

Akari Care Limited

Wallace House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

Inspection team

The inspection team consisted of 1 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

Wallace House is a 'care home with nursing'. 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. 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 a registered manager in post.

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 also contacted Healthwatch. 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 this information to plan our inspection.

During the inspection

We spoke with the Registered Manager, the Regional Manager and 8 people who use the service and 2 relatives. 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 3 people's care records in full and parts of other people's; and multiple medication records. We looked at 4 staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we contacted staff via email and received feedback from 4 staff members.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Wallace House

Detailed findings

Background to this inspection

About the service

Wallace House is a residential care home providing nursing and personal care for up to 40 people. The service provides support to people with a range of needs including physical disabilities, sensory impairment and those living with a dementia. At the time of inspection 39 people were using the service.

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

People and their relatives were very positive about the care provided. People told us they felt safe, and staff had the skills to support them.

Staff were safely recruited and received an induction followed by training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. There was enough competent staff to meet service user needs.

People and relatives were involved in every stage of care planning. Systems and records were in place to ensure people received person-centred, safe care.

The registered manager had an effective quality assurance system in place. Regular audits and checks were completed. These were used to identify relevant action and lessons learnt. People, relatives, staff and professionals were offered opportunities to provide feedback about the care provided at the home.

The provider had made improvements to the building and many of the communal and private areas had undergone refurbishment. All staff ensured people living in the service were happy with the environment and found ways to promote their independence; their passions and interests maintained wherever possible.

The service was following safe infection prevention and control procedures to keep people safe. Medicines were managed safely. Risks to people were assessed and action taken to reduce the chances of them occurring. The registered manager acted on feedback immediately. People were safeguarded from abuse.

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 5 November 2022) and there were breaches 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 a focused inspection of this service on 7 November 2022 looking at Safe, Effective and Well-led. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 17 (Good governance) and Regulation 9 (Person-centred care).

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, Caring 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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Well-led sections of this full report. 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 based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wallace House 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.

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

Staffing and recruitment

At our last inspection we recommended the provider continued to keep staffing levels and staff deployment under review to ensure people receive safe, timely and person-centred care. The provider had made improvements.

- Staff were recruited safely by the provider and there was enough staff on duty to safely support people.
- New staff had appropriate pre-employment checks in place which included photo identification, work history, references and a Disclosure and Barring Service (DBS) check in place. 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 regularly reviewed against people's support needs. The registered manager told us, "Due to our ongoing reviews we have been able to reduce the amount of agency staff we use, we also ensure the agency staff we use is the same each week as this helps to maintain consistency and helps build closer relationships with people."

Preventing and controlling infection

At our last inspection we recommended the provider continues a timely programme of refurbishment to maintain the environment. The provider had made improvements.

- 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.
- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

Using medicines safely

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy, and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I am very confident raising concerns. I have raised concerns when I started with Wallace House that were handled professionally and quickly."
- People reported feeling safe when receiving their care. One person said, "Oh yes, the staff are wonderful, they keep an eye on me with all my different ailments and we work around them together."

Assessing risk, safety monitoring and management

- Risks to people were assessed regularly and managed in a way that kept people safe.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care. The assessments included information and guidance for people with complex needs, communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Care plans contained positive behaviour support information; this included identifying triggers which impacted on people's wellbeing and behaviours, as well as techniques for staff to use to reduce any behaviours which may cause distress.

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.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- The Regional Manager and Registered Manager collaborated effectively to ensure recommendations were acted upon, this has improved the day to day running of the service as well as the quality of care being provided.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider follow best practice guidance to ensure the appropriate environmental design to meet the needs of people who use the service. The provider had made improvements.

- The provider acted upon recommendations. The building had undergone a series of refurbishments; hallways, rooms and communal areas had been freshly decorated.
- The Registered Manager had an action plan to further improve areas within the service as well as the garden, at the time of the inspection this was up to date.
- The premises had been improved to promote people's independence, and involvement. To keep dementia patients engaged and oriented as they went around, there was visual and sensory stimulation.

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

- People had their needs fully assessed and care plans reflected their choices and best practice guidance.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care. The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, staff used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that they used NICE guidance to assist them with care for example, in relation to moving and handling.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had received appropriate training and support.
- The provider's training matrix showed a high level of compliance with training for all staff in topics such as fire safety, dementia and equality and diversity.
- Staff felt supported by the registered manager. Spot checks and supervisions were carried out. One staff member said, "I have a very supportive manager who is approachable and encourages staff to fulfil their potential."
- Staff were involved in group meetings where they contributed to care planning and could provide insight into people's changing care needs.

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

- People were supported to maintain a balanced diet. Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from the speech and language therapists (SALT).
- Staff were aware of people that were nutritionally at risk and took steps to address this. For example, some people had their food and fluid monitored and others were provided with high calorie snacks.
- We saw positive interactions between people and staff during lunchtime, people were offered a visual choice of meals and if required they were supported to eat their meals by staff.

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

- Staff worked in partnership with health care professionals to provide the most effective care. There was regular contact with people's GPs and community nursing teams where necessary.
- People were supported to access other healthcare professionals and services; care workers accompanied people or arranged visits to hospitals and appointments.
- Care records included details about people's medical history and ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services.
- The Registered Manager had introduced a red folder system which is used for hospital handovers, the folders contain personal and medical information relating to each resident to ensure healthcare professionals have all the information they need to provide timely and efficient care.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of the MCA. Records showed that when people lacked mental capacity to make specific decisions, a best interests decision meeting had taken place.

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 required improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems in place to effectively monitor and improve the quality of the service to ensure positive outcomes for people. This was a breach of regulation 17 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.

- The provider had good oversight of the service. Effective quality and assurance systems were fully embedded within the service; the Registered Manager undertook a range of audits to assess care quality and safety such as care plans, environmental risk assessments, rostering and welfare checks on a monthly basis.
- The management team promoted excellence through consultation and reflective practice. There was a good framework of accountability to monitor performance and risk. The provider carried out its own internal inspections which led to quality improvements across the service.
- The provider had a duty of candour policy and understood their responsibility to be open and honest if something went wrong. Staff we spoke to told us it was important to use incidents to reflect, learn and improve.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC 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

At our last inspection the provider did not have effective systems in place to promote a culture where all people were respected and received person-centred care This was a breach of regulation 9 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 9.

- The positive staff culture helped to achieve good outcomes for people. One staff member said, "I like that Akari has values and rewards staff for following these values. A happy team who wants to come to work shows through in the residents and colleagues' attitudes."
- The registered manager communicated with people, relatives and staff. People told us the management team were approachable. One relative commented, "I trust the staff to take care of [person], they contact me straight away if there are any concerns."
- The provider had a clear vision, and their values were embedded in the service, staff were well trained and took pride in achieving good outcomes for people living in the service.

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

- The provider encouraged people to share their experiences and goals. People had the opportunity to discuss things that were important to them through residents, family meetings and feedback forms.
- The provider held regular team meetings with staff where their views were heard, these included meetings for general staff, senior staff and nurses.
- Feedback from staff, people and relatives was very positive, and we saw the provider had taken on feedback and suggestions provided.

Continuous learning and improving care, working in partnership with others

- A culture of improvement was in place. The registered manager worked hard to implement improvements and was proactive in sharing good practice with others.
- The provider was committed to staff improvement. One staff member told us, "The provider supports staff development and since I have been at Wallace House I have seen and been involved in progressing other staff's careers. It has a good positive attitude and people are willing to help each other."
- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.