

Akari Care Limited

Piper Court

Inspection report

Sycamore Way
Stockton-on-Tees
Cleveland
TS19 8FR

Tel: 01642606512

Date of inspection visit:
01 March 2023
03 March 2023
06 March 2023

Date of publication:
29 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Piper Court is a residential care home providing personal and nursing care to up to 60 people. The service provides support to adults including older people, people living with dementia and people with mental health conditions. At the time of our inspection there were 38 people using the service.

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

Medicines records were not always accurate or up to date. The management of risk around people's dietary requirements was not always clearly documented. Records around maintenance and safety checks were not always completed. Night staff had not taken part in recent fire drills and we have made a recommendation about this.

People told us they felt safe living at Piper Court. The manager handled safeguarding concerns appropriately. A safe recruitment procedure was in place. We received mixed feedback from people and their relatives about staffing levels. Some people were happy there were enough staff but others felt they would benefit from more staff at certain times of day. We shared this feedback with the provider. The provider was recruiting for new staff so at times agency staff were used to cover shifts to ensure sufficient staff were always available.

The provider had appropriate measures in place to minimise the spread of infection. Lessons were learned following accidents and incidents.

The manager and staff liaised with external professionals to ensure people had access to the support they needed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 12 January 2022). At this inspection we

found the service remained rated requires improvement. This is the third consecutive inspection where the provider has failed to achieve a good rating.

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 some improvements had been made but the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 25 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 safe care and treatment.

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.

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 remains requires improvement. This is based on the findings at this inspection.

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.

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

Enforcement and Recommendations

We have identified breaches in relation to good governance, specifically relating to quality assurance and record keeping.

We have made a recommendation about fire safety, specifically around fire drills.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Piper Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people by phone to request feedback.

Service and service type

Piper Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Piper 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two months and had submitted an application to register with CQC. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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

We spoke with 7 people who used the service and 10 relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, nurses, senior care workers, care workers and domestic staff. We also spoke with 2 visiting professionals.

We reviewed a range of records. This included 9 people's care records. We looked at the governance arrangements for the safe handling of medicines including the provider's policy and audits. We looked at medicines records and medicine stock. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also 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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were needed in relation to records and we found the provider remained in breach of regulations as detailed below.

- Medicines records were not always accurate or up to date. Information on how people took their medicines was not always clearly documented to support staff to administer them correctly.
- Guidance and records were not always consistent around how often people's creams should be applied. Where creams were applied by care staff the records did not demonstrate they were applied as prescribed.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for some people was unclear and further information was needed for the variable dose. The reason for administering when required medicines was not always noted and the outcome was not always recorded to review effectiveness.

The provider had not ensured accurate and complete records were in place to support the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The management of risk around people's dietary requirements was not always clearly documented. Where people were at greater risk of malnutrition their records did not always clearly set out actions to be taken. People's weights were not always consistently recorded on the electronic system which made oversight of this more difficult.
- Records around maintenance and safety checks were not always completed. The gaps we found had not been picked up during management checks and some management checks had not taken place. We were informed a regional maintenance person had undertaken checks but there was no evidence of this available to inspectors.

The provider had not ensured accurate and complete records were in place to ensure people were supported safely. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Night staff had not taken part in recent fire drills. Records of drills that had taken place indicated they were carried out with more staff than would normally be on duty. As a result they were not realistic rehearsals of a genuine emergency. We were shown evidence of staff training around fire safety and staff we spoke with told us they felt confident with evacuation procedure.

We recommend regular fire drills take place in line with current best practice guidelines.

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.

Systems and processes to safeguard people from the risk of abuse

- The manager handled safeguarding concerns appropriately. Safeguarding concerns were escalated appropriately, and staff had a good understanding of how to report any concerns. One member of staff told us, "I would go straight to the senior and then the manager. I'm confident the manager would sort it but I can also go to the regional manager, they are in the home three times a week."
- People felt safe living at Piper Court. Relatives also told us they felt their family members were cared for safely. One relative told us, "The safety [my family member] has now is 100% better than they would have had at home."

