which included relevant pre-employment checks and Disclosure and Barring Service checks. Nurses NMC registration checks were completed. There was a system in place to regularly monitor and renew DBS and NMC checks for staff who were employed at the service.

Staff were keen to discuss improvements and lessons learnt with us. The deputy manager said, "I think there is room for improvement but much to praise in this service, especially the care that is given and compassion I have seen. The manager has made a big difference, she is approachable and listens and gets things done." A staff member said, "There have been lots of changes, how we do things now is much better for the residents."

Good

Is the service effective?

Our findings

People and relatives told us their needs and choices were assessed and met and improvements had been made. One relative said, "Recently [person] was very poorly, the staff were fantastic and kept us advised. We had to call in to take some things to hospital, their door was immediately locked. We were pleased about that."

If people had been assessed as being at risk of malnutrition and dehydration appropriate care plans and risk assessments were in place. Food and fluid intake was monitored and action taken to ensure risks were minimised. For example, fortified diets and regular high calorie drinks and snacks were provided for people. Food was prepared appropriately for people who were at risk of choking and aspiration. Kitchen staff were knowledgeable about the different textures of food they prepared for people as well as people's likes and dislikes.

Pictorial and written menus were provided and people were offered a variety of food and drinks to help maintain a well-balanced diet. The kitchen was well stocked and the chef could order foods that were not routinely stocked at the request of residents when required. There were some mixed views about the food. A relative said, "The food is appropriate, people get plenty of it and there is lots to go around, lots of choice and lots of fresh fruit and veg." Other people commented that vegetables were overcooked and the soup was often cold.

People were positive about access to healthcare support, in particular in relation to the speed of the response when hospital care was needed. Any support, guidance or interventions from health services including speech and language therapy, GP's and specialists in epilepsy, diabetes and mental health were recorded. There were weekly visits from the link nurse who explained that documentation and record keeping had improved and they had no concerns in relation to people's care.

One person said, "They don't hesitate about anything. The carer comes to hospital if [family member] can't" and a relative told us, "I mention it to the staff if I think we need the doctor or someone. I like them to do it."

Staff said they had the training they needed to support people safely. They explained that the majority was completed online via the providers training system and feedback was mixed as some people preferred face to face sessions. The registered manager confirmed that additional support was available for staff and discussed the possibility of holding mini information sharing sessions within team meetings to support staff learning.

Clinical nurse supervisions were being held with nursing staff. The deputy manager had recently completed nurse competencies and planned to ensure this was done on a regular basis. Regular supervisions and appraisals had been completed since the last inspection. All staff had been receiving these consistently and a plan for the year ahead was in place. Aside from routine supervisions and appraisals, the registered manager and senior staff were pro-active in holding significant discussions with staff where issues arose. Appropriate actions and support were put in place following these.

Agency staff were used on a regular basis and comprehensive inductions were completed. The registered manager had made some amendments to the induction recently and was in the process of renewing inductions as and when returning agency staff were on shift.

The deputy manager said, "We get a lot of training as for nurse specific clinical skills I have 3 courses coming up PEG, Venepuncture and catheterisation. [Registered manager] will do my supervision and appraisal alongside a member of the clinical support team. I have recently completed clinical supervision for all nurses so know where they are clinically, have booked face to face NHS clinical training for nurses recently. I will be doing 6 monthly competency checks as part of my role." A nurse said, "Our training is on line but last year I completed 60 hrs specialist clinical training including PEG management, epilepsy, venepuncture and CPR." A training matrix was used to monitor staff training and identify any gaps or requirement to attend refresher training.

There were many compliments about improvements that had been made since the last inspection. A relative said, "I can see people taking responsibility for their roles. I didn't see it before, they would leave things as if it was someone's else's job. I feel people are taking ownership of their role. They all seem to work as a team, they are always on the ball and would tell me straightaway. The Nurses are always there with whatever we throw at them." A relative said, "It's much improved on that scene, staff were just firefighting, they're working in more of a team now."

Since the last inspection the design and decoration of the second floor had improved and the environment was more dementia friendly. The ground and first floor of the home needed redecoration and hoists and wheelchairs were stored in corridors which may have presented a risk. We were assured by the registered manager, regional manager and chief operating officer that a refurbishment programme was in place which included storage space and dementia friendly design elements. Staff told us, "The maintenance person is really good, he is the best we have had and goes above and beyond."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Mental capacity assessments and best interest decisions had been recorded if people used bath seat lap belts, wheelchair lap belts and bed rails.

Good

Is the service caring?

