

Akari Care Limited

Alexandra 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

Alexandra House is a 'care home' which provides accommodation and personal care for a maximum of 40 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates people in one adapted building over two floors and on the date of this inspection there were 38 people living at the home, some who of whom were living with dementia.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained good. We saw evidence to show the service was meeting all of the fundamental standards.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since September 2014. 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.

The registered manager was aware of their responsibilities and submitted notifications to the Commission appropriately. The registered manager worked with the provider to ensure there was a strong strategic lead to provide personalised care to people. There was a robust governance framework in place. Audits and checks were carried out by the registered manager and provider. Any issues identified were acted upon and any identified risks were mitigated. There was a complaints policy in place and we saw evidence of investigations and actions taken from these. The provider also carried out feedback surveys annually with people, relatives and staff to help improve the care provided.

The premises were safe and there were regular checks of the environment, equipment and utilities. There were infection control policies in place and staff adhered to these. Medicines were safely managed and there were medication policies and procedures in place. There was a business continuity plan in place for use in emergency situations. These were also reflected in people's care plans with personal emergency evacuation plans (PEEPs) to support the safe evacuation of people in an emergency.

Safeguarding policies were in place at the home and staff had received training around protecting vulnerable adults. Accidents and incidents were recorded, investigated and outcomes shared with people, relatives and staff. Lessons learned were documented and appropriate action taken. The registered manager escalated safeguarding concerns to the local authority.

People's care plans were personalised and care provided to them was accurately recorded. Risks to people were assessed and mitigated. People's care plans were reviewed regularly and people and their relatives were involved in care planning. We saw referrals to other agencies, for example the dietician and GP, in people's care files. People were supported to eat and drink a healthy balanced diet.

Staff were safely recruited, received a thorough induction programme and provided with on-going refresher training to full fill their roles. There was training provided for staff in delivering end of life care and the mental capacity act in addition to key areas such as safeguarding and moving and repositioning safely. We saw evidence of regular staff supervisions, yearly appraisals and team meetings.

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.

We observed caring and kind interactions between people, staff and relatives. People's privacy and dignity was respected. Staff supported people discreetly. People had access to a range of meaningful activities which were important to them. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Alexandra 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 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.

We carried out an unannounced comprehensive inspection of Alexandra House on 29 August 2018. This meant that the provider and staff did not know we were coming. The inspection was carried out by one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they play to make. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

Prior to our inspection we sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services to obtain their feedback.

During the inspection, we spoke with nine people who used service, five relatives and seven members of staff including the registered manager and regional manager. We reviewed the care records for two people and the recruitment records for three members of staff. We reviewed documentation, inspected the safety of the premises, carried out observations in the communal lounge and had discussions with people who used the service, their relatives, and staff.

Is the service safe?

Our findings

People at Alexandra House told us they felt safe living there. One person told us, "I feel safe here. The council want me to move but I don't want to. I like it here. I'm happy." Another person told us, "Yes we are all safe." A relative commented "Mum is completely safe here. I never feel uneasy about leaving her. We both know she's in the best hands."

There were safeguarding policies and procedures in place at the home and these were also available in easy read format so everyone could access the information. People were aware of how to report any signs of abuse and one person told us, "If I ever saw anything I wouldn't like happening to me there's a phone number at reception to ring." Staff were aware of safeguarding procedures and had received training in safeguarding vulnerable adults. Staff explained to us what to do if they needed to escalate any incidents that they had observed. One member of staff told us, "We've had the training in safeguarding and I know who to contact."

The registered manager appropriately escalated all safeguarding concerns to the local authority, notified the Care Quality Commission (CQC) of these, fully investigated and documented all outcomes and lessons learned. Accidents and incidents were also recorded, investigated and where appropriate actions taken were documented. These were then analysed for any trends and action plans were created. Lessons learned were recorded and shared with staff and the provider. We reviewed the accidents and incidents log and saw that lessons learned had also been shared with staff during supervisions.

