

Akari Care Limited

# Ashfield 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

We last inspected the service on the 18 and 20 November 2015 when we found the provider was not meeting Regulations 12, 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and related to safe care and treatment, good governance and staffing.

Following our inspection in November 2015, the provider sent us an action plan to show us how they would address our concerns and that they would be addressed fully by the 30 April 2016.

At the inspection in November 2015 the provider had also not sent us notifications which they are legally required to do as part of their registration. We dealt with this matter by issuing a fixed penalty notice to both the provider and the registered manager which they accepted and paid.

We undertook this focused inspection on 14 June 2016 to check that the provider had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfield Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We could not improve the rating for safe or well led from requires improvement because to do so requires consistent good practice over time. We will check these again during our next planned comprehensive inspection.

Ashfield Court provides residential care for up to 46 people, some of whom are living with dementia. At the time of our inspection there were 43 people living at the service including one person who had just been taken into hospital.

The service had a registered manager in post. 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.

We found that staff levels overnight and daytime shifts were adequate and the provider had increased the number of staff on duty to safely provide care to the people they supported. Staff we spoke with said that they could manage workloads much better now.

The people we spoke with felt safe living at the home and the relatives we spoke with confirmed their views.

Accidents were recorded, monitored and analysed by the registered manager who was fully aware of all accidents that had occurred within the service.

Staff at the service followed safe management of medicines best practice. 'As required' medicines were now

detailed fully and medicines risk assessments were in place were required. Training in medicines management had been completed and staff had undertaken competency checks to ensure they followed best practice.

We saw very little in the way of activities taking place on the dementia unit and the registered manager said they would look into this. We will follow this up at our next full rated inspection.

We found that there was now a robust range of quality assurance checks in place which were completed by the registered manager, staff and representatives of the provider. These covered areas in connection with health and safety, medicines, care planning, and infection control. The registered manager also had in place a process for monitoring that notifications to the Commission had been sent.

People's care records and other documents related to their care were now stored in secure locked cabinets, with keys held separately and monitored by administration staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

We found action had been taken to improve safety.

The procedures for the safe management of medicines had been improved.

Accidents were recorded and monitored and the registered manager was fully aware of all that had occurred.

There was now enough staff to respond to the needs of people during overnight and day time shifts.

People told us they felt safe living at the home.

### Is the service well-led?

**Requires Improvement** ●

We found action had been taken to improve this area.

The registered manager was now submitting notifications in line with their registration requirements and the provider checked to ensure compliance.

Quality checks and audits were in place and had been developed to ensure that all areas were covered, including those in connection with medicines, accidents and notifications.

People's confidential records were now stored securely in locked cabinets.

# Ashfield 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 was planned to check 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 14 June 2016 and was unannounced. The inspection was carried out by one inspector.

As this was a focussed inspection to follow up previous breaches of regulations we did not request 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.

We reviewed other information we held about the service, including checking any statutory notifications we had received from the provider about deaths, safeguarding concerns or serious injuries. We also contacted North Tyneside local authority commissioners for the service and their safeguarding team, the local Healthwatch team and the infection control lead for the area. We used their comments to support our planning of the inspection.

We spoke with six people who used the service and three family members/visitors. We also spoke with the registered manager, the deputy manager, a unit manager, two senior care staff and seven care staff. We also spoke with one member of kitchen staff and the service administrator. We observed how staff interacted with people they supported and looked at a range of records which included the care records for six people and medicines records for ten people. We looked at quality assurance checks, accidents and incident reports, service monitoring data and daily records completed in the normal running of the service.

# Is the service safe?

## Our findings

At the last inspection the provider had failed to meet Regulation 12 HSCA (RA) Regulations 2014 which relates to Safe care and treatment and Regulation 18 HSCA (RA) Regulations 2014, which relates to Staffing and were therefore in breach of both regulations.

One person told us, "They have a new fandangled gadget now! Everything seems fine though." One relative told us, "They [staff] are using a new system. I have seen it and it looks very fancy. I am not aware of any problems, but think it is taking a little longer because it is new."

We found the provider had put in place new measures and were now following best practice guidelines in relation to medicines management. The provider had also introduced a new electronic medicines system into the service which recorded every aspect of a person's medicine regime. It was explained that staff were triggered by electronic devices as to when medicines were due and if there was any issues; for example medicines were low in stock. All staff had a separate log in and daily reports could be produced at any time to monitor the quality of the system and the staff using it. The new system also meant that there was no need for hand written medicine administration records (MAR), and only in exceptional cases should these be required.

