

Akari Care Limited

Piper Court

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service: Piper Court is a purpose build nursing home built across two floors and divided into three units with a capacity for 60 people. On the lower floor they provide residential care for people living with dementia. The upper floor is split into two units, one provides general nursing care and The Grange is a unit for people living with mental health conditions. At the time of our inspection there were 54 people using the service. Of which 22 people used residential unit, 22 people were receiving nursing care and 10 people were living on The Grange.

People's experience of using this service: At this inspection we found the management of medicines had improved and risks to people were assessed with information to support staff on how to mitigate the risks. Further work was needed to show action had been taken when people lost weight. Where people were at risk of dehydration, fluid charts were not always completed. The provider had recognised this in an audit and arranged further training for staff. There were no concerns with staff recruitment or staffing levels. People said they felt safe living at Piper Court.

Staff now received training and adequate supervisions. People were supported to have choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service supported this practice. People were happy with the food provided and were offered plenty of choice. Work was in place to improve the meal time experience.

People's needs were met by knowledgeable staff who were kind and caring.

Care plans had person-centred information recorded. People were happy with the activities provided and enjoyed them. Complaints were acted on with an outcome documented.

People and staff said the service was well led. Audits were taking place to monitor the quality of the service and concerns were raised had already been addressed following the audits. Staff said the new manager was committed to driving improvements and they felt supported and listened to.

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

Rating at last inspection: At the last inspection the service was rated requires improvement (published 1 June 2018).

Previous breaches: At the last inspection in August 2018 we found the systems in place for the management of medicines and personal risks did not always keep people safe. Staff were not supported with supervisions and did not receive training. The provider did not have systems in place to enable them to identify and assess risks and records relating to the care and treatment of people were not complete, legible, accurate or up to date. We asked the provider to complete an action plan to show what they would do to improve and by when. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will return to visit as per our re-inspection programme. If any concerning information is received, 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 well led.

Details are in our Well-led findings below.

Good ●

Piper 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: One inspector, an assistant inspector, a specialist professional advisor (nurse) and an expert by experience carried out this inspection. 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: Piper Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. This means, once registered, 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.

Inspection site visit activity took place on 28 May 2019.

What we did before the inspection: Before this inspection we reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from the local authority and Healthwatch. 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 this information to plan our inspection.

During the inspection: We spoke with 12 people who used the service and 9 relatives. We spoke with the regional manager, the manager, the deputy manager, the cook, the activity coordinator, one senior care worker and four care workers.

We looked at six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection: We continued to seek clarification from the provider to corroborate evidence found.

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 may or may not have been met.

At our last inspection the provider had failed to ensure that they were doing all that was reasonably possible to mitigate risks, to ensure that medicines were managed safely. At this inspection we found these, on the whole, had been addressed at this inspection.

Assessing risk, safety monitoring and management

- Improvements had been made to risk assessments and these clearly documented how to mitigate risks.
- Further improvements were needed to show what action had been taken when people lost weight. The regional manager said their paperwork would be updated so the actions taken would always be completed.
- Where people were at risk of dehydration, fluid charts were put in place. However, staff were not fully completing these. Quality audits had recognised this, and training had been arranged for staff.

Using medicines safely.

- Appropriate arrangements were now in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidelines.
- Medicine records confirmed that people had received their medicines. The provider needs to ensure that recording for creams and when required medicines were accurate, with an outcome to show the effectiveness of when required pain relief.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse. People told us they felt safe at Piper Court; for example, one person said, "I am safe anywhere here with all the staff looking after me. There is a lock on my door and I have a lock on my drawer if I want to lock anything away."
- Staff knew how to prevent, identify and report allegations of abuse. They gave examples of how they would be alerted to potential signs of abuse.
- Records confirmed that all safeguarding concerns had been reported and investigated thoroughly, in liaison with the local authority's safeguarding team.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly. All staff had recently taken part in an evacuation drill to help prepare them for such an eventuality.

