

Akari Care Limited

Philips Court

Inspection report

Blubell Close
Sheriff Hill
Gateshead
Tyne and Wear
NE9 6RL

Tel: 01914910429

Date of inspection visit:
03 February 2017

Date of publication:
18 April 2017

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 unannounced inspection took place on 3 February 2017. We last carried out a comprehensive inspection in November 2015 at that time we found the service required improvement.

Philips Court is a 75 bedded care home that provides personal and nursing care to older people including people who live with dementia. At the time of our inspection there were 73 people living at the home.

The service had a registered manager. 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.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read and based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare.

Staff had developed good relationships with people and communicated in a kind and friendly manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area. □

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. There were no outstanding complaints in the service.

The service had a dementia friendly environment that was innovative and creative. The registered manager and her team ensured that people had a structured meaningful day and provided a variety of activities.

Philips Court was well-led by a registered manager and her team who had high expectations around standards of care at the service. A quality assurance system was in place that was utilised to improve the service.

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 managed appropriately.

Appropriate checks were carried out during the recruitment of staff.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People told us they felt they were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their care. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good ●

The service was well-led.

The service had a quality assurance system in place.

The registered manager had clear values that were centred on the people who used the service.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

Philips 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 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 the 3 February 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and a specialist professional advisor who had a background in nursing and dementia care.

Before the inspection the provider completed a 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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we gathered information from adult social care and the clinical commissioning group (CCG). We planned the inspection using this information.

We spoke with ten of the people who used the service and one relative. In addition we spoke with ten staff including nurses, care assistants, senior carers, auxiliary staff and the registered manager.

We read seven written records of care and other policies and records that related to the service. We looked at three staff files which included supervision, appraisal and induction and examined the training record and quality monitoring documents.

Is the service safe?

Our findings

At the time of our last inspection we had concerns that records did not accurately reflect the care that people received. This was apparent in the way medicines were risk assessed.

During this inspection we saw that the service had made sustained improvements. Medicines were stored appropriately and administered by registered nurses. We carried out checks on medicine administration record charts (MAR charts) for both oral medicines and topical creams. We noted that MAR charts had been filled in correctly. There were care plans in place that outlined when to administer extra, or as required, medication. Care plans were accompanied by risk assessments. Procedures were in place for the ordering and safe disposal of medicines.

We spoke with people who used the service and their relatives and asked if there were enough staff to meet people's needs in a timely manner. They told us they had no concerns.

During our inspection we noted that staff appeared calm and were responding to people's requests for assistance quickly and professionally. When we spoke with staff they told us they thought there were sufficient staff to meet people's needs.

According to the duty rota there the registered manager was achieving consistent staffing levels and had arrangements in place to cover short notice absence. These included offering additional hours to staff and agency staff were available if needed.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

We looked at the recruitment records for staff. We saw that safe systems were used when new staff were recruited. All staff had obtained a Disclosure and Barring Service check which demonstrated they were not barred from working with vulnerable people. The registered provider had obtained evidence of their good character and conduct by seeking references from previous employers.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. For example people had personal evacuation plans which outlined how they would be kept safe in a fire. The

registered manager or her deputies were always available to talk to out of hours via telephone and would attend the home if necessary.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people were identified as being at risk of slipping, tripping or falling. Plans had been put in place to minimise these risks including ensuring people had the correct footwear and access to specialist equipment such as walking frames.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One relative commented, "Staff work very hard."

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Staff said that training in the home was "good".

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, such as moving and handling and fire safety, there was also the opportunity to undertake vocational qualifications. Staff we spoke with confirmed they had completed training course, this was reflected in their personnel files.

The registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. Staff told us they felt their manager was supportive.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

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 application 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. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored.

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

We observed that people were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission.

People we spoke with about the nutrition and hydration support in the home told us that they liked the food in the home. We observed people enjoying meals and being given a choice of what they could eat.

Each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dietitians and speech and language therapists had also been obtained. The kitchen staff were aware that some people required specialist diets and others required fortified food. The service used a system of pre-packaged meals from a supplier. Packaging of the meal was coded and identified who it was suitable for, such as people who required a soft diet. The service was able to order meals specific to people's needs, this included religious preferences.

People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP.

The registered manager had risk assessed the environment. This risk assessment included information about any risks present and the mitigation for the risk. The registered manager used this assessment to help inform her as to what areas of the home required maintenance or improvements and why.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives. They told us that the staff were caring and treated them well. One person told us, "They are all really nice here."

