

# Akari Care Limited

# Coble House

## Inspection report

North View  
Whitley Bay  
Tyne and Wear  
NE26 2EU

Tel: 01912510694

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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:

Coble House is a residential care home providing accommodation and personal care for up to 52 older people. At the time of this inspection 49 people were using the service, most of whom received nursing care.

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

People were safe living at Coble House. Staff supported people's health and safety. Risks were identified and reduced. Positive risk taking and independence was encouraged to increase people's quality of life.

The premises were safe, and the home was clean. Incidents were investigated and reported as required. Lessons learned were shared with staff.

There were enough staff on duty to meet people's needs. Staff recruitment was safe, and training was refreshed regularly. Regular checks were carried out to ensure staff remained competent.

People's health and social care needs were thoroughly assessed. Staff delivered care which reflected people's current needs. Medicines were safely managed.

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 very caring and knew people well. They protected people's privacy and dignity and respected their wishes. People were involved making decisions about their care.

A range of activities were organised to interest people and provide socialisation amongst people, relatives and the local community. People also benefitted from one to one time with staff.

Staff were motivated by the registered manager to provide good quality, person-centred care. The provider's strong quality assurance process was embedded throughout the service. Provider representatives carried out routine checks to monitor the quality and safety of the service. The provider supported the registered manager to make continuous improvements to the service.

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 good (published 5 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about Coble House 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?

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.

# Coble House

## 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

The inspection was conducted by an inspector, an inspection manager 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

Coble House is a 'care home'. People in care homes receive accommodation and 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 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

The first day of the inspection was unannounced. We arranged with the registered manager to return for a second day to complete the inspection.

#### What we did before the inspection

We reviewed the information we had received about Coble House since the last inspection. We contacted the local authority and other professionals who worked with the service for information. We used this to plan our inspection.

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.

#### During the inspection

We spoke with 10 people who lived at Coble House and 10 relatives about their experiences of the care provided. We spoke with staff, including care staff, two nurses, the activities coordinator, the chef, a kitchen assistant, domestic staff and the registered manager. We also spoke with a representative from the provider organisation who was visiting the service.

We reviewed four people's care records. We looked at the information kept regarding the management of the service. This included three staff files and records related to the quality and safety 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

- Staff safeguarded people from the risk of abuse. They raised concerns appropriately.
- The registered manager followed systems and processes to investigate concerns and report to external agencies as necessary.
- People felt safe and relatives confirmed this. People said, "Yes I do feel safe in here. It is my home" and, "There is always staff around if I need anything and it is a secure place." A relative said, "I feel it is safe in here. I think my family member felt happier coming here as the staff really look after them, there is always someone checking to see they are OK."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff conducted good assessments which identified the risks people faced. There was guidance in place to reduce risks and avoid incidents.
- The environment was safe. Checks, tests and servicing were regularly carried.
- Accidents and incidents were investigated and recorded. The registered manager ensured action was taken to prevent a reoccurrence.
- The registered manager shared learning from incidents with staff to encourage safer working practices.

Using medicines safely

- Medicines were safely managed. There was a process in place to ensure medicines were ordered, stored, administered, recorded and disposed of properly.
- Nurses conducted checks of medicine records which the registered manager monitored.

Preventing and controlling infection

- The home was kept clean and comfortable to reduce the risk of spreading infections.
- Staff used personal protective equipment such as disposable aprons, gloves and hand gel when delivering personal care.
- Staff were trained in infection control and prevention. Regular domestic audits were undertaken.

Staffing and recruitment

- Staff recruitment was safe. Proper checks were carried out with all new staff.
- There were enough staff deployed throughout the day and night to meet people's needs.

# 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 inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were comprehensively assessed.
- People's support was aligned to best practice guidance and met relevant standards.
- Care plans described people's wishes and choices. The care provided reflected people's current needs. Staff supported people to achieve good outcomes.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had legally authorised restrictions in place for their own safety. The registered manager ensured restrictions remained lawful by tracking applications, authorisations and expiry dates.
- Staff were trained in the MCA and DoLS. They applied the principles of the Act to the care they provided to ensure people's legal and human rights were upheld.
- Best interest decisions were made in line with legislation and people's wishes, with their relatives and external professionals involved.

Staff support: induction, training, skills and experience

- Staff delivered effective care through good training and support. The staff team had a mix of skills, knowledge and experience to provide a good service.
- A good induction was embedded into the staff probationary period. New staff completed shadowing shifts to assure the registered manager they were suitable and competent.
- The registered manager and senior staff provided ongoing support to staff through supervision sessions,



appraisals and daily observations. This helped to identify and address any areas for improvement.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked well with external professionals to support people's health and well-being. They made effective referrals to other services if people's needs changed. An external professional said, "(Staff) always contact our team for advice and support and do listen to our guidance."
- Staff encouraged people to lead a healthy life. Staff arranged and facilitated regular visits, for example from district nurses, opticians and dentists.
- Staff completed training in topics such as oral health and diabetes to increase their awareness of people's health needs.
- People's nutrition and hydration needs were met. Special dietary requirements were catered for. Staff followed guidance from external professionals to ensure people ate and drank safely.

