

Akari Care Limited

Charlton Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Charlton Court is a residential care home which provides personal and nursing care to up to 55 older people, some of whom live with a dementia related condition. At the time of our inspection there were 46 people using the service.

People's experience of using this service

Risk assessments were carried out, but staff did not always follow instructions to keep people as safe as possible.

Staff were aware of safeguarding policies and procedures and most staff followed these. Some concerns related to safeguarding matters were being investigated by the provider and the local authority.

Medicines were managed safely, however record keeping related to controlled drugs were not always consistent. We have made a recommendation about this.

People felt safe and their relatives confirmed this. The home was clean and tidy and well-maintained. There were enough staff on duty to provide high-quality care to people.

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.

The registered manager was fairly new in post and had already identified shortfalls in the service. They were working through audits and action plans. We have made a recommendation about this.

Staff engaged well with people, relatives, and visiting healthcare professionals to improve care outcomes.

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 12 February 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

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 not changed from good based on the findings of this inspection.

We have found evidence the provider needs to make some 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 Charlton Court on our website at www.cqc.org.uk.

Follow up

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?

Requires Improvement ●

The service was not always 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.

Charlton 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.

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 team consisted of two inspectors 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

Charlton Court is a 'care home' with nursing care. 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. 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 the Care Quality Commission 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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 all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We observed care delivery and mealtimes. We spoke with six people who used the service, five relatives/visitors, and lots of staff. This included care staff, nurses, domestic staff, administrative staff and members of the senior management team including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional.

We also looked at people's care plans, risk assessments, and medicine records.

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. There was an increased risk that people could be harmed.

Using medicines safely

- There was a system in place to manage medicines safely. This included the safe ordering, storage and administration of medicines.
- Record keeping of 'when required' controlled medicines were not always consistent. Protocols were not always consistently completed to ensure all staff were aware of the guidance to follow.

We recommend the provider reviews their protocols for controlled medicines in line with best practice.

Assessing risk, safety monitoring and management

- Risk assessments related to people's care and support were in place but were not always followed in practice by staff. For example, items deemed unsafe for one individual had been left out in a dining area that the person had access to. The registered manager dealt with this immediately.
- Checks were carried out to ensure the environment was safe and equipment was serviced. However, we highlighted one issued which posed a fire risk. The registered manager dealt with this immediately.

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

- Safeguarding policies and procedures were in place, but these were not always followed in practice by staff. For example, an investigation was in progress relating to matters of a safeguarding nature. The provider was working with the local authority to address this.
- Lessons learned were recorded and shared for future learning.
- Accident and incidents were recorded. They were monitored and analysed for any trends by the registered manager.
- People felt safe and their relatives confirmed this. One relative told us "If I was putting him anywhere the only place, I wanted him to go was here. The care was outstanding."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The provider had a dependency tool in place for monitoring staffing levels. This was reviewed regularly based on people's changing needs.
- People were supported with their needs in a timely manner. When people summoned for help, they were responded to quickly by staff.
- Staff were recruited safely. Checks were in place to ensure appropriate staff were employed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- The home was accessing testing for the staff using the service.
- The home was making sure infection outbreaks could be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.
- Government guidance relating to safe working practices including the use of PPE, and hand hygiene was not always followed by staff. We brought this to the attention of the registered manager who took immediate action.

Visiting in care homes

- The provider was following the current government guidance in relation to visiting.

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.

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 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.

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

- A new registered manager was in post. They had already identified governance issues prior to our inspection. An action plan was in place to address these matters.
- Some audits had not been fully completed, and the actions required to deliver service improvements had not been recorded. The registered manager told us, "I want audits to be completed accurately and not just be a paper exercise."
- Duty of candour policy and procedures had not always been followed. The provider had identified this prior to our inspection and had reviewed their systems to ensure appropriate action was always taken to be compliant with the regulation.

We recommend the provider reviews all their governance systems in place to ensure they are effective in monitoring quality at the home.

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

- Systems were in place to share learning across the organisation. The registered manager was exploring opportunities to improve the care outcomes for people. This included initiatives around falls prevention and implementing additional measures for people who were diagnosed with diabetes to improve their physical health.
- People spoke positively about the service and of the attitudes of staff. One person said, "The staff are like family. I've only got to ask and its done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with relevant stakeholders. This included communicating with people, relatives, staff and visiting healthcare professionals. A 'listening session' with the providers human resources department had been recently organised for staff to voice their opinions. No concerns had been raised by staff at this session.
- A healthcare professional told us about the positive working relationship they had with the staff. They said, "(Registered Manager) is a real asset, supporting the nurses well and having knowledge of the job and the nursing role from her previous jobs. She seems very knowledgeable and caring."

- Several thank you cards had been received by the provider in recognition of the work carried out by staff.