

Akari Care Limited

Philips Court

Inspection report

Blubell Close
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Philips Court is a care home which provides nursing and residential care for up to 75 people. Care is primarily provided for older people, some of whom are living with dementia. At the time of our inspection there were 72 people using the service.

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

Since the last inspection the provider and registered manager had made significant improvements to the operation of the service. Staffing levels had increased and this enabled care to be delivered in a safe and timely manner on all the units in the service. Staff now had time to place people at the heart of the service.

The registered manager and staff demonstrably showed people were valued and respected. The activities coordinators provided a range of opportunities for people to engage in meaningful activities. They had secured lottery funding to run various projects, such as musicians running groups.

We found staff were committed to delivering a service which was person-centred. 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.

Staff were making a difference to people's wellbeing by working well as a team, and by sharing the same values and principles.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. People's health needs were thoroughly assessed via comprehensive profiles that had been put in place. External professionals were involved in individuals care when necessary.

Staff had received a wide range of training and checks were made on the ongoing competency of staff. Appropriate checks were completed prior to people being employed to work at the service.

The cook had received a range of training around meeting people's nutritional needs. Staff were encouraging people who were under-weight to eat fortified foods. A range of menu choices were available.

The registered manager had acted on concerns and complaints and had taken steps to resolve these matters. They actively promoted equality and diversity within the home. People's voices were of paramount importance in the service.

The service was well run. The senior managers and registered manager carried out lots of checks to make sure that the service was effective. The registered manager constantly looked for ways to improve the service. They continually researched information about best practice and ensured staff practice remained at

the forefront in introducing new guidance.

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

Rating at last inspection

Requires improvement (report published 10 April 2019).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Philips 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.

Inspection team

An inspector completed this inspection.

Service and service type

Philips Court is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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 was an unannounced inspection.

What we did

We reviewed information we had received about the service, which included details about incidents the provider must notified us about, 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all the information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and six relatives to ask about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing

care to help us understand the experience of people who could not talk with us. We spoke with the provider's Chief Executive Officer, the registered manager, three nurses, two senior carers, eight care staff, two activities coordinators, a cook and a domestic staff member.

We reviewed a range of records. This included six people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- A relative commented, "The staff are great, and makes sure [person's name] is properly looked after and kept safe from harm."

Assessing risk, safety monitoring and management

- The registered manager critically reviewed all aspects of the service and determined if and where improvements were needed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. At least two nurses, a senior carer and 14 care staff worked during the day and two nurses plus nine care staff were on duty overnight. Additional staff provided one-to-one support, where this was required. The registered manager, activity coordinators and ancillary staff worked at the service across the week.
- The registered manager had reviewed staff deployment and increased the number of care staff supporting people on the ground floor nursing unit and the residential unit. This had significantly improved staff's ability to support people in a safe and timely manner.
- The provider operated systems that ensured suitable staff were employed.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines. Where people refused to take them, or they were no longer required staff reviewed the continued need for them with their GP.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- The home was clean, and people were protected from the risk of infection. Staff had received infection

control training and said they had plenty of personal protective equipment such as gloves and aprons. One person commented, "There is never a smell when you come here; we have been to other homes and that is not always the case. The place is always immaculate."

Learning lessons when things go wrong

- The registered manager critically reviewed all incidents and ensured staff considered how lessons could be learnt.
- Staff had a positive attitude to working with people, were motivated to prevent things going wrong and learn from what worked well.

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.

At the last comprehensive inspection in July 2018 this key question was rated as requires improvement. We had found that staff had not received training around fall prevention and how to use fall sensors, the meal-time experience needed to be improved, assessment tools were not effective, and staff were not completing 'best interests' decisions, when needed.

At this inspection we found these issues were resolved. The key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had created an assessment booklet, but this had not supported staff to provide detailed information about people's needs. This was still in place, but an additional in-depth assessment and profile was also being used to understand and monitor people's needs.
- The registered manager ensured people's physical, mental and social needs were holistically assessed, and their care was delivered in line with evidence-based guidance, including NICE and other expert professional bodies.
- The registered manager and staff ensured this informed the care plans so staff could support people to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a comprehensive programme of training. Staff confirmed that they had been trained in the topics, which enabled them to work effectively with people.
- New recruits completed the Care Certificate, as a part of their induction and completed training plus shadowed experienced staff for their first few shifts.
- Staff had regular supervision meetings and appraisals. They told us they felt supported.

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

- Staff encouraged people who were under-weight to eat fortified foods. The cooks had completed a wide range of nutritional training, including how to prepare appetising adapted diets.
- People had access to healthy diets and ample portions of food at mealtimes.
- A person commented, "Food is wonderful and first rate."

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

- Staff supported people to access healthcare services when appropriate and as agreed with the person concerned. Records showed when people had contact with other professionals including doctors and nurses. The records described the outcomes and if there had been any changes in people's needs.

