

Akari Care Limited

Dene Park House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dene Park House is a residential care home providing personal and nursing care to up to 51 people. The service provides support to younger and older people, some of whom are living with dementia and/or a physical disability. At the time of our inspection there were 37 people using the service.

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

Medicines were not always managed safely. Some topical medicines such as creams were out of date, handwritten entries had not been counter signed in line with the provider's policy and national guidance, and guidance for staff lacked detail regarding people's individual needs.

Pre-employment checks on permanent staff and records relating to the induction of agency staff contained gaps.

There were mostly appropriate infection prevention and control measures in place, although we did advise the provider about PPE compliance.

People told us they felt safe and were happy with the care they received. Staff recognised different types of abuse and how to report it. The manager understood their safeguarding responsibilities and how to protect people

People's care plans included risk assessments about individual care needs and control measures to reduce the identified risk. Staff knew people well and were aware of people's risks and how to keep them safe. There were enough staff on duty to meet people's needs in a timely way.

We have made a recommendation about staff training and supervisions.

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. However, we did find records were not always in place where decisions had been taken in people's best interests.

Staff treated people with care and respect. We saw staff interacting with people in a warm and compassionate way. People were supported to make decisions and choices about their care. Relatives were involved in decision making where appropriate.

Some care plans lacked the necessary detail to guide staff how to support a person with a specific need. Not all care plans were person-centred. The provider had already identified care plans needed improving and work was underway to address this.

We have made a recommendation about complaints records.

Systems to monitor and assess the quality of the service were not robust. The provider had not identified all of the issues we found on this inspection. There were gaps and errors in records and people's care records did not always contain the level of detail staff needed to support them safely.

Most relatives we spoke with felt that communication needed improving.

Since the inspection, a new manager had been appointed. They had been the registered manager at one of the provider's other services.

There was a positive atmosphere at the home and people told us they were happy with the care and support they received.

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

Rating at last inspection

The last rating for this service was good (published 20 September 2021).

Why we inspected

This inspection was prompted in part due to concerns received about medicines. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive 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.

Due to the shortfalls identified during this inspection we asked the provider to take steps to address these issues immediately. The provider gave us assurances these issues would be addressed and we saw evidence of action being taken to mitigate the risks identified during our inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dene Park House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Dene Park House

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 Health and Social Care Act 2008.

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 was carried out by two inspectors, a pharmacist specialist 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

Dene Park House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dene Park House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. An interim manager had been in post for several months. After our inspection the provider informed us that a new manager had been appointed, who will apply to become the registered manager in the near future.

When we gave feedback to the provider and new manager at the end of the inspection, the nominated individual was present. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 May 2022 and ended on 1 July 2022. We visited the home on 18 and 25 May 2022.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about specific incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority contracts monitoring team, Clinical Commissioning Group (CCG) and safeguarding adults' teams and reviewed the information they provided. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included six people's care records, medicine records for 13 people and recruitment records for three members of staff. We also reviewed the induction information for eight agency staff members who had recently been employed at the home. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We carried out observations in the communal areas of the home. We spoke to 12 people, two relatives and 16 members of staff during the inspection. This included the interim manager, the regional manager (provider's representative), one nurse, one senior, six care assistants, the maintenance person, one domestic, two kitchen staff, one domestic and the administration officer.

An Expert by Experience spoke with 13 relatives on the telephone on 30 May 2022.

After the inspection we asked for further information regarding safeguarding records, staff training and recruitment.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

- Medicines were not always managed and administered safely. Medicines care plans were in place to guide staff, but some of these lacked detail and needed to be more person-centred.
- Handwritten entries on medicine administration records had not always been counter signed for accuracy, in line with the provider's policy and national guidance.
- Topical medicines such as creams or lotions were not managed safely. There was excessive stock and lots of prescribed creams were out of date. We could not be sure people's topical medicines had been administered as prescribed.

Medicines were not always managed safely which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

- Although waste medicines were stored securely, the appropriate bins were not available. The manager told us they had tried several times to address this. When we spoke with the provider's representative (regional manager) they advised they would escalate this.
- When people were administered 'when required' medicines, for example, for pain relief, no outcome was recorded. Also, guidance to support the use of 'when required' medicines was under review, so staff did not have guidance for lots of people who were prescribed 'when required' medicines. During the second day of inspection we saw that 'when required' guidance for individuals had been updated and contained appropriate detail.

