

# Akari Care Limited

# Park House

## Inspection report

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## 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

Park House is a care home providing accommodation and personal and nursing care to up to 50 people. Accommodation is provided across two floors in one adapted building. At the time of our inspection 27 people were living at the home.

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

The service was not always well-led. Systems were not always effective in monitoring quality and driving improvements across the service. Audits had not always been effective in identifying issues. Where an audit had identified shortfalls action plans had not always been implemented to deliver improvements. There were gaps in the records to evidence government guidance was followed in relation to testing for COVID-19.

Medicines were managed safely however; medicines records were not always accurately maintained. Accidents and incidents were documented. Trend analysis reviews had not always taken place to consider if any actions were necessary to improve outcomes for people.

There were sufficient staff deployed to meet the needs of people. Contingency plans were in place in the event of staffing shortages. Systems for the safe recruitment of staff were in place. However, employment gaps for potential employees had not always been considered in the recruitment process. We have made a recommendation about this.

Staff understood their safeguarding responsibilities and were aware of how to escalate any concerns if this was necessary. A range of risk assessments were in place to help ensure the safety of people and the environment.

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

The last rating for this service was good (published 18 July 2019).

### Why we inspected

We received concerns in relation to staffing, medicines, care delivery, management arrangements, testing for COVID-19, record keeping and the management of falls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the

findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park House on our website at [www.cqc.org.uk](http://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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach in relation to good governance 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 for 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 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?**

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** ●

# Park 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 Care Act 2014.

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

This inspection was carried out by one inspector, 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.

#### Service and service type

Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding

teams and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, regional manager and head of quality manager. We reviewed a range of records. This included care records for six people and multiple medicines records. We looked at recruitment records for three staff and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 now deteriorated 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.

### Using medicines safely

- Records did not always demonstrate medicines were always administered in line with prescribed instructions. For example, a robust system to record the cleaning and flushes for one person who received their medicines via a PEG (Percutaneous Endoscopic Gastrostomy) tube was not in place.
- Systems were not in place to support the administration of topical medicines. Records to show where cream was to be applied were not in place for some people.
- Records did not demonstrate that thickener (medicine used to thicken fluids for people with swallowing difficulties) had been administered in line with prescribed instructions.
- Written plans were not always in place to guide staff in the safe administration of medicines which were to be administered on a when required basis. Records that were in place required improvement to ensure they were person specific. In addition, staff did not always follow the provider's policy when recording the administration and effect of when required medicines.

While we found no evidence people had been harmed the provider's failure to ensure medicines records were well maintained was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was taken during the inspection to implement systems to improve records linked to medicines management and to improve protocols for people who were prescribed medicines when required.

### Preventing and controlling infection

- Records did not demonstrate government guidance in relation to testing for COVID-19 was always followed.
- An audit had identified one occasion where staff had breached PPE guidance. Records for this incident did not provide any information of how this was addressed with staff.

While we found no evidence people had been harmed the providers failure to ensure systems were in place to effectively monitor IPC practices contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our feedback and a system was implemented to ensure records were maintained for COVID-19 testing.

- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Systems were in place to review accidents and incidents. However, monthly reviews of documentation had not always taken place to assess if there were any trends or if improvement actions were necessary to prevent any future reoccurrences.

The provider's failure to ensure records were always reviewed contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider arranged meetings with staff to communicate how they planned to improve record keeping within the service. This included the use of an electronic recording system to review incidents.

#### Staffing and recruitment

- The provider used a dependency tool to assess the required number of staff. Prior to the commencement of the inspection there were some issues with staff shortages. The provider shared information of how they addressed this with the local authority and CQC.
- Contingency plans were in place to respond to any future staff shortages. This included the escalation of any staffing issues to managers and the use of agency staff where necessary.
- Systems were in place for the safe recruitment of staff. This included assessing candidate's employment history and gathering references from previous employers. However, we viewed records where employment gaps had not been explored during the recruitment process.

We recommend the provider considers current best practice guidance on employing fit and proper persons.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and staff told us they would report any safeguarding concerns they had. One member of staff said, "There is a policy, but I've never had to raise a concern. Managers encourage staff to raise things."
- People told us they felt safe and most relatives confirmed this. One relative raised concerns with us. We shared this feedback with the provider to enable them to respond directly to the issues raised.

#### Assessing risk, safety monitoring and management

- A range of risk assessments were completed to ensure the safety of the building and environment.
- Risk assessments were in place for people to record any known risks people were exposed to.



# 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 now deteriorated 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.

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

- A range of audits were completed to monitor quality at the home. They had not always identified the issues we found during inspection. For example, audits had not identified the gaps in staff testing for COVID-19.
- An audit had been completed by the providers pharmacy service the month prior to our inspection. This audit had identified some of the same issues we found. However, no action plan had been implemented at that time to address the shortfalls with medicines management.

The providers failure to ensure effective quality monitoring systems were in place was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home did not have a manager registered with the Commission. The provider had identified one of their existing managers from another of their locations to manage Park House in addition to their usual work. The manager had applied to register with the Commission and the provider had systems in place to support them in their role.
- The provider and staff worked in an open and transparent way.
- Statutory notifications were submitted to the Commission in line with legal requirements.

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

- Systems were in place to obtain feedback from people and their relatives. We viewed minutes of meetings where people had the opportunity to share feedback and raise any queries with the service.
- Staff we spoke with told us they felt supported and were listened to. One member of staff said, "I know I can go to [name of manager] about anything. I'm very enthusiastic and I think the home is lovely."
- Technology was used to support people to maintain contact with others outside of the home. For example, staff had organised for a virtual quiz to take place with another home where people could interact with each other.
- Staff worked with other health and social care professionals to meet the needs of people. For example, a session had been arranged with Marie Curie for 'Life Cafes' for people and staff. The purpose of this was to

improve person-centred care planning for people.

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

- People told us they were happy living at the service, and were supported to take part in activities important to them. One person said, "It's just a happy place [Park House], you don't wake up depressed. There's always something to do. The staff are lovely, the residents are lovely, the food is lovely. I haven't got one fault."
- The service had introduced an electronic recording system for people's care records. The provider had identified staff required additional training on the functions of the system and a plan was in place to address this.
- Action was taken in response to the inspection findings to improve recording in care records. We saw evidence this learning had been shared across the provider group to promote a consistent approach in other homes ran by the provider.

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 did not have robust systems in place to effectively monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(f)</p>