

Akari Care Limited

St Marks Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Mark's Court is a residential care home providing personal, nursing and dementia care across three units. There were 38 people living at the service at the time of the inspection. The service can support up to 60 people.

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

The service was not always well-led. Audits had not always been effective in identifying inconsistencies with care planning, meaning people were at risk of receiving care that was less than good. Most staff were not confident with the electronic care planning system, however additional training was underway.

The service was not always safe. Some risk assessments lacked detail and were not always consistent. Staff did not always record risk-reducing actions, so it was at times unclear whether these were carried out or not.

The building was safe with regular maintenance checks in place.

There was a positive culture within the home and people and relatives gave good feedback about the care. People and their representatives were involved in decisions about the service. Staff had a good relationship with visiting professionals.

There were enough, suitably trained staff available to meet the needs of the people living at the service. Medicines were managed safely and audits were carried out. People were safeguarded from abuse. One person said, "I feel very safe living here." Lessons had been learnt from incidents.

We were assured by the infection prevention and control practices within the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

We received concerns in relation to the lack of understanding of the electronic care planning system and pressure area care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Mark's Court on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Marks Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team consisted of three inspectors 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 November 2021 and ended on 16 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with 10 relatives by telephone about their experience of the care provided. We observed staff interactions with people and spoke with 13 members of staff including the registered manager, regional manager, deputy manager, housekeeper, care workers, nurses and maintenance staff.

We reviewed a range of records. This included multiple care records and medicine records. We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We emailed two care professionals who regularly visit the service to seek feedback on the care and service provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed but not always correctly recorded. Risk assessments were in place for people, but lacked detail. Some risk assessments did not include what staff needed to do and when to keep people safe. The provider had a system for assessing and regularly reviewing the risks people faced but had not identified the shortfalls we identified at this inspection.
- At times it was difficult to understand the level of risk people faced due to the way information was stored and presented. In some cases, the information was conflicting depending on where it was recorded for example regarding diabetes information was spread across multiple sections of the care plan. This could lead to confusion about the correct way to care for a person.
- Staff did not always record risk-reducing actions such as people's positional changes and pressure mattress checks. This was because some staff did not have a good working knowledge of the electronic care planning system.
- Where we found instances of risk assessments that needed updating, due to errors or because they needed to be more person-centred, the provider acted promptly. In discussion, regular staff demonstrated an understanding of the risks people faced, and how they should reduce those risks. However, when agency staff are used, they would be reliant on the written risk assessments.

We recommend the provider review risk assessments to ensure they are person-centred, consistent and have clear instructions for staff relating to specific care needs.

- The maintenance of the building was well managed. Documents showed regular checks to safety equipment in line with best practice.

Staffing and recruitment

- The provider employed sufficient staff to keep people safe. A dependency tool was used to calculate staff requirements and rotas showed that staffing was maintained at the required level.
- New staff were recruited safely, with appropriate employment checks being carried out by the provider.
- Recent inductions of new staff had not included enough specific time to learn the electronic care planning system. This led to some staff not being confident in using the system. During the inspection additional training was taking place. One staff member told us, "The training today is going really well, we are learning lots."

We recommend the provider ensures the induction process includes time for staff to learn the electronic care planning system. The provider gave assurances that this will be addressed following the inspection.

Using medicines safely

- Medicines were managed safely. Staff demonstrated appropriate knowledge of people's medicinal needs and completed administration records in a timely fashion. Staff were appropriately trained and competent in the administration of medicines.
- Medicine audits and stock checks took place. However, audits had not identified the inconsistent recording of time sensitive medicines by some staff. We pointed this out to the registered manager, and they said this would be looked into.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Policies and procedures were in place to keep people safe. Staff were aware of the procedures to follow if abuse was suspected and had received safeguarding training.
- Safeguarding incidents had been investigated and appropriate action had been taken to keep people safe. One person said, "I feel very safe living here."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons had been learnt following accidents and incidents in the home. Information about lessons learnt was passed on to staff to help prevent or reduce the likelihood of similar incidents or accidents occurring in the future.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality monitoring was not always effective. Effective auditing of care plans and risk assessments was not taking place at the time of the inspection. We identified a number of inconsistencies in people's risk records and a lack of person-centred information.
- An electronic care planning system had been in place for 12 months. Quality monitoring of this system was not effective as care plans and risk assessments were insufficiently detailed and inconsistent. Staff understanding of the system was limited in some areas.

The provider's failure to ensure effective quality monitoring systems were in place was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Three weeks previously, the local authority had identified concerns similar to those identified on our inspection. The provider did not have a specific action plan in place at the time of our inspection to address these concerns. They addressed this during the inspection and an action plan for improvements was put in place.
- The registered manager had recently registered with CQC and was still learning their role. Feedback from staff and visiting professionals included, "[Registered manager] always provides excellent communication" and "[Registered manager] is approachable and listens to me when I have a problem."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had created a positive culture amongst the people and staff. We observed a number of kind and inclusive interactions between staff and people. A staff member said, "St Mark's is a good place to work as they are really supportive of everyone and I feel happy coming to work."
- Most people and relatives spoke positively about the home, their care and support they received. One relative said, "[St Mark's] overall way of doing things makes [person] safe and it's a good home from the management down."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives or advocates were involved in decisions about their care and the running of the home. Recent surveys of people's experiences had been carried out and the findings acted upon. One person told us, "They know what I like, I can always have a chat with [registered manager]."
- Staff worked with health and social care professionals effectively. A visiting healthcare professional said, "I have always found the core staff to be very caring and committed to the residents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Regulation 17(1)(2)(c) HSCA RA Regulations 2014 Good governance The provider failed to ensure appropriate and effective governance systems were in place to ensure the safe and effective running of the service. |