

Akari Care Limited

Dene Park House

Inspection report

Killingworth Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dene Park House is a residential care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 51 people.

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

People we spoke to felt very safe living at the service. The majority of relatives were also happy that people were safe. Comments included, "I know that there is always somebody around to make sure she is ok," and "They are very safety conscious. It is given a top priority. As far as I am concerned it is absolutely excellent."

Staffing levels were matched to the overall dependency needs of people living at the home. Staff felt they needed more staff to support people and some relatives agreed with these comments. We discussed this with the management team who were confident that the staffing levels were correct but the deployment of staff needed to be reviewed to enable staff to feel more supported.

Medicines were managed safely. We did find issues with 'as required' medicines records but the management team addressed these during the inspection process.

Risks people may face were fully assessed, mitigated and regularly reviewed. Environmental risks were also assessed and checks in place to ensure safety.

The quality and assurance systems in place allowed for continual monitoring of the service by the manager and provider. Staff felt supported by the new manager in place and were positive about the changes being made within the home.

Infection prevention and control policies were robust and followed by staff. People and relatives were positive about the processes in place for visiting during the pandemic and were happy with the actions taken by staff to keep people safe.

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.

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 24 July 2018).

Why we inspected

We received concerns in relation to staffing levels and management oversight. As a result, we undertook a

focused inspection to review the key questions of safe and well-led only.

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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014 .

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 one inspector 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 or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager in place who was overseeing the day to day operations of the service until the new registered manager was fully in post at the home.

The service had a new manager in post who was in the process of completing their registration to be 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and 14 relatives. We spoke with five members of staff including support staff, nominated individual, regional manager and the manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, this included records relating to staffing levels and 15 people's medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at four people's care records, seven members of staff's recruitment records and quality assurance records. We contacted 25 members of staff via email and received feedback from seven staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. During the inspection we found issues with 'as required' medicines and the protocols in place for staff to follow. The manager and regional manager addressed this issue immediately after the first day of inspection.
- People's medicines were administered in line with best practice guidance and were clearly recorded. One person said, "I have them (the medicines) at the right time and the right ones."

Staffing and recruitment

- Staff were recruited safely by the provider and all essential pre-employment checks were in place and completed.
- There were enough staff to safely support people in line with their assessed needs.
- Staff and relatives told us that they felt more staff were needed at times. One staff member said, "There is not enough time to spend 1:1 with any residents as you are constantly rushing." The management team assured us they would discuss with staff how staffing levels are calculated and the deployment of staff across the home.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to protect people from the potential risk of abuse. Staff were aware of the steps to take if they identified any form of abuse. One staff member told us, "I have no problem in whistleblowing."
- Lessons learned from incidents were shared with staff and clearly documented by the management team.
- Staff told us they were comfortable to raise concerns to the manager in post but did not feel action was taken by the previous registered manager. The nominated individual and regional manager provided assurances that this would be addressed with staff to support them if they had any concerns in the future.

Assessing risk, safety monitoring and management

- Risks people may face were clearly assessed, reviewed and monitored. People's care records showed that steps were in place for staff to follow to mitigate all potential risks.
- People told us they felt safe living at the home. One person commented, "I feel safe and well looked after here."
- The premises were safe and there were regular checks of the environment in place.

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 using PPE effectively and safely.
- 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were positive about the manager in post and felt the service had improved since they joined the team. Staff comments included, "I feel a lot more supported since [manager] started as manager" and, "[Manager] is very approachable and helps with anything you ask."
- We received mixed reviews from staff about the staff culture within the home. One staff member said, "All of the staff are like a family, who all appear caring and compassionate." Another staff member told us that they had raised concerns and senior staff members had ignored their concerns. The management team told us they would work with staff to improve the staff culture.
- Staff were positive about their role, working at the service and the support they provided to people. A staff member commented, "Good thing about working at the home is meeting the residents. I always try my hardest to make them feel like they are at home."

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 provider understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

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

- The manager, regional manager and nominated individual were fully aware of their legal responsibilities and were open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems allowed the manager to effectively monitor the quality of care provided to people.
- Lessons learned from incidents, results from the quality and assurance systems and feedback were used by the provider to find ways to improve the quality of care provided to people.

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

- The provider engaged people and staff to provide feedback on the service. People were asked to complete

easy read format surveys on the care they received.

- Relatives, people and staff confirmed they were asked for their views on the service provided and completed surveys.

Working in partnership with others

- Staff worked in partnership with others. Records showed people had involvement from health care professionals and the local community.