Our findings

We observed staff speaking with people in a kind and caring way. People told us, "They're always very nice," "I've not had staff that have not been nice, I'm quite happy here, it's a lovely place" and "I've never heard anyone complain, my only complaint is the noise when the doors bang." Other people mentioned specific staff by name to compliment them on how kind they were. We were also told, "There's an issue with the way some staff talk to residents, especially the more vulnerable ones, they talk down to them" and "I suspect some staff have favourites. Generally speaking, they are cheerful." Another person said, "It's not home, but it's the next best thing."

Relatives were complimentary of the care. One relative said, "[Person] is treat with dignity and love and wants for nothing," Another told us, "I have no concerns, I am very happy with the home, I would recommend it" and "All staff are fantastic, nothing is too much trouble." One relative who we had spoken with on previous inspections said, "No complaints, [registered manager] is doing a stirling job, she is hands on, you see her on the floor and the staff are great, we have a laugh and a joke together. I am VERY happy with my [family members] care."

Peoples dignity and privacy was respected, staff knocked on people's doors before entering and were discreet when offering support to people with personal care needs. People told us, "I can shut that door, if you want to sit quiet you can, they always knock on the door" and "By and large (has privacy)." We observed staff on the first and second floors spent time with people sitting and chatting, holding someone's had and providing reassurance and comfort. On the ground floor we observed staff to sit outside of communal areas completing paperwork rather than spending the time in communal areas with people. One person said, "They haven't the time, I think they're short of staff" and a visitor told us, "They haven't got time but that's what old people need."

We have made a recommendation in safe that staffing levels and staff deployment is kept under review.

Relatives said they felt well informed about the care of their loved one and staff kept in touch if there were any concerns. Visitors told us, "The staff are brilliant and all muck in" and "Oh yes, they let me know everything, I've been involved in [family members] care records, I don't understand some of the questions they ask during reviews, some questions just aren't relevant and just don't need to be asked."

Staff knew people and their needs and on the whole, were able to understand people's needs where the person found it difficult to communicate owing to illness. We did see one person whose drink and glasses were placed out of their reach so they were unable to access them and another person explained how they had to wait to use the bathroom as there weren't enough hoists, whilst someone else told us, "I can't fault it, being taken care of."

Information was available in relation to advocacy services.

Good

Is the service responsive?

Our findings

People's care plans were detailed and contained information appropriate to support people's needs. For example, care plans for epilepsy included guidance and advice notes from the nurse specialist and the epilepsy society. Monitoring records were maintained so information could be provided to specialists if the person's needs changed. One care plan relating to a person's mobility needs was very specific and written clearly for staff to understand each step of how to deliver safe care and support for the person.

Care plans included essential information about the person, their likes, dislikes and how people would like to be supported. People told us they weren't asked whether they preferred to be supported by a male or female staff member. One person said, "They didn't ask, you get what you get, it depends, I'd prefer a woman" and a relative said, "We did say he would prefer a male, but I don't know (if that happens)." Staff on the second floor explained that only female staff worked on that floor as there were only females residing on that floor.

One person told us their family members had been involved in developing their care plan and a relative said, "[Persons] changed needs have been catered for." Another person did say they hadn't seen their care plan.

The regional manager told us it had been identified that care plans needed to be more person centred but it was improving. The registered manager said, "Nurses and seniors are doing them now, we need to ensure any actions are being completed via the audit process." We asked if staff had received person centred care plan training. The registered manager said, "Some are trained on person centred care planning, some staff have asked for more training, and some seniors who are more competent have supported people."

Some people did not speak English as their first language. We were told of examples when care and maintenance staff had used technology by way of a translator application to communicate with people in their first language. The registered manager told us how they had seen people's faces "light up" when they heard their native language.

Complaints were managed in line with the providers policy, there was evidence of investigations carried out in conjunction to concerns as well as lessons learned. All complaints were responded to in writing and where a complaint took longer to resolve, communication was maintained with the complainant.

People and their relatives knew who to speak to with any concerns. We were told, "I would ask for a senior carer" and "I would complain if I felt I had something valid, I suppose I'd find a senior carer or I'd go to the manager." A relative said, "I'd probably go to the manager downstairs. If it was something minor I would use (senior carer) because I trust her."

There was no one living at Wordsworth House assessed as needing palliative (end of life care) at the time of our inspection. Some nurses had attended training in palliative care and other nurses and some care staff had been booked to attend training. An end of life care policy was in place which included support for the person, their family, friends and the staff team.

There were mixed views on the activities being offered. One person said, "I go down to games on a Thursday morning. It would be nice to go out more. (Staff) took me out a couple of weeks ago for a cup of tea" they added "I go to chapel upstairs, but the escort from the local church didn't come today so I had to come back down." Another person said it would be nice "To have more music on like singing, they've had someone in" and a relative told us, "They need more of that (music), it gets people together. They need more stimulation. They're not having chit chat with others." We saw a short video which had been shown on ITV news in relation to pony therapy at Wordsworth House. The video discussed the benefits of equine therapy for people living with a dementia.