Staffing and recruitment

- Records did not always evidence that safe recruitment procedures were followed. Where pre-employment checks were carried out these had not always been documented consistently.
- Checks on agency staff and records relating to the induction of agency staff had not always been completed consistently.

The failure to ensure records relating to staff recruitment and agency staff were accurate and up to date placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

- We saw enough staff were on duty to meet people's needs in a timely way.
- At the time of our inspection there were 22 people using the service who needed nursing care. During the

day, one nurse, one senior, and seven care assistants supported 37 people. We discussed with the provider if additional nursing cover would be needed if more people with nursing needs were admitted. The provider reassured us that additional people with nursing needs would not be admitted in excess of the existing number, as it was proving difficult to recruit nurses into social care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes I feel very safe. Staff come quickly when you need them."
- Staff had access to information about how to protect people from harm.
- Safeguarding concerns were reported to external agencies when required.
- Staff had completed safeguarding training and knew how to identify and report concerns.

Assessing risk, safety monitoring and management

- Staff identified and managed risks to people's safety and welfare. Staff knew people well and were aware of people's risks and how to keep them safe.
- People's care plans included risk assessments about individual care needs and control measures to reduce the identified risk. We found one person did not have a risk assessment in place around an individual care need. When we discussed this with the provider, they said they would rectify this immediately.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date. There was regular maintenance and servicing of fire safety systems, gas, electrical systems and equipment.

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 accessing testing for people using the service 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 have signposted the provider to resources to develop their approach around using PPE effectively and safely.
- Relatives and professionals were able to visit the home. Staff asked for proof of negative lateral flow tests from professional visitors.
- People were supported to visit out of the care home. We saw relatives visiting people in their bedrooms and communal areas.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to look for trends. This included looking at actions to reduce the risk of recurrence.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Records relating to several people's food and fluid intake had not always been completed consistently. One person needed their food and drink preparing in a certain way due to the risk of choking. Records showed this person's food and drink had not been prepared in this way. However, when we spoke with staff, they were clear about how this person needed their food and drink preparing which matched what the Speech and Language team had advised.
- People's weight was not always monitored in line with their identified risks. For example, some people needed to have their weight checked weekly, but records did not reflect this. People had not lost weight, but this placed people at risk of harm.
- One person had been reviewed by the Speech and Language team in April 2022, but their care plan had not been updated to reflect the team's advice until six weeks later. Staff gave us an accurate summary of the person's needs in this area, but the care plan did not reflect this.

Accurate and complete records regarding the care provided to each person was not maintained, which put people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

- Staff recognised changes in people's eating habits and, in consultation with them, contacted health professionals involved in their care when necessary.
- The mealtime experience was pleasant and relaxed. Some people preferred to eat their meals in their room and this was respected. People told us they enjoyed the food and there were plenty of choices available.

Staff support: induction, training, skills and experience

- Most staff training was up to date, but we found some staff needed refresher first aid training and catheter care training. When we discussed this with the provider they said they had experienced issues accessing face to face training due to the pandemic. Since the inspection this training has now been completed.
- A relative commented, "Most of the staff are competent and the nurses are very good."
- Some supervisions had not taken place according to the frequency set out in the provider's policy. When we discussed this with the provider, they took immediate steps to ensure each staff member had a supervision as soon as possible.

We recommend the provider monitors staff training and supervisions to ensure these are up to date.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Whilst staff worked in line with the principles of the MCA, records did not always evidence this. For example, mental capacity assessments and best interests decisions had not always been recorded consistently, such as when a person had bed rails in place to reduce the risk of them falling from bed, and they lacked capacity to make this specific decision. Also, applications to deprive people of their liberty were not always monitored consistently. We received assurances from the provider on both of these issues after the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed prior to people moving into the service. These helped ensure the environment was suitable and staff could meet people's needs.
- People, and where appropriate, their relatives were included when initial and subsequent assessments were completed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and raised concerns with senior staff or relevant health and social care professionals in a timely manner.
- We spoke with three health professionals during our inspection. All spoke positively about the staff at Dene Park House.