Throughout our inspection we observed staff speaking with people in a kind and caring manner. We spent time in communal areas observing staff while they worked. Staff took time to make conversation with people whilst supporting them. We observed a member of staff giving one-to-one care and noted they were relaxed, happy to go where the person wished to be, were responsive and used various ways to engage and interact with the person in a very positive and respectful way.

We looked at people's written records of care and saw that, where possible, care plans were devised with the person who used the service or their relatives. This meant people and their relatives were actively involved in making decisions about their care treatment and support.

The service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. During the inspection we saw staff ensured that people's privacy and dignity were protected.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends. We found evidence within people's care files to show advocacy involvement.

When we spoke with staff it was clear they knew people well. They were able to tell us about people's preferences and what kind of support they required. There was information within people's care files that gave staff information about people's life histories. This provided the staff with information to help build relationships with the people they supported.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this. The service worked alongside other providers to ensure that this care was carried out correctly.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example people's care plans contained information on what they could

manage themselves, such as self-care. In addition levels of independence were assessed and care planned for. For example though some people were capable of washing or bathing themselves they sometimes needed a gentle reminder from staff to do this. Whereas other people required full support whilst attending to their personal care needs.

Is the service responsive?

Our findings

We spoke with people and their relatives about the activities offered to people who used the service. They told us, "The activity co-ordinators are marvellous, they've always got something on, I've been on many trips. The [registered] manager asks us what we would like to do and the places we would like to visit."

The registered manager and her team had made every effort to ensure that the environment was as conducive as possible to support people who lived with dementia in having a structured meaningful day. The ground floor was well thought out. It had stimulating themed corridor walls with lots of interesting objects that could be picked up and interacted with. There was a main lounge area which contained things that could be picked up such items of interest like old pieces of crockery contained within aged period type furniture. There was a bar with specific opening times this was where entertainment, social activities and therapeutic activities happened both for people, their friends and families.

Externally people were able to access a large open space that included a an area for rearing chickens and rabbits. This proved popular with people and their visitors including local school children who often provided entertainment within the home. There was also a miniature crazy golf course and the registered manager had just purchased a caravan which was been renovated. The caravan would provide undercover seating and opportunities for people to reminisce about things such as past holidays.

During our previous inspection we had concerns that records did not accurately reflect the care that people received and record keeping was not consistent. On this inspection we found the service had improved in this area and had managed to maintain these improvements.

When people were referred to the service an assessment of needs was carried out. This included assessing their mental wellbeing, their dietary needs and their mobility. The information was then used to write a care plan. This was then further developed and reviewed on a regular basis and as people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise care plans that were easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that where possible people had been consulted with about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

There was evidence within the care plans that showed people had exercised their choice. For example some people's care plans recorded their preferred choice of meals. Others indicated what people's chosen daily routines were.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

We spoke with people who used the service and their relatives, they told us they knew who to speak with if they had a comment or complaint about the service.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. There were no outstanding complaints at the time of our inspection. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the home. People told us they were satisfied with this aspect of the service. The staff told us they felt supported by the registered manager. One said, "Out of all the managers we have had she is the best." A nurse told us about her own leadership style, "You have to get people motivated to do a good job. I'll still check. I'll never stop. You have to have good basic standards. You would not go out without your socks and slippers on would you?"

We observed that the registered manager and her nurses provided strong leadership to the staff in the home and were clear in their expectations. Our specialist professional advisor commented, "The [registered] manager is very enthusiastic and has lots of ideas and motivation."

We spoke with the registered manager and asked her about her vision for Philips Court. She told us, "The values of Philips Court are treating people as individuals, maintaining their independence in relation to choice no matter how their illness affects them. [People] who live at Philips Court will always be valued members of the community and continue to live fulfilled lives. Staff are here to assist them to find the solution to any problem. The vision for the home is to be the best dementia community and the place of choice where people are included in all decision making, whether big or small."

People were asked for their views about the support they received. The registered provider had sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. We looked at the returned questionnaires and saw that the provider used them to monitor the performance of the service from a 'customer' perspective.

In addition there was a 'resident' committee that met every month to discuss the way the service was run. The registered manager told us, "[People] bring forward their wishes and I bring their suggestions to the staff meetings. One example of things we changed is the residents wanted to speak to the kitchen staff regarding the food, so now the kitchen staff serve all the meals to the residents and are available at the meal times for feedback about their food. This has also led to changes in the menu including the salmon sandwiches which are a great hit."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the regional manager who visited the home regularly to monitor quality.

During the inspection the registered manager and her team were keen to work with us in an open and

transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the registered manager throughout our inspection. This demonstrated an open culture within the service.