Staffing and recruitment

- The provider had robust recruitment procedures in place. Records confirmed these were followed fully to help ensure only suitable staff were employed.
- There were always enough staff on duty to support people safely. On the inspection day there were two senior carers on each unit plus four carers on the nursing and the residential and one carer on The Grange. There were also two nurses on duty. People said, "They [staff] are pushed but they do a grand job, they are

always there when you need them" and "We never get the impression they [staff] are pushed, I would love there to be more staff for the staff's sake. They never stop, they are on the go all the time."

- Staffing was reviewed weekly taking into consideration safe staffing levels, skill mix, activities, appointments, people's needs and choices. The dependency tool was used when there was change in a person's need or occupancy.

Preventing and controlling infection

- All areas of the home were clean, and staff completed regular cleaning in accordance with set schedules. One person told us, "It is always clean and there is no smell."

- Infection risks had been assessed and appropriate action taken to reduce the risk.

- Staff had been trained in infection control techniques. They had access to personal protective equipment, including disposable gloves and aprons and used these whenever needed.

Learning lessons when things go wrong

- Incidents and accidents were monitored closely and reviewed regularly to identify any learning which would help to prevent a reoccurrence.

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.

At the last inspection staff were not supported with supervision or provided with the training required and we found this had been rectified.

Staff support: induction, training, skills and experience

- Since the new manager started in February 2019 staff were now receiving supervisions. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff.
- Staff training was now all up to date. Where needed extra training was booked. For example, training on fluid balance charts.
- Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

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

- Comprehensive assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- The provider continued to assess people's needs monthly or more frequently if needed.
- People told us staff delivered care and support in line with best practice guidelines; for example, two staff were always used to operate mobile hoists.

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

- People were happy with the food provided; for example, one person said, "The food is good, I like it, it is healthy, and it is nice."
- Where people needed a special diet or required soft or pureed food, we found this was provided consistently.
- People were offered regular snacks between meals. They could also choose alternatives if they did not want any of the menu options for the day.
- The manager had arranged for staff members to join in mealtimes and feedback on their thoughts on how it could be improved.

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

- People told us they usually received all the support they needed at the time they needed it.
- We observed people being supported in a safe way when staff assisted them to move. When talking to people who struggled with verbal communication, staff faced people, used short simple questions and gave them time to respond.

- People were supported to access other healthcare services when needed. One person told us, "They are on the ball, the GP comes quickly to sort things out."
- Care records confirmed that people were regularly seen by doctors, specialist nurses and chiropodists
- When people were admitted to hospital, staff followed the principles of the 'red bag initiative'. This is a local scheme aimed at ensuring essential information, medicines and personal effects are sent with the person to help ensure their needs are known and met.

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.

- We were satisfied that the provider understood their responsibilities.
- We saw people had a relevant person's representative (RPR). When an authorisation is granted a person has an appointed RPR, this can be family, friends or someone who can perform this role in a professional capacity.

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

- There was an ongoing re-decoration programme in place and a clear system to help ensure any maintenance issues were resolved promptly.
- People had level access to a garden area which we observed many people used throughout the day. One person said, "The gardens are nice, they are always cutting the lawn and bushes, the lawn is like velvet."

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

- We observed people were treated with kindness and compassion and supported in a patient and caring way. For example, when supporting a person to mobilise staff did this at the person's pace.
- Staff understood people's individual needs, preferences, backgrounds and interests.
- People's important relationships with family and friends was nurtured and supported.
- People were supported in a patient and caring way. One person said, "All the staff are lovely, friendly, kind and compassionate." Relatives comments included, "The loving care [named person] gets from staff is wonderful, night staff are wonderful too" and "My relative gets the best, most loving care, we never have any worries."
- People's spiritual and religious needs were met. Two people from a local church were visiting on the day of the inspection. One relative said, "[Named person] is a Christian and we take them to bible study night which the home encourages. Staff also read the bible to them."

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

- People and their relatives were involved in the planning of their care as much as possible. A family member told us, "I can see the care plan, and every time they [staff] do something they write a note in it."
- Staff ensured that relatives and others who were important to people were kept updated with any changes to the person's care where appropriate. One relative said, "My [named person] had quite a few falls and they [staff] have always phoned us, they have got the paramedics out and gone to the hospital with [named person]. They [staff] could not have done more."

