

Akari Care Limited

Wheatfield Court

Inspection report

Wheatfield Road
Westerhope
Newcastle upon Tyne
Tyne and Wear
NE5 5HQ

Tel: 01912145104

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Wheatfield Court can accommodate 60 people in one adapted building. The home is divided into three main areas, 'Bronte,' 'Darwin' and 'Eden Court.' 'Eden Court' is a 20 bedded enhanced intermediate care facility which is supported by a team of NHS health care professionals who provide medical and therapy services. There were 48 people living at the service when we inspected, some of whom were living with a dementia.

People's experience of using this service: At our previous inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the accuracy of care records and the monitoring of staff training. At this inspection we found the areas relating to staff training had been fully addressed but people's care records did not fully contain all the correct information.

During this inspection we found three further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the safety of the service and care provided to people, duty of candour actions not being fully completed and nursing staff not receiving clinical supervisions.

People's care records did not accurately reflect all of their needs. We found records were not fully completed or lacked detail. Medicines were not safely managed.

The premises were not always safe for people living at the service. Not all environmental risk assessments were in place.

The management team did not fully understand their accountability regarding duty of candour. Staff were not supported to learn or reflect from serious incidents. Clinical supervisions for nursing staff had not been completed.

The quality and assurance systems in place at the service were not effective as it did not identify the issues we found during the inspection process. People's records were regularly reviewed but we found these were not always effective reviews.

People and staff were positive about the service. People had access to meaningful activities and were encouraged to maintain social relationships. The premises were decorated nicely and there was clear signage to help people find their way around.

Staff recruitment was safe, and staff had access to regular refresher training. Management supervisions with staff were completed regularly. New staff received an induction from the provider before delivering any aspect of care.

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.

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

Rating at last inspection: Requires improvement (report published August 2018). This is the third time the service has been rated as requires improvement.

Why we inspected: This inspection was brought forward due to concerns we had received relating to the safety of care provided to people.

Enforcement We have identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safety of the care provided, staffing, duty of candour and the governance of the service. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. As part of our process we will be meeting with the provider and requesting an action plan to be completed to address the issues identified. We will re-visit the service in line with our inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Wheatfield Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by a specific incident and concerns raised by professionals to the CQC about the quality and safety of care provided to people.

This inspection examined all risks at the service relating to those concerns.

Inspection team: The inspection was carried out by three inspectors.

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

Notice of inspection: The inspection was unannounced.

What we did: As this inspection was brought forward, the registered manager did not complete a Provider Information Return. This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information 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.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with 12 people who lived at the service, two relatives, three health and social professionals working from the service, and 11 members of staff including the registered manager and regional manager. We reviewed the care records for three people, medicine records for 11 people and the recruitment records for four members of staff.

We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

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

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. Regulations were not fully met.

Assessing risk, safety monitoring and management; Using medicines safely

- Medicines were not always managed safely. Opening dates on liquid medicines was missing.
- People received 'as required' medication, for example pain relief. We found guidance about how to administer these were missing from some people's records; this meant some people may not get the medicines they need.
- The premises were not always safe for people living at the home. Pull cords were not fully accessible in communal bathrooms and clinical waste bins could not be locked securely. All environmental risks had not been assessed. Regular premises checks had been completed but these did not highlight the risks we found.

The provider failed to ensure people received their medicines safely and that the premises were safe for everyone using the service. This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider took immediate action to address the issues we identified.
- People had personalised risk assessments in place to help keep them safe. These were reviewed regularly.
- People felt safe. One person told us, "Feel very safe. There's always someone around (staff)."

Staffing and recruitment

- The registered manager and provider had not taken appropriate action following a serious incident investigation to re-check the competencies of nursing staff.
- There were no records to show agency staff had their competencies checked before delivering care to people.
- Nursing staff were not provided with on-going clinical supervisions.