People's care records and plans detailed their current individual needs. Medicines were securely stored in a separate area of the service which was only accessible to staff. Medicines administration records (MARs) were checked regularly and were correctly completed. Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear evidence of how often people required additional medicines such as pain relief medicines. One person told us, "I get my tablets every day with a cup of tea. They make sure I take them so I don't forget."

Staff recruitment procedures were safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. We reviewed staffing levels at the service and these reflected the assessed needs of residents and were regularly reviewed when people's needs changed.

The premises were safe. The registered manager carried out a daily health and safety walk around of the home. There was a business continuity plan in place should the service be interrupted for some reason. There was a fire risk assessment in place at the service and this also included people's Personal Emergency Evacuation Plans (PEEPs). A PEEP is a plan that provides staff with information about the levels of support a person would need should they be required to be evacuated in an emergency. There was an infection control policy in place at the home which we observed staff following. The home was also regularly cleaned

during our inspection.

Is the service effective?

Our findings

Alexandra House provided support to people in line with current national best practice standards and guidance, such as the Mental Capacity Act 2005 (MCA) and National Institute for Clinical Excellence (NICE). Staff had received training through comprehensive inductions and refresher training sessions to make sure they had the skills to care for people using the service. Staff received regular supervisions and annual appraisals. One member of staff said, "Training is a big thing and we have access to everything. If I want to do something else [registered manager] will always see if it's available."

Daily notes were kept for each person. These contained a summary of the care and support they had received and these, along with detailed personalised care plans. We observed a staff handover meeting which detailed all aspects of care provided to each person, any changes in people's needs, ongoing concerns with their health or presentation. We saw evidence of referrals to other health agencies to ensure people received effective care and treatment.

We observed the dining experience at the home. People were encouraged to eat a balanced diet and there was fresh fruit available. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. If people were at risk, we saw evidence of referrals to the dietician and GP.

"People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. For the two people whose records we reviewed, applications had been submitted to the local authority supervisory body for assessments and authorisation to restrict their liberty, as it had been assessed that this would be in their best interests. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

The service was appropriately adapted for people living at the home. There was pictorial signage around the home. Pictorial signage helps people to visualise certain rooms and items, if they were no longer able to understand the written word. The second floor of the home had a sensory corridor which included touchable objects and bright visual paintings.

Is the service caring?

Our findings

During our inspection of Alexandra House, we observed many kind, caring and positive interactions between people and staff. People told us, "The girls are very kind with me. They always help me." Another person told us, "I love them all (the staff) if it wasn't for them I don't know where I'd be." A relative told us, "The team are wonderful. It doesn't matter who you speak to they are all fantastic."

Staff knew people well and were aware of their personal likes and dislikes. We observed one member of staff encouraging a person to eat their lunch. They said to the person, "I know you love this, why don't I sit with you and we can have a chat whilst you finish." A relative told us, "They all help to look after mum. They care about her and about us. When she was poorly they even asked how I was. They care about them (people living at the home) and the wider family."

We observed one person living at the home being provided with emotional support from a member of staff. They were talking and looking at a photograph in the person's bedroom. We asked the member of staff about the support they had provided and they said, "She sometimes gets confused about where she is and it upsets her. If I look at the photos with her and talk about them it calms her down."

We saw initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were in partnership with people, relatives and professionals. People using the service and their relatives all consented to their individual care plan which was clearly documented. One relative said, "It's brilliant here. Mum came in due to an emergency but we're that pleased with the home Dad is going to be joining her here soon. It means they can still be together but be looked after."

People's privacy and dignity was respected by staff. During the inspection we observed staff asking people discretely if they could carry out personal care and if they required support. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives. There was an information pack provided to people and their relatives when they first joined the service and this explained about the support provided by the provider. This was also available in easy read and pictorial form so everyone could access the information.

The registered manager ensured staff encouraged people's confidence, engaged partnerships between families and the service, and maximised independence, choice and control where possible. We observed staff encouraging one person to select what clothing they would like to wear. Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious belief.

Is the service responsive?

