

# Akari Care Limited

# Piper Court

## Inspection report

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## 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

Piper Court is a residential care home providing personal and nursing care to a maximum of 60 people. 30 people were using the service at the time of the inspection. Piper Court is purpose built and accommodation is spread across three separate wings, each of which has adapted facilities. Some people are living with dementia and one of the wings provides care to people living with mental health conditions.

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

Medicines were not always managed safely. Quality assurance processes were in place, but audits had not picked up on all of the issues we identified.

Risks to people's health and wellbeing were assessed but records did not always contain sufficient information to help staff minimise risk. People were safeguarded from abuse. Accidents and incidents were monitored. Effective infection prevention and control measures were in place. There were sufficient staff to meet people's needs.

Feedback from people who used the service, relatives and staff was sought and acted on. People and staff spoke positively about the management of the service. Staff said they were supported in their roles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 26 June 2021) and there were breaches of two regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although we found some improvements had been made there were still areas where further improvement was needed, and the provider was still in breach of regulations.

This service has been in Special Measures since 16 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We previously carried out an unannounced inspection of this service on 18 and 19 May 2021. Two breaches of legal requirements were found. After the last inspection we imposed conditions on the provider's registration requiring urgent action to be taken to improve the service. This was in response to the concerns we found with infection prevention and control. The provider also completed an action plan to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check whether required improvements had been made in relation to infection prevention and control. We also checked whether other areas of regulations 12 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We checked

whether they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Piper Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the safe management of medicines.

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

### 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?

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** ●

# 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. 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 two inspectors, a medicines 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. The Expert by Experience contacted people by phone to request feedback.

#### Service and service type

Piper Court 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.

The service had a manager in post who was in the process of registering with the Care Quality Commission. Once registered, 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 information we had received about the service since the last inspection. We sought feedback from the local authority and the Clinical Commissioning Group (CCG). 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and eight relatives over the phone about their experience of the care provided. We spoke with 13 members of staff including the regional manager, manager, deputy manager, senior care workers, care workers and domestic staff. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included five people's care records. We looked at the governance arrangements for the safe handling of medicines including the providers policy and audits. We looked at medicine's records for eight people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional evidence including training data and quality assurance records. We spoke with an external healthcare professional who was involved with the service.

# 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 inadequate. At this inspection this key question has now improved 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

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Although the arrangements for medicines management within the home had improved there were areas which required further improvement to ensure people were kept safe.
- Guidance and records were not always available to support the safe administration of creams and lotions in line with the provider's medicine policy. Staff did not have guidance on where creams should be applied. Records of creams applied did not show where or what cream was applied. The provider reviewed guidance and staff competencies following the inspection.
- Where medicines were prescribed 'when required' or with a variable dose, for some people guidance was missing on how the medicine should be used or did not match the person's care plan. If 'when required' medicines were administered, records were not always completed to show why they were given.
- One person told us they self-administered some of their medicines, however this was not clearly documented in their care plan. There was no risk assessment to show this was safe. This was not in line with the provider's medicine policy.
- There was no clear record of medicines ordered mid cycle and medicines for three people were not available and could not be administered.

We found no evidence that people had been harmed. We were also supplied with information on improvements for the people we highlighted on inspection following our visit, however, we were unable to measure whether these improvements had been fully implemented. This demonstrates a continued breach of regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine administration records contained photos to assist with administering medicines to the right person. Where necessary records detailed people's allergy status.
- The provider had a comprehensive medicine policy. Management carried out medicines related audits and these had identified some of the concerns related to medicines management we found during the

inspection.

- The systems in place to manage controlled drugs had improved since the last inspection and was now in line with policy.

### Preventing and controlling infection

At our last inspection poor infection control practices were placing people at increased risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvement was required to ensure all risk assessments were sufficiently detailed and person centred.

- Risk assessments had improved following feedback from the last inspection. However, not all the records were comprehensive, detailed or person centred. Following initial feedback, changes were made immediately. The manager told us risk assessments would continue to be reviewed to improve standards.