The provider and registered manager failed to ensure staff were competent to fulfil their role which put people at risk of harm. This demonstrated a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment continued to be safe. Nursing staff had their registration details checked regularly by the registered manager.
- There were sufficient staff deployed at the time of our inspection. We observed staff carrying out their duties in a calm unhurried manner. Several staff told us more staff would be appreciated in the 'Bronte' unit. We passed this feedback to the registered manager for their information.

Learning lessons when things go wrong

- Lessons learned were not always documented or shared with staff. After one serious incident staff were not provided with additional training or competency checks which resulted in further concerns regarding the safety of care provided to people.
- Accidents and incidents were fully investigated in partnership with other agencies.

Preventing and controlling infection

- Safe infection control procedures were followed.
- The home was clean. One person told us, "They keep the place spotless."
- Staff used gloves and aprons to help minimise the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. This was confirmed by relatives. One relative told us, "For me it was amazing, safe and secure."
- Staff were knowledgeable about what action they would take if abuse were suspected. One staff member said, "If anyone saw something going wrong it would be flagged instantly."
- There were safeguarding policies in place and staff had received training around identifying abuse.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Consent to care and treatment was sought in line with relevant legislation and guidance.
- DoLS applications had been submitted in line with legal requirements.
- People made their own choices whenever possible. Where there were concerns about people's capacity, assessments had been carried out in line with the MCA.

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

- People's needs were assessed in line with best practice guidelines.
- Pre-admission assessments were carried out to ensure that people's needs could be met before they moved into the home.
- People were involved with their care planning. One person told us when discussing their assessment, "I consented to my care. Support plan discussed and felt fully consulted."

Staff support: induction, training, skills and experience

- Staff told us there was sufficient training to ensure they could meet people's needs. One staff member said, "The standard of care is very good, they are very hot on the training" and "If your clinical skills are lacking, she [registered manager] will say, 'I will book you in for this and that.'"
- Health and social care professionals told us they delivered training to staff in areas such as rehabilitation.
- Staff told us they felt supported by regular management supervisions and yearly appraisals.

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

- People were supported with their nutrition and hydration needs. People were positive about food choices. One person said, "I get a cooked breakfast every morning. Plenty of choice."

- Staff monitored people's diet and fluid intake if they were identified as being at risk of malnutrition or dehydration. Action was taken if any concerns were highlighted.
- Staff had organised an ongoing 'virtual world tour.' Different foods from around the world were provided to introduce people to new tastes.

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

- The service was adapted to meet people's needs, there was clear signage around the home to help people find their way around.
- People could access memory triggers, for example posters of famous actors or films, to help start conversations and discussions. Corridors were named after familiar places in the surrounding area.

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

- Staff supported people to access healthcare services and receive ongoing healthcare support.
- Staff used digital technology to measure and record clinical observations. Staff used this information to calculate a score known as the National Early Warning Score [NEWS]. NEWS uses a combination of six physiological measurements such as blood pressure, temperature and pulse which determines clinical risk.
- There was a multi-disciplinary approach to care. 'Eden Court' the 20 bedded enhanced intermediate care facility, offered a step up from community care and step down from hospital.
- The Eden Court was supported by a team of medical staff, nurse practitioners, nurse specialists, physiotherapists, occupational therapists, social workers and pharmacists.
- We spoke with a number of health care professionals from the NHS team. They spoke positively about the staff and the care which was delivered. One health care professional told us, "I am delighted and thrilled to see how things have progressed. The way the unit runs, it's a joint effort...It's been a fantastic stop gap, incredibly responsive and the carers are magical."

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

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness, compassion and dignity. One person told us, "No concerns regarding privacy and dignity."
- People were very positive about staff. One person said, "They (staff) are little angels. Nothing's too big a job."
- People, relatives and health care professionals spoke positively about the care that was provided. One health care professional said, "They are a delight, such professionals...It's a coming together of a common goal for top notch care which they [people] deserve."
- There was a relaxed and cheerful atmosphere in the home. One staff member said, "You've got to be cheery, so the residents feel it. If you have a bit laugh and carry on, they feel happy."
- Staff spoke in a caring and respectful manner about the people they supported. One staff member said, "You can't do the job if you don't form a bond and become attached with them, the residents"
- Staff talked about caring for people like members of their family. They told us they would be happy for a friend or relative to live at the home because of the standard of care provided.