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

- The service was being decorated in line with best practice guidance for people living with dementia.
- People had been supported by staff to make their accommodation homely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a particular decision and 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.

- The registered manager ensured staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff asked people for consent before providing them with assistance and asked them what their choices were for meals and drinks.

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.

At the last comprehensive inspection in July 2018 this key question was rated as requires improvement. We had found insufficient staff on the downstairs nursing unit to make sure they could always respond to peoples' requests for support.

At this inspection we found the increase in staff numbers and the way they were deployed had resolved this issue. The key question has improved to good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People, we spoke with commended the staff for their delivery of care to people. A relative commented, "I think the staff really fantastic and are so caring. They always pop in and check [person's name] is okay."
- Staff consistently displayed kindness and a caring attitude. The registered manager discussed how they had worked to ensure each person was valued and had introduced a LGBTQ+ awareness programme. They aimed to show people staff understood how to effectively and compassionately care for people who were lesbian, gay, bi-sexual and transgender. The intended to complete this type of work for every protected characteristic under equality legislation.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. Staff told us were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live.
- All staff members spoke passionately about the importance of supporting people in ways to enhance their emotional and physical well-being. For example, staff worked closely with people to assist them remain as independent as possible and treated them as a part of the team. For example, one person assisted staff to take the drinks trolley around and we heard staff say to them, "You're great at this and if it wasn't for you I reckon [person's name] wouldn't have had a drink."

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

- Staff encouraged people to be involved in the design their own care. Staff told us they were constantly learning about people's lived history, so they could understand any personal motivation to do something and past routines. A staff member said, "Knowing about people's lives helps us to understand any routines they maybe following and makes it easier to support people."
- The staff showed they cared about people's views. The activities coordinators had set up regular 'resident meetings', which were led by relatives and people who used the service. The minutes showed staff listened to every person who attended the meeting.
- The registered manager ensured, when needed, people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last comprehensive inspection in July 2018 this key question was rated as requires improvement. We had found, at times, the information in the care records was inaccurate, complaints had not been investigated and responded to appropriately, and no incident analysis was being completed.

At this inspection we found these issues had been resolved. The key question has improved to good. This meant 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were consistently asked to express their opinions about what was on offer and given choices.
- People were encouraged to enjoy meaningful activities and go out in the community. Three activities coordinators worked at the service and worked across the whole week and across the day. They ran theme nights such as Country and Westerns, and ran arts and craft sessions. They played an integral part in ensuring people's hydration goals were met by running activities around sampling different drinks.
- The activities coordinators had secured two lottery grants and a community arts grant. The monies from this they had used to promote musical sessions, which involved professional musicians coming to the service and working with people.
- Staff also supported people to engage in meaningful occupation. They ran a gentleman's club, supported people to enjoy the garden and to go out in the community.
- People's needs were identified, including those related to equality, and care plans created were detailed and individualised.
- People and relatives told us care was delivered in the way they wanted and needed it. A relative commented, "Staff always let us know if there is a change or a concern."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. The registered manager had thoroughly reviewed all the responses to previous complaints and worked with complainants to resolve any outstanding issues.

- People told us any concerns were quickly addressed by the registered manager and resolved to their satisfaction. A person said, "The manager always resolves any issues I raise."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.

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 requires improvement. We had found the provider had been making improvements to their governance arrangements, but these were not fully embedded.

At this inspection we found the key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager's vision and values were imaginative and person-centred. They made sure people were at the heart of the service. They had considered all the small details of people's daily lives as a means of assisting people to retain a sense of control and be engaged in meaningful occupation.
- The provider maintained clear oversight of the service and ensured regional managers as well as their quality team visited regularly. They had an extremely engaged central team who always critically reviewed the service to determine how further improvements could be made.
- The registered manager constantly kept abreast of new developments within care and always ensured the latest best practice guidance was implemented. They were committed to creating an innovative service.
- Staff were energised by their work. Every staff member was driven by people having choice and control over their own lives. People expectations about choice and freedom had risen. Staff enjoyed celebrating people's successes no matter how small, which in turn led to people having increased confidence.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and they told us they now worked well as a team.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. Staff at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

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

- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they introduced awareness programmes to assist people understand staff would meet their diverse needs.
- A person commented, "The manager has things well in control. When they first came here the home had issues, but they have certainly turned that around."

Continuous learning and improving care

- The quality assurance system included lots of checks carried out by staff, the registered manager and the

regional manager.

- The registered manager provided strong leadership and their constant critical review of the service had led to the noticeable improvements. They consulted with staff, people and relatives routinely to identify how they could enhance the service and ensure they remained at the forefront of best practice.
- Feedback from people confirmed that they felt listened to and integral to the service development.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people. One staff member said, "We work really well with the local GP and have a good relationship with community nurses. If we have any concerns, they are always available on the phone or will visit."