- Fluid intake charts were in place and there were graphs in people's records which made it easy for staff to review at a glance. The provider was continuing to work with the company who supplied the electronic care plan system to make further improvements so fluid output could be recorded in a similar way for those who needed more close monitoring in this area.
- Environmental health checks and fire safety records were up to date. Fire drills had been taking place with all staff participating.

#### Systems and processes to safeguard people from the risk of abuse

- An effective safeguarding system was in place. The management team had a clear understanding of what procedures to follow in respect of safeguarding concerns.
- Staff had received safeguarding training and were aware of how to raise concerns.
- People told us they felt safe when staff provided their care. One person told us, "I feel safe here, the doors are locked at night and there have been no incidents since I got here."

#### Staffing and recruitment

- The home was safely staffed in line with the provider's dependency tool. At times agency staff have been used to cover staff absence. Wherever possible they used the same agency staff who knew the home and the people they supported.
- We had mixed feedback from people and their relatives about staffing levels. It was acknowledged that things had been difficult during the pandemic. One person told us, "I couldn't wish for better care. The carers are nice and friendly and happy. I had a chest infection and they sat with me. As soon as I rang my bell there was someone there." However, comments from relatives included, "They are understaffed. Don't seem to be many about. A lot have left. A lot of staff are not regular ones" and "They have been short staffed over the pandemic." We gave this feedback to the manager who confirmed staffing levels were always safe.

#### Learning lessons when things go wrong

- Lessons had been learned from the previous inspection and actions taken to improve the service. However, some further improvements were still required.
- Accidents and incidents were monitored to identify any areas of concern. Appropriate referrals were made to agencies such as the falls team. Patterns and trends were looked for so lessons could be learned, and any necessary changes made going forward.

# 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 inadequate. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection checks and audits were not carried out effectively and had failed to identify areas of concern and records were not always up to date, accurate or complete. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement was required to ensure audits identified all areas of concern.

- Monitoring of the service had improved. There were a number of quality audits being regularly completed. However, regular quality audits had not identified or resolved the issues we had, which included those in connection with medicines management.
- A new electronic care plan system had been introduced and care records had improved. However, there was some inconsistency in the quality of records and the manager told us work was ongoing to make further improvements to care plans. After our visit, we were sent evidence of some changes made following our feedback.
- The provider and management team had taken on board feedback from the previous inspection. We saw evidence of positive changes being made as a direct result of our feedback. The manager had good oversight of the home and knew the areas where further improvements were needed.

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

- The manager was a visible presence at the home and a deputy manager had recently been appointed. One person told us, "[Deputy Manager] is very nice and [Manager]. They are not strangers."
- There had been a number of changes to management in recent months and several of the relatives we spoke with did not feel they were kept up to date. Comments included, "I don't know the manager. Not been informed of the current manager" and "I only met the first manager. Not a clue who it is at the moment."
- The majority of staff said they felt supported in their roles and spoke positively about the culture and values of the service. One member of staff told us, "It has been a challenge, but I feel everything is in hand now. They have a 'game plan'. Staff morale has greatly improved even from when I started."

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 manager understood the duty of candour. The provider had been open and transparent with people and their families around the issues identified at the last inspection and the changes in management.
- We found the manager and wider management team to be open and honest throughout the inspection. They were very responsive to feedback, proud of the work they had already done but recognised areas that needed further improvement.

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

- Systems were in place to gather and act on feedback from people, relatives and staff.
- People we spoke with said they were engaged in discussions about their care. One person told us, "We have meetings. We all sit around and we all talk. I speak up. They used to put cling film over the jam in the mornings and put it in the fridge. I asked them to provide separate jams and they listened to me and now do that."

Working in partnership with others

- The home worked well with external healthcare professionals. We saw evidence in people's records of involvement with district nurses, GPs and dieticians. We spoke with a visiting healthcare professional who told us they were very happy with the way their advice and guidance was acted upon.
- Since our last inspection the provider had worked very closely with the local authority and infection prevention and control (IPC) team to make the necessary improvements. The IPC nurses were particularly impressed with the work done by the member of staff who had been appointed infection control champion. They had worked closely with the IPC nurse to ensure improvements were made.

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 always managed safely and medicines policies and procedures were not always followed. 12(1)(2)(g)