Respecting and promoting people's privacy, dignity and independence

- Staff respected the privacy and dignity of each person. People could decide on the gender of the staff member they wanted to provide their care and this wish was respected.
- People were supported to focus on their independence in all areas of their lives. We saw people going about their day independently and people had access to the key codes, so they could use the garden. One person said, "I do everything myself, I like my independence."

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

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People's communication plans had been assessed and there were plans to guide staff. This ranged from reminding staff that people required glasses or hearing aids to describing how someone living with dementia may communicate if they were no longer able to do so verbally.
- Care plans had been developed for each person. These provided enough information to enable staff to provide support in a personalised way.
- Care plans were reviewed monthly or more often if a person's needs changed.
- People received personalised care which was responsive to their needs and in line with their individual.
- To help ensure people receive person-centred care, the home had introduced an initiative called 'Resident of the Day.' This initiative helps care home staff to understand what is important to each person and to review in depth what would make a difference to them. Each day, the 'Resident of the Day' programme provided all staff, whether carers, nurses or housekeepers, time to get to know one person so that their care could be personalised.
- The manager said "I promote personal centred and holistic care using the biopsychosocial model, this encourages staff to consider all aspects of the person and what is important to them. For example, personality, interests, habits, family, medical conditions, purposes, behaviours, likes and dislikes."
- People had access to a range of activities both in the home and in the wider community.
- People were encouraged to maintain their own interests and hobbies. One person said, "I like knitting, reading and crosswords. I have knitted eight cardigans since I have been here." Another person said, "I love drawing and painting, that keeps me going, I am doing cartoons at the moment and I have them on my wall."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complaint about the service and how any complaints would be dealt with.
- We checked the service's complaint records and found historical complaints were appropriately recorded, investigated and responded to, in accordance with the provider's policy and procedure.

End of life care and support

- The provider had systems in place to ensure people were supported at the end of their life.
- Nobody currently living at the service was being supported with end of life or palliative care needs.
- Staff had received training in end of life care should it become necessary. One visitor said, "There was someone here at the end of their life, the staff managed it well, the person was comfortable and well care

for. They [staff] were also good at supporting the family through that time."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found quality assurance audits were not effective and records were not always updated. At this inspection we found the systems for overseeing the service had improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Robust quality assurance audits in place which were effective in identifying and bringing about improvement. Any concerns we raised had already been identified in audits.
- There was a clear management structure in place and a new deputy manager had recently joined the team.
- Staff understood their roles and communicated well between themselves to ensure people's needs were met.

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

- People and their relatives spoke positively about the management of the service. Comments included, "The manager is approachable, that is certainly the case now, they always sort things out for you" and "The managers office is just there, you can go in anytime you want."
- Staff were also positive about the manager. One staff member said, "I now feel supported and listened to."
- The provider and the new manager promoted a positive culture aimed at delivering high quality, person centred care.
- The staff demonstrated a shared commitment to providing the best quality of care to people and to earning a good reputation of the home. They worked flexibly across all areas of the service.
- The manager demonstrated an open and transparent approach to their role. Where people had come to harm, relevant people were informed, in line with the duty of candour requirements and CQC were notified of all significant events. The home's previous rating was displayed in the entrance lobby and on the provider's website.
- Visitors could visit at any time, were made welcome and were able to help themselves to drinks to make them feel at home. Comments included, "We are welcome as a family, when we come in staff chat to us and ask us how we are" and "One staff member said, this is your mams home and that is how we have felt."

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

- The staff engaged with people who used the service to include them in how the service was run. Resident meetings were organised where people could give their views which were then actioned by the

service. For example, people said they preferred the main meal at a lunch time rather than at tea time, this was moved to suit people.

- People received a monthly news letter letting them know what is going on and useful bits of information.

Continuous learning and improving care

- The manager analysed all forms of feedback from people and staff. They used findings to monitor and improve the service. For example, they were working on improving the dining experience for people.
- The manager had their own service improvement plan, which they were working through. This plan detailed improvements required, who was responsible and dates for completion of actions.

Working in partnership with others

- Staff had developed links with various organisations in the community such as healthcare services, voluntary organisations and local churches, whose ministers visited regularly to meet people.
- Further links that benefited people included an association with a local nursery school, whose children visited regularly to interact with people.