

Akari Care Limited

St Marks Court

Inspection report

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26 September 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Mark's Court is a care home providing personal and nursing care to up to a maximum of 60 people. The service provides support to older people including people who live with a dementia. At the time of our inspection there were 43 people using the service.

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

At our last inspection the provider had failed to robustly manage the risks relating to the health safety and welfare of people, including managing risks to people's nutrition and pressure area care.

At this inspection improvements had been made and the service was no longer in breach of the regulation good governance as systems had improved to monitor the quality of service provision.

We have made a recommendation that the provider continues to make improvements to governance including menus, and as a result of people's feedback to ensure person-centred care is provided.

Records now provided detailed guidance to assist staff to deliver care and support to meet people's needs safely. Risks were assessed and mitigated to keep people safe. Staff recruitment was carried out safely and effectively.

An infection control system was in place. However, not all areas of the home were well-maintained or clean and there were signs of wear and tear.

We have made a recommendation about continuing with the programme of refurbishment in a timely manner, ensuring the environment is appropriately designed to meet all people's needs and an appropriate standard of hygiene is maintained.

The provider was monitoring the use of PPE for effectiveness and people's safety.

All people and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff, although, "very busy", were kind and caring and supportive of people and their families. Their comments included, "All the staff are lovely" and "The staff are very friendly and extremely welcoming."

Staffing capacity was sufficient to ensure people's needs were met in a safe way. People's feedback was staff were "very busy."

We have made a recommendation the provider continues to keep staffing levels and staff deployment under review to ensure people receive timely and person-centred care.

Systems were in place for people to receive their medicines in a safe way.

There was evidence of collaborative working and communication with other professionals to help meet people's needs.

The staff team provided support discreetly and with compassion. People's privacy was respected, and people were supported to maintain contact with relatives.

There was a cheerful atmosphere at the service. One relative commented, "The home has a very homely feeling."

Staff spoke positively about working at the home and the people they cared for. Staff said the manager was very approachable and they were supported in their role.

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 and update

The last rating for this service was requires improvement (published 14 January 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 3 November 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance.

We undertook this focused inspection to check 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.

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 Requires Improvement to Good. 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 St Mark's Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Marks Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and one 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

St Mark's Court 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. St Mark's Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A peripatetic manager was managing the service whilst the provider recruited another manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started remotely off-site on 5 September 2022 and ended on 26 September 2022. We visited the service on 26 September 2022.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we communicated with eight people who used the service and 10 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 20 members of staff including the manager, regional manager, 12 care workers including one senior and agency care worker, one nurse, one cook, two domestic members of staff and two activities staff. We received feedback from two health and social care professionals.

We 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 reviewed a range of records. This included five people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

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 Requires Improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure records accurately recorded risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. 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

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were better managed. Records were more detailed and showed risks were assessed, with measures put in place to remove or reduce the risks.
- Information was available that provided guidance to staff, so all staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.
- Staff had strategies they used when people became anxious and upset. This helped people to manage their emotions and minimise the impact to them and others.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Staffing and recruitment

- People were safe and staff were deployed to ensure people's safety.
- The manager told us a dependency tool was used. However, staff appeared busy and some people and relatives told us staff did not have time to engage with people except when they provided care. One person said, "Staff don't have time to spend with me and I get lonely." Another person told us, "When I press my buzzer, they [staff] do take a very long time in answering."

We recommend the provider continues to keep staffing levels and staff deployment under review to ensure people receive timely and person-centred care.

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Preventing and controlling infection

- An infection control system was in place. However, not all areas of the home were well-maintained or clean and there were signs of wear and tear.

- Some carpets were marked and some areas were showing signs of wear and tear.

We recommend the provider continues with a timely programme of refurbishment to keep people engaged and to maintain the cleanliness of the home.

The provider responded after the inspection and provided an action plan and a programme of refurbishment which included replacing some carpets.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the manager would respond appropriately.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments and best interests decisions were appropriately made and documented.

Using medicines safely

- Medicines were managed safely.
- Medicine administration records assured us medicines were given as prescribed. They contained supplementary information to guide staff in what the medicines were prescribed for.
- Medicines risk assessments were in place, with medicines care plans that were person specific.

Visiting in care homes

- The manager followed government guidance with regard to visiting during the pandemic or an outbreak of Covid-19.

Learning lessons when things go wrong

- Lessons were learned and aspects of service provision had improved as a result of the learning.
- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.

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 Requires Improvement. At this inspection the rating has remained 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.

At our last inspection the provider had failed to ensure quality monitoring was effective. 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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had left since the last inspection. A peripatetic manager was managing the service whilst the provider recruited another manager.
- The provider and manager had made improvements to their systems for monitoring the quality of the service. However, some improvements were still required to menus, refurbishment, staff deployment and environmental design of the service. We discussed people's feedback about food with the manager, which we saw was being addressed, but further improvements were required to presentation and variety.

We recommend the provider continues to make improvements to governance and as a result of people's feedback to ensure person-centred care is provided.

- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- The manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- Relatives and staff said the manager was approachable and communication was effective.
- The management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- The ethos of the service promoted openness and inclusivity.
- Improvements had been made to records to provide person-centred guidance for staff about people's

care and support needs.

- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. Regular meetings also took place with people.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home.
- Staff said they were well-supported. They were very positive about the manager and said they were approachable. People, relatives and staff all said the manager was "very approachable".

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

- Improvements had been made to communication since the manager had started at the service.
- Staff told us communication was more effective to ensure they were kept up-to date about people's changing needs and changes being introduced into the home.
- Feedback surveys were given to people, relatives and staff. The results from these enabled the management team to see what they were doing well and what needed to be improved.

Continuous learning and improving care; Working in partnership with others

- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.