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

- Staff supported people to express their views and be actively involved in making decisions about their care.
- Care plans documented where they had been written with people and where appropriate, their relatives.
- People and relatives told us about reviews of care needs and their involvement. One relative commented, "I am involved in (Person)'s care needs. The doctor came to review [person], and staff explained everything."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs.
- Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided.
- We identified minor shortfalls with records relating to wound care and Percutaneous Endoscopic Gastrostomy [PEG] care. The registered manager told us this would be addressed. PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines.
- Care reviews had been carried out to ensure the care provided met people's needs.
- There was an activities programme in place. Bingo, quizzes and games were organised at the time of our inspection. A specific activities programme was in place in Eden Court which was based on improving independence and maximising recovery.

Improving care quality in response to complaints or concerns

- People and their relatives told us they know how to raise a complaint. At the time of inspection people did not have any concerns. One person said, "No complaints, all nice staff."
- There was a complaints policy in place at the service and all complaints were fully investigated in line with this by the registered manager.

End of life care and support

- People were supported at their end of life. A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.
- Staff explained the importance of remembering and respecting people after they had died. They told us they attended people's funerals. Staff explained that they wanted relatives to know how valued the person was to staff. In fact, staff considered each person who used the service to be part of their family.
- We spoke with a relative whose family members had recently died. They told us, "They came to the funeral and what I thought was lovely was that I met a carer out of work and she said how much they were missed [relative]. I thought that was lovely because it shows they care."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- This is the third time the service had been rated as 'Requires Improvement'. Following the two previous inspections we requested action plans to be completed. At this inspection we found not all areas of this had been fully addressed.
- The quality and assurance systems in place were not effective as they did not identify the issues we found during the inspection process.

The provider failed to fully address issues previously identified and the systems in place did not allow for appropriate oversight of the service. This demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager acknowledged the systems in place needed to be improved and during our inspection they began looking at ways to improve. The safety issues, we identified during the inspection, were addressed by the provider and the risks to people were removed.
- There was a registered manager in post. Staff spoke positively about their leadership. A new deputy manager had been appointed to support the registered manager.
- Staff told us morale was good and they worked together well as a team. One staff member said, "There are no cliques here. All the staff laugh and are cheerful, it's a really good home."
- People, relatives and staff were asked for their feedback about the service and this was used in partnership with action plans to improve.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider did not put arrangements in place to support staff who were involved in a notifiable incident under duty of candour.
 - Staff were not given the opportunity to reflect on their practices as the management team did not share all outcomes or lessons learned with staff.

The provider had failed to make appropriate arrangements following a notifiable incident. This included providing staff with additional training and support. This demonstrated a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans detailed how staff were to support them.

- People and their relatives were positive about the staff culture at the service. One person told us, "The staff are very nice. Yes, they know what they are doing."

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

- Results from surveys, quality and assurance audits and meetings were used to improve the service. There were regular customer feedback questionnaires completed.
- Staff were asked for their feedback during supervision sessions and team meetings.
- Equality and diversity policies were in place and staff had received training around this.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a good standard of effective care and treatment. Involvement from other health care professionals was detailed in people's records.

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 safely managed. People's records did not contain all relevant information. Health and safety issues had not been identified. Regulation 12(1)(2)
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	The quality and assurance systems were not fully effective. The provider had not fully met all areas of their previous action plan. Regulation 17(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Clinical staff were not provided with clinical supervisions. Clinical staff did not have their competencies assessed. Regulation 19(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour
Treatment of disease, disorder or injury	Lessons learned were not acted upon.
	Staff were not provided with support or training after a notifiable incident had occurred.
	Regulation 20(1)