

Akari Care Limited

Crofton Court

Inspection report

Edward Street
Blyth
Northumberland
NE24 1DW

Tel: 01670354573

Date of inspection visit:
20 April 2022
28 April 2022

Date of publication:
06 June 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Crofton Court is a residential care home providing accommodation and personal care to up to 50 older people, some of whom are living with a dementia related condition. At the time of our inspection there were 40 people living at the home.

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

The service was going through a period of change. There had been a number of management changes at the home over recent years. Staff told us these changes had affected morale and the running of the service. There had also been a history of non-compliance with the regulations. We have made a recommendation that the provider keeps the management and support of the home under review to help ensure stability, consistency and compliance with the regulations.

There was a new manager in post. Staff, people and relatives spoke positively about her. One person told us, "[Name of manager] is absolutely fantastic. She is a people person she always says hello."

Medicines were not always managed safely. Records did not always demonstrate that medicines had been administered as prescribed. The manager told us that additional checks and training were being carried out.

Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour. We have made a recommendation about this.

A safeguarding system was in place. People told us they felt safe. This was confirmed by relatives. One relative told us, "The best thing is this is the first time I feel she is safe and I don't have to worry." Accidents and incidents were analysed and monitored. There had been a delay in notifying the local authority and CQC of several incidents. This had been highlighted by the provider's system and notifications were immediately submitted.

A system was in place to assess, monitor and manage risks. Due to the impact of COVID-19 and changes in management, staff explained that some people's electronic care plans and risk assessments had not been updated as planned, however, this had now been actioned. There had also been a delay in certain kitchen and bathing equipment being fixed due to COVID-19. Management staff told us this was being addressed. Additional shower facilities and bathing equipment were available.

We received mixed feedback about staffing levels. Some people and staff said more staff would be appreciated. Some staff also raised concerns about the skill mix, supervision and staff allocation. The manager was already aware of these issues and had commenced systems to help ensure staff were correctly deployed and supervised. We have made a recommendation about this.

Safe infection control procedures were followed. Visiting was carried out in line with government guidance.

People and relatives also spoke positively about the staff and the care they provided. Comments included, "There's nothing I would improve, everyone is so kind" and "The best thing is the friendliness of the staff." We also spoke with a social care professional who stated, "Nothing but positives" [about home and staff].

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 and update

The last rating for this service was good (published 16 September 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The provider was taking action to address the issues identified. Their quality governance system had already identified many of the shortfalls identified and an action plan was in place.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. 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 Crofton Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

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

We have identified one breach of Regulation 12 (Safe care and treatment) in relation to medicines management.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Crofton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an 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

Crofton Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crofton Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. A new manager had been appointed and was going to register with CQC

Notice of inspection

This inspection was unannounced. Inspection activity started on 20 April 2022 and ended on 20 May 2022. We visited the home on 22 and 28 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people, eight relatives and 19 staff including the nominated individual, head of quality, regional manager, manager, senior care workers, care workers, the chef, kitchen staff/cooks, housekeeping, laundry and domestic staff and the maintenance person. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a social care professional and emailed two health and social care professionals for their feedback. We reviewed medicines administration records and checked information management staff sent us electronically, including recruitment information, staff training, information about people's care, policies and procedures, minutes of meetings, audits and checks and the home's overarching action plan.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Records did not always demonstrate that medicines had been administered as prescribed.

The failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We passed our concerns about medicines management to the local authority contracts and safeguarding teams. Following our inspection, the manager told us that additional checks and training were being carried out.

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

- A safeguarding system was in place. People told us they felt safe. This was confirmed by relatives. One relative told us, "Mum is safe because they look after her and check up on her and she gets on well with them all."
- Accidents and incidents were analysed and monitored. There had been a delay in notifying the local authority and CQC of several incidents. This had been highlighted by the provider's system and notifications were immediately submitted.

Assessing risk, safety monitoring and management

- A system was in place to assess, monitor and manage risks. Due to the impact of COVID-19 and changes in management, staff explained that some people's electronic care plans and risk assessments had not been updated as planned, however, this had now been actioned.
- There had also been a delay in certain kitchen and bathing equipment being fixed due to COVID-19. Management staff told us this was being addressed. Additional shower facilities and bathing equipment were available.

Staffing and recruitment

- We received mixed feedback about staffing levels. Some people and staff said more staff would be appreciated. Some staff also raised concerns about the skill mix, supervision and staff allocation. The manager was already aware of these issues and had commenced systems to help ensure staff were correctly deployed and supervised.

We recommend the provider keeps staff deployment under review to ensure sufficient staff are deployed to

meet people's needs.

- Safe recruitment procedures were followed. Checks including Disclosure and Barring Service (DBS) checks were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

Visiting in care homes

Visiting was carried out in line with government guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- We spoke with the regional manager about expanding the information included on the DoLS monitoring log. Whilst we recognised that information relating to DoLS was stored electronically in people's care plans and other areas of the home, a comprehensive DoLS monitoring log, would enable management staff and others to have an overview of all information relating to DoLS in one central place. The regional manager told us this would be addressed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The service was going through a period of change. There had been a number of management changes at the home over recent years. Staff told us these changes had affected morale and the running of the service. There had also been a history of non-compliance with the regulations.

We recommend the provider keeps the management and support of the home under review to help ensure stability, consistency and compliance with the regulations.

- There was a new manager in post. Staff, people and relatives spoke positively about her. Comments included, "There is a new manager and there is a much better feel about the new manager" and "I have met the manager - she comes around and sits on the bed and talks to me."
- Audits and checks were carried out to monitor the quality and safety of the service. An overarching action plan was in place and action was being taken to address the issues identified including medicines management.
- People and relatives spoke positively about the staff and the care they provided. Comments included, "The staff are very friendly, very approachable, very caring, and very caring to the relatives too, the staff are as nice to us as mum" and "The best thing is how the staff treat her and they are lovely to her."
- The manager sent us several case studies to show how being at the home, with the support of staff, had led to an improvement in people's health, independence and wellbeing.

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

- Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising. The regional manager updated their checklist and implemented a new letter template which would be used in response to any future notifiable safety incidents.

We recommend the provider ensures records are available to demonstrate how they are meeting their

responsibilities under the duty of candour.

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

- There was a system in place to involve people, relatives and staff in the running of the home. Several relatives told us that communication had improved following the new manager's appointment.
- Staff meetings were carried out. Some staff told us they did not always feel valued by the provider and raised certain contractual issues which we passed to management staff for their information.
- The nominated individual told us of the actions taken to help ensure staff felt valued such as a pay increase. In addition, the manager explained that they had introduced a staff recognition scheme based on the provider's values.

Working in partnership with others

- Staff worked with health and social care professionals to help ensure people's needs were met. The home were also taking part in the 'HowFit' project. The aim of this project is to improve people's independence, mobility and reduce the number of falls.

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 Medicines were not always managed safely. Records did not always demonstrate that medicines had been administered as prescribed. Regulation 12 (1)(2)(g).