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

- People's rooms were adapted and designed to meet their needs. Rooms were personalised and decorated to a good standard.
- Communal areas of the home were also appropriately adapted and designed. This included a dementia friendly environment with decorations to trigger memories and spark conversations.

# 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 inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff displayed caring values, such as compassion and commitment. They treated people equally and respected diverse needs, which were described in people's care plans.
- The provider had an equality and diversity policy in place and staff were trained to ensure people were treated with respect regardless of their age, gender, disability or beliefs.
- People and relatives spoke highly of the staff and the service. People described staff as "fabulous", "marvellous", "brilliant" "excellent" and "super". A relative said, "I feel the staff are just amazing, they are kind, caring, and always make my family member smile. They know her."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity.
- People were encouraged by staff to maintain or regain their independence.
- Staff were familiar with people's needs and knew them very well. They realised when people were in distress or discomfort and acted carefully to provide support.

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

- People were involved in making decisions about their care and staff valued their opinions.
- Staff helped people to get independent advice which would be of benefit to them.

# Is the service responsive?

## Our findings

Responsive – this means that we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were personalised and held clear information about how people wanted to be supported.
- People, relatives and external professionals had been involved in devising care plans.
- Regular reviews of people's needs and choices were carried out.

End of life care and support

- Staff had supported many people at the end of their lives. They were trained and experienced to deliver a compassionate and dignified service. An external professional said, "(Staff) seem attentive and we have been impressed with the way they care for residents approaching end of life. They take time to sit with them and we have witnessed them communicating with compassion and care to the relatives of residents approaching end of life."
- Staff explored people's end of life wishes. This included religious, cultural and spiritual preferences. This helped them to respond to people's care needs when they were no longer able to express their wishes. Where people had not shared their views, staff sensitively sought out ways of approaching the matter to gather more information.
- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.

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

- Social care plans helped staff to engage with people and understand their needs and what was important to them.
- People had made new friendships with others living in Coble House and maintained relationships with family and friends. Visitors were welcomed into the home.
- An activities coordinator arranged meaningful activities to interest people and enhance their lives. This included entertainers, parties and craft sessions. People also benefitted from one to one time with staff.
- A reminiscence interactive therapy activity (RITA) scheme had been introduced. Staff used RITA software on an iPad or computer to interact with people. It worked very well with people with dementia related conditions. The registered manager had identified a reduction in falls and staff had successfully used the relaxation part of the programme around end of life care.
- People had mixed opinions about the activity provision. One person said, "I think there is enough for what I need." Another person said, "More activities are needed I think as personally I get bored in here."

Improving care quality in response to complaints or concerns

- Learning from complaints and concerns was shared with staff to improve the quality of care.

- The registered manager had fully investigated complaints and provided an explanation to complainants. A relative said, "The issues I had in the past were resolved, only a few minor issues still to be resolved."
- People said they had nothing to complain about. Information about how to raise a complaint was advertised around the home. The registered manager was readily available to speak with people and relatives about concerns they had.

#### 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.

- People's communication needs were assessed, and care plans contained specific details about people's communication abilities.
- Information was displayed throughout the home in various formats, such as easy read and graphics to assist people's understanding of the information provided.

# 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 good. At this inspection, this key question 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.

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

- The registered manager had instilled a positive, person-centred culture. Staff delivered a good service which helped people achieve their desired outcomes.
- People, relatives and external professionals spoke highly of the registered manager and said the service was well-led and they would recommend it. One person said, "It's exceptionally good here." A relative said, "My family member is in a much happier place after being here. I am very grateful."

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

- The registered manager engaged and involved people and relatives in the service. This included 'residents and relatives' meetings. A relative said, "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so. I feel they are approachable."
- The provider sent out annual surveys to gather feedback which helped improve care overall.
- The registered manager shared information with staff through regular meetings. This gave staff an opportunity to shape the service and affect change.

Working in partnership with others

- Staff worked together with external professionals and local services in a positive way to meet people's needs and achieve good outcomes. An external professional said, "We work well with (registered manager)."
- Staff were trialling several new initiatives within the service in conjunction with the local clinical commissioning group (CCG).
- Relatives were assured staff worked with them to keep their family members safe and well-cared for. A relative said, "The staff are wonderful with my family member and they are with me. I would not wish for my family member to be anywhere else but here, they are so well looked after by the staff."

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

- All staff had awareness of their roles and responsibilities. The registered manager and provider complied with their regulatory requirements.
- There were strong policies and procedures which contained best practice guidance.
- A clear quality assurance system was used to check the service. Audits were regularly carried out to monitor quality and safety. Issues were identified and actioned. The registered manager shared lessons

learned with staff to continuously improve care.

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 registered manager understood their obligations under the duty of candour and had acted appropriately. An external professional said, "I do find (registered manager) is proactive and responsive to issues raised and a thorough investigatory process is followed."
- The registered manager was open and honest when dealing with concerns and had developed a trusting relationship with people, relatives, staff and external professionals. There was confidence in the registered manager to act in a responsible manner if something did go wrong.