Our findings

People living at Alexandra House received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. There was a member of staff employed at the service to befriend everyone living there. This helped the service understand what was important to people spiritually and socially, so that they could provide personalised meaningful activities for people. A member of staff told us, "No one is the same, what's important to you is different to what's important to me, so we need to build an individual picture of everyone." People told us they had attended trips with the service, had movie nights, sang and enjoyed the social environment created in the home.

On the second floor of the home, staff from the service had decorated the corridor in bright colours with pictures and sensory items. Throughout the home there was memorabilia to help stimulate conversations with people. We observed the registered manager talking with one person about a clock on the wall which was similar to what the person had when they were younger. The registered manager told us about a previous resident who used to like to sit and look out of the window in the corridor. The person used to wave at people walking past and enjoyed stroking a model dog. People walking passed interacted with the person and this was encouraged by the home, as both parties enjoyed the interaction.

People had personalised care plans which reflected their individual needs. These included plans related to medicines support, personal hygiene and physical well-being. Care plans were regularly reviewed, updated and audited. We reviewed two people's care files and these were person-centred and contained detailed instructions for staff about how to support people appropriately and in line with their personal care needs. There were corresponding risk assessments for each care plan and mental capacity assessments were needed.

The provider had a robust complaints procedure in place at the service and this was displayed around the home. This was displayed in easy read format around the home with safeguarding and advocate information also. We received the complaints log at the service and the actions taken in response to complaints. The registered manager addressed any complaints within the designated timescales and took action where required. Lessons learned were acted upon and recorded. A relative told us, "[Registered manager] is always available. If somethings not right she'll sort it straight away." A person living at the home told us, "I don't need to complain but if I did the boss (registered manager) would help me out."

Staff had received training in end of life care and during our inspection no one was receiving this type of care. Staff told us about delivering end of life care and the importance of providing a relaxing, calm and dignified environment. The registered manager discussed how the service also supported relatives with end of life care and making sure that they are also supported by staff.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Commission since September 2014. This was in line with the requirements of the provider's registration of this service with the CQC. The registered manager was committed to improving the quality of care and life of the people living at Alexandra House, in-line with the provider's vision and objectives. They were aware of their legal responsibilities and had submitted notifications as and when required. A member of staff told us, "I've worked here for years and [registered manager] is the best we've had. There's been issues but she's sorted them out. We're supported. She's honest with us and that's what we need."

The registered manager was present during the inspection and supported us by providing records and documentation we required. The registered manager knew people living at the home well and when we first arrived at the service one person was sitting in their office with them. People at the home were complementary about the registered manager, one person told us, "She's my angel. I've got nobody else apart from her and the other lasses." Relatives knew the registered manager well and we observed many friendly and positive interactions between them. One relative said, "[Registered manager] is great. We have a laugh every time I visit. She loves mum just as much as we do."

We received feedback from a clinical lead at the local hospital about how the service was managed. They said, "[Registered Manager] is an exceptional leader and made my team and I extremely welcome. Her staff supported the residents and our staff to deliver the vaccination program in a planned, calm and professional way."

We reviewed records of regular staff meetings and separate meetings for people and their relatives, both of which were held regularly. Staff minutes showed that lessons learned were discussed with staff from incidents at the service, policy updates and included staffing updates. The relatives and resident's meeting minutes documented open feedback, concerns and ideas to improve the service. The provider sent questionnaires to relatives annually and used the feedback from these to improve the service.

The service had a robust governance framework. The registered manager carried out daily, weekly and monthly audits of the service and we saw evidence of these. The provider also carried out a quality assurance audit of the service on a monthly basis. These all allowed for the key areas of the service to be monitored and if any issues were identified they could be acted upon. We reviewed action plans from the audits and saw that these were effective, actions had been completed and lessons learned to prevent repeat events where appropriate.

We reviewed people's care files and saw evidence of joint working with external professionals to support people. The provider had their latest CQC inspection rating on display within the home and it was also displayed on their website. This was in line with regulatory requirements and it allowed for people living at the service, relatives, visitors, professionals and people seeking information about the service to see our previous judgements.