All medicine trolleys were secured to the wall within the medicines rooms when not in use and we observed staff responsible for the administration of medicines also locking the medicines room when medicine administration rounds had been completed. Medicines which were due to be disposed of were stored correctly within the medicines room within tamper proof containers and staff contacted their local pharmacist regularly to collect these for destruction.

'As required' medicines were recorded in a separate file for each individual and listed with full details of when and why the person should take this medicine along with dosage information. Although we noticed that two people's records lacked some detail. 'As required' medicines are medicines used by people when the need arises, for example, tablets for pain relief. We spoke with the registered manager about this, as we recognised that this information could be entered onto the electronic system manually within additional information areas. The registered manager told us they were working on this and would have the information entered in the future as the system was fairly new to the service. They also said that they had recognised the gaps in the recording and it was being dealt with.

Medicine risk assessments had been completed for people where there was a need identified and these were available for staff administering medicines. Staff also had the use of up to date British National Formulary (BNF) books, which were used by staff to give information on what different drugs were used for. The registered manager had acquired these from the services local pharmacist.

At the last inspection the provider had not ensured that there were sufficient numbers of suitable qualified, competent, skilled and experienced staff employed at all times to meet the needs of people at the service. At this inspection we found they had made changes and there was now enough staff on duty at all times.

We arrived early in order to see how many staff were on duty overnight. At the last inspection three staff were on duty overnight to support 43 people and at this inspection this had increased to five staff members which included a senior member of care staff and this was also to support 43 people.

We spoke to staff on duty and asked if they felt that there was now enough staff to support people's needs. Staff confirmed that they thought staffing levels had improved, but one commented that when staff called in sick that this, on odd occasions had caused shortages. We spoke to a senior member of the team about this and they told us, "When a staff member calls in sick, it can cause problems for us, but we always call on other staff to cover and generally the hours get covered. It's usually when staff call at the last minute to say they cannot come that is not particularly good, but we usually manage somehow."

Day and evening rotas confirmed that enough staff were also on duty during these times. During our observations, both early morning and during the day, we found staff responding to the needs of people in an unhurried manner with call bells being answered in suitable timescales. We also noted that the registered manager was often walking around the building checking all was well. One person told us, "The big guy [registered manager] is always out and about. Nice guy he is."

We checked dependency levels at the service and identified on the providers staffing tool they met with the current staff ratio, meaning the service was operating with enough staff in place at this current time. The registered manager confirmed that he monitored dependency needs and it was noted that if dependency levels increased the provider would deploy additional staff.

Accidents were recorded and monitored by the registered manager and provider. The registered manager received daily updates from senior staff on duty from both floors of the service. The report detailed any issues arising, including any accidents. An accident report was also filled in, usually at the time of the accident by a member of the care team or senior manager, and this was also monitored by the registered manager. We found that these corresponded with each other and where action had been required, this had been taken. Any reportable accidents or those of a safeguarding nature had been notified to the appropriate authorities. One accident which we looked into at the last inspection was in connection with one person accessing the lift area and using it to enter a 'staff only' area. The provider had fitted a key coded lock on the lift which meant that only people who had the code could use it. This meant that people living with dementia or other related conditions were unable to navigate the lift and were kept safe and those with full capacity could access it with no problems. We saw relatives using the lift with no problem as they were aware of the lift code.

During the last inspection we noticed that the hot food trolley on the dementia unit was left unattended and posed a risk of scalding. During this inspection, we spent time on the dementia unit during the lunchtime experience. We found that kitchen staff brought the food trolley up to that area and stayed with it at all times while lunch was taking place. This meant that measures had been taken to mitigate the risk of someone being burnt. The registered manager said that he had investigated a cupboard for the trolley to fit into at lunch time while not in use, but that this option was not feasible due to further risks around heat and combustion. Staff told us that having kitchen staff with the trolley had worked well and no problems had arisen.

Staff understood what their safeguarding commitments were and had been trained to ensure their knowledge was up to date. We were confident any concerns would be reported to the appropriate authorities. There were safeguarding and whistleblowing policies and procedures in place and all staff had full access to them.

