

Akari Care Limited

Alexandra House

Inspection report

Havelock Terrace
Gateshead
Tyne and Wear
NE8 1QU

Tel: 01914775117
Website: www.akaricare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alexandra House is a care home that provides accommodation and personal care for up to 40 people, some of whom are living with a dementia. At the time of the inspection there were 29 people living in the home.

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

The premises were not always safe for people living at the home. Risks people may face had not been fully identified or mitigated causing people to be at risk within the home environment.

Medicines were not safely managed. People's medication records detailed medicines they were no longer prescribed, medicine audits were not always completed, and medicine care plans did not reference all information for staff to safely follow.

We found there were some areas of the home where infection control procedures were not being fully followed by staff.

Following our inspection, the manager took immediate action to address all of the concerns we found with regards to risk, medicines management and infection prevention and control to ensure people were safe.

People were happy and content living at the home. Relatives were positive about the care provided by the staff and manager. Relative comments included, "Staff demonstrate a good level of care, they are well-trained and have a good level of first aid knowledge. They also show a good rapport with people who live with dementia."

Staffing levels were safe and regularly reviewed to meet the needs of people. We found that the deployment of staff was not always appropriate. Staff were recruited safely by the provider and all pre-employment checks were in place.

The manager and provider had safely managed all risk associated with COVID-19 during the pandemic. Visitors were required to provide a negative lateral flow test before entering the service and professional visitors had to evidence that they had received both doses of their COVID-19 vaccine. Staff wore appropriate personal protective equipment (PPE) and there was an adequate supply of PPE throughout the home.

People had an initial assessment of their needs which were used to create person-centred plans. Care plans reflected the individual and included involvement from relatives and other healthcare professionals.

People were supported to maintain a healthy balanced diet and were provided with a range of options for meals. Staff worked with other agencies positively to make sure people received a continuous level of care.

Relatives and visitors were welcomed into the service. People and their relatives were part of their care

planning. People were provided with choices with their care and staff worked with relatives to make sure people's views were included.

The provider had a robust quality and assurance system in place to monitor the safety and quality of care provided. We found that checks had not always been completed prior to the manager's appointment and they were addressing these issues to make sure that all audits and checks were effective.

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

The last rating for this service was good (published 23 October 2018).

Why we inspected

We received concerns in relation to medicines management, record keeping and leadership. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider and manager have taken action to mitigate the concerns identified during the inspection and are working to improve the service. The management team at the service have worked positively in partnership with the local authority to create an action plan to improve the quality and safety of the care provided.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra House on our website at 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 monitor the service and will take further action if needed.

We have identified a breach in relation to safe care and treatment due to the concerns found around medicines management and risks associated with the environment at this inspection.

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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Alexandra 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. 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 one 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

Alexandra House 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. Alexandra House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a newly appointed manager in post who was in the process of registering with the Care Quality Commission. This means that, once they are 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

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 reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and but did not receive any formal feedback. We received feedback from the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and asked the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, reviewed documentation and carried out observations in communal areas.

We spoke with two people who used the service, 10 relatives, and seven members of staff including the manager, housekeeper, two senior care assistants, two care assistants and the regional manager. We reviewed the care records for four people, medicine records for 13 people and the recruitment records for three members of staff.

After the inspection

We continued to review documentation relating to the quality and assurance systems in place.

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.

Assessing risk, safety monitoring and management

- Risks people may face were not always identified or mitigated. People who lacked capacity and could mobilise independently had access to a hot kettle which was a scalding risk, cleaning products which may have caused a serious injury and food products which may have caused a choking risk to anyone assessed as requiring a soft diet.
- Combustible materials were left on the internal and external fire escapes by contractors carrying out maintenance work at the home. There was a secure keypad lock on the sluice door, but we found the number code for this written on the door. The boiler, laundry and kitchen staff storage area were all unlocked which posed a risk of serious injury or harm to people and visitors.
- Checks and audits in place did not identify these areas of risk within the home environment. For example, there were trip hazards identified throughout the home, food and fluids did not have opening dates, single use medication pots were being reused, and personal care items were left in bathrooms.

People were at serious risk of harm, as risks associated with people's health and safety and the environment had not been fully assessed or monitored. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- We raised our concerns with the provider and manager who took immediate action to address the concerns identified.

Using medicines safely

- Medicines were not managed safely. We found medicines that people were prescribed were not always documented within people's care records. Medicine care plans did not always provide staff with the correct information. For example, one person had an assessment in place to have one medicine covertly administered but the care plan stated that all medicines could be administered covertly.
- Medicine administration records (MARs) did not always include all information for when a 'as required' medicine was administered. For example, for one person we found that the MAR was fully completed twice for a medicine that was administered nine times.
- Medicine audits were not always completed in line with the provider's policy.

People were at risk of harm, as medicines were not safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- The manager and provider took action with this and were working on improving the management of

medicines at the home. We asked the CCG to provide support to the manager to address the areas we had identified.

- People and relatives did not have concerns regarding medicine administration. One relative said, "Her medication is always on time, her skin is always beautifully creamed. Her fingernails are always trimmed nicely."