People particularly enjoyed the exercise sessions that were offered. One person said, "I like the exercises, I feel better afterwards." A relative told us, "[Person] goes downstairs to an exercise thing when there's any music on. There was lots of entertainment on over December which is exceptional."

The activities co-ordinator, who was also the dignity champion spoke with us about their background in dementia care. They were asked about specific activities for people living with dementia and explained that they tried and preferred to get people with dementia to interact in all activities with people living in a residential capacity. There were limited activities specifically for people living with a dementia, other than games involving textured discs and bean bags. Staff told us that people living on the dementia specific floor would benefit from more involvement with the activities as if people became anxious or distressed they weren't always invited to the activities.

We recommend the provider review best practice in relation to activities to support the inclusion of people living with a dementia.

The activities co-ordinator had held a course for relatives and staff members, which included role playing to try to give people an understanding of dementia behaviour. Activity meetings for residents and relatives were held monthly, where feedback was requested regarding activities held.

Good

Is the service well-led?

Our findings

During the last inspection a manager was in post but they were not yet registered with the CQC. They became registered on 1 October 2018. They were aware of their responsibilities with regards to notifiable incidents and ensured they were had been reported to CQC as per the regulation requirement. Any incidents had been investigated with the aim of identifying the cause and introducing new systems or processes to mitigate the risk of reoccurrence.

The registered manager had a clear vision for the future of Wordsworth House, which included the need to develop a more person-centred culture. They said, "The staff provide person centred care but it can be improved and implemented more. The aim is to get a full staff team who are person centred and work together with the same visions and values. There is also going to be a refurbishment of the home, the top floor is completed and had a full make over. The ground and first floor work will be starting soon."

Staff, relatives, people using the service and visiting professionals were complimentary about the registered manager. Comments included, "The manager is approachable and lovely, she is fabulous," and "My manager is supportive and I can approach her no problem."

One staff member said, "The home has improved a lot since the last inspection, staff feel they can be more open and raise any concerns." Another said, "[Registered manager] is brilliant, so approachable with anything and everything, the best manager we've had in 15 years. She has the right leadership skills, she's upfront, speaks her mind and is polite."

A range of systems were used to assess the quality of the service. This included the completions of regular audits, as well as analysing complaints, concerns accidents and incidents and safeguarding issues for lessons learned. Whilst audits had been effective in identifying areas for improvement the medicines audit had failed to identify the concerns noted during the inspection in relation to 'as required' medicines protocols.

We recommend the provider review systems for the governance of medicines.

The regional manager and the registered manager both spoke with us about improvements and lessons learned since the last inspection. We were told, "Staff are more relaxed and confident, complaints and safeguarding's are managed well. There's open and transparent communication." They added, "Staff and relative's meetings are positive, minutes are always available and any concerns are acted on." Quality monitoring was mentioned as being an improvement as audits were regularly completed, actions were signed off and this was checked by the regional manager on their visits. A home improvement plan was in place which was shared with the Chief Executive on a weekly basis, together with a report of the reason why if any deadlines had been missed.

Effective meetings were held regularly with staff as well as residents and their families. Minutes were recorded from these and were shared with the relevant audience. A relative said, "I get the relative meeting

minutes and, if I have any concerns I will make a point." Another relative said, "I try to go to them all (meetings). They're very good and informative and we always get minutes." We were also told, "All these meetings they have, there's notices asking for things for the next meeting, you cannot get better than that." A person told us, "I always go to residents' meetings, I find them interesting, you can have a chance to say if you want to say anything."

Surveys had been completed with people, visitors and staff members. The return rate was minimal but results had been analysed and 'you said we did' posters had been displayed. There were mixed views on staff availability and whether people received the right level of support. Responses included a brief explanation of staffing levels were calculated and a plea that any specific concerns be raised with the registered manager.

We received positive comments from relatives in relation to the home. One relative said, "It's much lighter, you can feel the stress is lifted, people are happier and will have a joke." A relative who we had spoken with on the previous inspections told us, "Improvements are continuing, [registered manager] is doing a very good job. The team are much happier, I hear laughter and joking quiet a lot. It all seems very organised." They added that they thought some of the paperwork was excessive and reviews asked questions that were not always relevant. We shared this with the registered manager.

A local GP told us, "I visit regularly and have noticed much improvement procedural and communication issues. I see a lot of compassionate care and have no concerns at all about the service. [Registered manager] has encouraged good multi-disciplinary working and is open to change and ideas, she leads a committed team."