Safe recruitment procedures had been followed during the last inspection and we were confident that this continued.



## Is the service well-led?

### Our findings

At the last inspection the provider had failed to meet Regulation 17 HSCA (RA) Regulations 2014 which relates to Good governance and were therefore in breach of this regulation.

At the last inspection the registered manager and provider had failed to send us statutory notifications as part of their registration and we issued them with a fixed penalty notice which they accepted and paid.

There was a registered manager in place who had worked at the service for two years. He had worked for other health and social care providers for the previous four and a half years and prior to that had a background in the armed forces. The registered manager was on duty throughout the inspection and supported us with information required.

Since the inspection we had been sent notifications in a timely manner and when we visited we confirmed that all issues requiring notifications to be sent had been. The registered manager had set up improved systems to ensure that any reportable issues were brought to his attention so that the relevant paperwork could be completed. For example, those in connection with deprivation of liberty, serious injuries, deaths and allegations of abuse notifications. We were confident that the registered manager and the provider were now complying with their legal responsibilities.

At the last inspection people's records were not always accurate or stored in a secure environment and audits were not effective at identifying shortfalls in practice.

People's records were kept secure in locked cabinets with the key held under the close supervision of the service administrator. We checked a number of entries in people's records with the daily handover notes and managers reports and were able to confirm that accurate information had been relayed between the staff teams and the registered manager. For example, one person had fallen and the details were passed over correctly and what the next staff team needed to do to support the person in the day ahead. One member of staff told us, "We make sure that records are correct, it's important."

Accidents and incidents were monitored to check for any trends forming, particularly with regard to falls. A detailed falls log was kept separately to ensure that falls could be monitored separately. This had been used to identify people who had fallen a number of times and prompted further action to be taken, for example, referral to their GP or other healthcare professional.

The quality checks which had taken place in relation to medicines had noted a similar issue with one person's 'as required' medicines and when we spoke with the registered manager about the two cases we had found, they told us they were already aware and were in the process of addressing this issue.

One staff member told us that the registered manager monitored staff through the medicines electronic system for the times it took staff to get medicines out of their containers and then administer them. The staff member said they did this to ensure that staff were not leaving people with their medicines and remained

until they had been taken. The staff member gave an example where one person had passed the medicines trolley and been given their medicines at that time. The staff member said, "The manager queried this, as the time recorded was too quick and they wanted to know how I had managed to do it. It was fine when I explained what had happened, but it's good they are checking like that."

A range of other checks and audits took place, including audits on care records at a rate of 10% every month. This included, for example, checks to ensure that all care plans were in place, were signed and weights had been checked. Where an issue had been identified, staff had taken action and the issue resolved. For example, one audit noted that no 'hospital' documentation was recorded for one person and when we looked at the person's file the record had been put in place. This meant that any missing or out of date information was identified and quickly replaced or updated.

Regular monitoring visits took place by the area manager and during these visits checks were made on the quality of the service provided to people. Including the checking of audits completed at the service and monitoring of any issues arising. Accidents and incidents and checks to ensure that notifications had been sent were also monitored. Areas of concern were discussed, including people at risk of developing pressure areas, people who had lost weight or any infections that may have arisen.

Overall we were satisfied that the registered manager and provider had updated their quality assurance checks and were now able to fully see any areas for improvement or find issues that needed to be addressed through the audits and checks that were completed by staff at the service and also by the providers representative.

The Inspection report details were on display at the service and the provider had full details of the last inspection on their website.

Although we did not check the 'responsive' area of the service, we noted that activities for the people living on the dementia unit were limited. We spoke with the registered manager about this and he said he would look into this issue and ensure that everyone received suitable activities to participate in. We will follow this up at our next full rated inspection.

Prior to the inspection, we had received some information of concern that was investigated thoroughly by both the local authority commissioners and the providers own representatives. It was confirmed by the local authority and nominated individual that the matter had been dealt with appropriately and the registered manager confirmed this also during the inspection.

However, when we spoke with staff it was reported that a feeling of low morale was in place with some of the staff team, and this was due to some recent rumours and allegations made. We spoke with the registered manager about this issue at the feedback session at the end of the inspection and later spoke with the nominated individual who said they would address this issue directly with the staff team at the service. Although the nominated individual said they would update us, we will also follow this up at our next full rated inspection to ensure that there was no impact on the people who lived at the service.