Adapting service, design, decoration to meet people's needs

- The premises were designed to offer people choices about where they spent their time.
- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and had a homely feel.
- The provider's dementia specialist had already identified where improvements could be made to the accommodation for those living with dementia. Numerous items of new furniture had been ordered and were due to be delivered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and respectful towards people. Staff interacted with people in a warm and compassionate way. One person told us, "I am well cared for. They are always looking in on me. Staff are really good. They treat me nice like one of the family." Another person said, "They are all lovely. There is nothing bad, it is great. I feel very safe. Staff come quickly (when you need them). Staff are fantastic, they all have a good sense of humour."
- People were treated well. Staff were patient and calm when assisting people. A staff member told us, "Each person is an individual, so we treat them as an individual." Staff knew people well and provided care that did not discriminate against their protected characteristics such as gender or religion.
- Relatives spoke positively about the care provided. One relative told us, "We are really happy, it is the best place [family member] has been in. It has been all positive so far." Another relative said, "I've only been able to visit a couple of times, but when I do the staff are delightful. They've been able to get [family member] to smile."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions and choices about their care. Relatives were involved in decision making where appropriate.
- Meetings were held where people and relatives could express their views about the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. We saw staff knocking on doors and waiting for a response before entering and seeking consent and permission from people before they provided support.
- Staff supported people to maintain their independence without compromising their safety.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Several care plans lacked person-centred information. This meant staff did not always have the necessary guidance to help them support the person as an individual. For example, one person's care plan lacked details about how they presented when not in a positive mood, so that staff could identify signs and intervene appropriately. There were no detailed strategies identified to guide staff. Some individual support plans were repeated in different areas of the full care plan which could be confusing. The lack of person-centred detail had already been identified by the provider as an area of improvement, and work was underway to review and update all care plans.
- Other care plans contained appropriate detail, were person-centred and contained people's life histories.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in other formats such as easy read, large print and different languages if required.
- People's individual communication needs were assessed prior to and after admission. Communication care plans had been developed accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them and encouraged to participate in activities.
- We received mixed feedback from people and relatives about the range of activities available. One person said activities were available, but these did not happen regularly. When we discussed this with the provider, they acknowledged that activities provision could be improved. Since the inspection, the provider advised a second activity co-ordinator had been appointed so activities could be offered more regularly.

Improving care quality in response to complaints or concerns

- Complaints had been dealt with appropriately and promptly, but records of complaints sometimes lacked detail and further analysis to identify where lessons could be learnt.

We recommend the provide takes steps to improve the way complaints are recorded and analysed.

- One relative we spoke with told us about a concern they had about medicines, which we were already aware of. Other relatives said they had no concerns about the service. People we spoke with had no complaints.

End of life care and support

- Nobody was receiving end of life care when we inspected.
- People's care plans contained limited detail about their end of life wishes.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The provider did not have a consistently robust governance system in place. Whilst the provider had identified some areas for improvement, which were being addressed, the provider had not identified all of the issues we found on this inspection such as medicines management, recruitment records, staff training and supervision, MCA documentation and records relating to complaints.
- People's care records were not always well maintained, detailed or up to date.

An effective system to monitor the quality and safety of the service and ensure accurate records were maintained was not in place, which placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

- Most relatives we spoke with felt that communication needed improving. One relative said, "The communication between staff is not good. I arrange to take [family member] out yet this doesn't get passed on, so they are not ready when I arrive."
- A registered manager was not in post. An interim manager had been in place for a few months. Since the inspection the provider advised us that a new manager has been appointed. They had been the registered manager at one of the provider's other services.

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

- Staff told us they felt supported by the interim manager, but they felt more stability was needed, as they weren't sure if the management arrangements were temporary.
- There was a positive atmosphere at the home and people told us they were happy with the care and support they received.

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

- The interim manager was aware of the need to comply with duty of candour regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people, staff and relatives. This was analysed and acted upon but not always

used consistently to improve the service.

Working in partnership with others

- The provider worked with a range of other services and professionals to support people's needs.
- Professionals told us they found the manager and staff mostly responsive to suggestions made about how to support people individually.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely. Regulation 12 (2) (g)

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	There were not always robust systems to monitor the quality of the service and records were not always accurate, detailed or well maintained. Regulation 17 (1) (2) (a) (b) (c) (d) (l) (ii) (f)