Staffing and recruitment

- Permanent staff and agency staff were safely recruited by the provider who carried out all essential pre-employment checks. Staff told us they had to complete an application form, an interview and had to provide references and documents prior to starting work.
- There were enough staff available to safely support people. We did find that staff were not always correctly deployed resulting in one member of staff engaging with 11 people whilst completing a task and four members of staff carrying out engagement with two people. We discussed this concern with the management team who were reviewing the deployment of staff.
- People and their relatives gave mixed reviews about the staffing levels. Comments included, "Sometimes there are staffing issues, they struggle for staff at weekends" and, "There are plenty of staff, they always call out and say hello when they pass by the bedroom."

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

- The provider had policies and procedures in place to reduce the risk of potential abuse to people. Safeguarding investigations had been completed by the manager and lessons learned from incidents were shared with staff, people, relatives and the Local Authority.
- Staff had received training relating to safeguarding people. Staff could tell us what action they would take if they identified any potential abuse.
- Records showed that staff had regular meetings to discuss lessons learned from incidents and actions they had to take to prevent reoccurrence.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. We found that staff were not always following this process. For example, there were personal care items and used PPE left in bathrooms. The manager removed these items immediately and reminded staff about correct processes to follow.
- There was a dedicated infection control champion at the home who carried out checks of the environment, kept up to date with any guidance changes and supported staff with their knowledge of infection prevention and control.
- 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.
- People and relatives were able to access regular visits in and out of the service. Risk assessments were in place to support safe visiting throughout the home.
- Professional visitors and visitors were required to provide a negative lateral flow test before entering the home.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff completed holistic assessments of people's needs which included physical, emotional and social requirements. Staff provided care in line with national best practice and guidance.
- People, relatives and other healthcare professionals were recorded as being involved in all aspects of care planning and reviews.
- Staff provided people with choices around their support needs, food and drink and activities. We observed a staff member talking to one person asking them, "Would you like a drink and then we can have a chat?"

Staff support: induction, training, skills and experience

- The provider supported new staff with an in-depth induction from the provider, which mirrored the Care Certificate, to make sure they had the correct skills and knowledge to safely support people. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervisions and appraisals. One member of staff told us, "With [the manager] we get one to one meetings and I feel comfortable sharing any areas I'm worried about with her."
- Staff had regular on-going training and additional refresher training if required. A relative said, "The staff know what they are doing, they are well-trained."

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

- People were supported to access a healthy balanced diet which also reflected their personal choices and dietary needs. One person commented, "I get a choice of menu and there is fruit and chocolate in reception, you just go and help yourself."
- Staff regularly reviewed people to make sure they were not at risk of malnutrition. If a risk was identified there were records showing referrals to health care professionals.
- Some people were on special diets and these were documented within care plans. A relative told us, "They really consider my mother's choice due to her diabetes but they never stop her having what she wants within reason."

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

- People were supported to access the GP and other healthcare professionals and care plans reflected the guidance provided. Care records detailed weekly visits from the local GP and community nursing teams
- The service worked in partnership with other healthcare professionals to provide a continuous level of

care which was responsive to their needs. One relative commented, "There were concerns [person] was losing weight and the home organised a visit by the dietitian, he now has food supplements and he has put a little weight on."

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

- The home had been appropriately adapted to allow for easy access for everyone and meet their needs. Communal areas and bedrooms were large and spacious.
- The home had undergone a refurbishment on the top floor to allow for an environment which had a positive impact on the well-being of people living with a dementia.
- People had personalised bedrooms which reflected their own personalities. One relative commented, "They encouraged [person] to bring her own possessions and the handyman is going to hang her photos. They are re-decorating the bedrooms at present; she can choose whatever colour paint she wishes."

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 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 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.

- Staff had assessed the capacity of people for specific decisions. We did find one assessment relating to the administration of covert medicines required a review and the manager told us they would address this.
- DoLS applications were made to the local authority and reflected the person's needs. Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.

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

- The quality and assurance systems in place were not fully effective and did not identify the concerns we found during the inspection. The management team were reviewing these and updating audits and checks to make sure they fully monitored the quality and safety of the care provided. The manager took immediate action to address the concerns raised and was working to imbed changes throughout the service.
- The manager was fully aware of their legal responsibilities once they had received their registration and were open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.

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

- The manager was working to improve the culture within the service and was driving improvements across the home. During the inspection staff told us about the improvements since the manager's arrival. One staff member said, "There's been a lot of change but now we've got [manager] she's here to stay. It's nice, she just wants the best for the residents."
- The management team interacted positively with people. During the inspection we observed people engaging positively with the manager.
- People and relatives were positive about the support provided by staff. A relative commented, "I am more than happy with the care. I would recommend this home to anybody who is looking for somewhere for their loved one."

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;

- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

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

- Feedback surveys were given to people, relatives, staff and other professionals. The results from these

were added to the service's overarching action plan and enabled the management team to see what they were doing well and what needed to be improved.

- Staff attended regular team meetings where they could share learning experiences, safeguarding information, reflect on how the service was performing and provide suggestions for improvement.
- The service worked in partnership with a range of other organisations and professionals.

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 safely managed. Environmental risks people may face were not fully identified or mitigated placing people at risk of potential harm. Regulation 12