Staffing and recruitment

- A safe recruitment procedure was in place. The provider conducted checks including Disclosure and Barring Service checks and obtained references before new staff were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were calculated using a dependency tool. This worked out the number of staff needed to meet the needs of the people living at Piper Court and each shift was then staffed accordingly. The provider was recruiting for new staff so at times agency staff were used to cover shifts to ensure sufficient staff were always available.
- We received mixed feedback from people and their relatives about staffing levels. One relative told us, "There are plenty of staff around and when I am there if I need to speak to anybody, I can normally find someone." However, one person who used the service said, "On the night shift, there are only two of them on [this floor] and they can't really look after 24 residents. The buzzers are going off all night." We passed on this feedback to the provider who reassured us the staffing levels were regularly reviewed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was taking place in line with current government guidance.

Learning lessons when things go wrong

- Accidents and incidents were monitored to identify any areas of concern. Appropriate referrals were made to agencies such as the falls team. Patterns and trends were looked for so lessons could be learned, and any necessary changes made going forward.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question 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.

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

- Records were not always accurate or complete. This included care plans, medicines records and maintenance checks.
- The provider's quality assurance systems had not been effectively implemented. The audits and checks being undertaken had failed to identify all of the issues we found during this inspection.

Systems established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service had not been effective and complete and accurate records were not maintained. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager acknowledged areas where improvements were required. They were working on an action plan to address concerns and had the support of the provider with this.

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

- There was a positive culture within the home and an atmosphere where people who used the service and staff felt valued. One relative told us, "Immediately, when I visited Piper Court I was greeted with a very warm and friendly welcome. The atmosphere between the staff and the residents is absolutely lovely. The staff are also all very respectful to the residents."
- Staff were empowered and encouraged to progress if they wished to. The provider had recently held an event where staff were made aware of the career opportunities available to them. One member of staff told us, "[The manager] is looking to put me through senior training and then to put me through CHAPS (care home assistant practitioner) training. My aim is to become a qualified nurse."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the duty of candour. The provider had been open and transparent with people and their families when things went wrong. One relative told us, "On the occasion when [my family member] did not get their tablets, the staff rang me and informed me what had happened. They were open and honest about this and did not try and hide anything."

- We found the manager and wider management team to be open and honest throughout the inspection. They were responsive to feedback, and keen to make the required improvements.

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

- Systems were in place to gather and act on feedback from people, relatives and staff. There were regular meetings held and these were scheduled at different times in order to be as accessible as possible. One person told us, "We had a residents' meeting last week. They ask us questions and we let them know what we think. They let you have anything that you want."
- People we spoke with said they were engaged in discussions about their care. One person told us, "Definitely, I do [feel able to express my views]. If I wanted anything done, they would do what I was asking them."
- Relatives also felt involved in their loved ones' care. A relative we spoke with said, "Yes, if I have any queries about [my family member's] care they will come up to their room when we are there and discuss them. I definitely feel involved with what is going on."
- Staff felt supported in their roles and spoke positively about the new manager. One member of staff told us, "[The manager] has been particularly supportive. If I have asked them for something or made a suggestion, it's been acted on. If they say they'll do something they will do it."

Working in partnership with others

- The provider engaged well with outside agencies including the local authority. We saw evidence of good partnership working.
- The manager and staff liaised with external professionals to ensure people had access to the support they needed. One relative told us, "We are though due to have a meeting next Monday with the social worker, the district nurse and the diabetic nurse. [My family member] is happy [at Piper Court] so, if they do need nursing care it would be good if they could get that without actually having to move."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to keep complete, accurate and up to date records. This included records relating to medicines management, people's dietary requirements and the safety of the environment. 17(2)(c)(d)</p> <p>The provider's quality assurance system had failed to identify the concerns found during inspection. 17(2)(a)</p>