

Akari Care Limited

# St Marks Court

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Marks Court is a care home which provides nursing and residential care for up to 60 people. Care is primarily provided for older people, some of whom are living with dementia. At the time of our inspection there were 42 people using the service.

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

Since the last inspection the provider and registered manager had continued to make improvements to the operation of the service. Staff were deployed effectively, and this had led to a positive impact on people's quality of life. Staff discussed how the introduction of a floating staff member had supported them to fully meet people's needs and ensure people remained safe.

Staff were making a difference to people's wellbeing by working well as a team, and by sharing the same values and principles.

Medicine management was being reviewed and measures had recently been put in place to reduce the potential for errors to occur.

A one-page assessment document had been fully introduced and these were detailed. The registered manager and provider recognised that having more information about people's life history would assist staff understand people's cultural differences and experiences.

At times support plans contained assessment information rather than clearly defining the interventions staff were to use. The evaluations and reviews had not assisted staff to critically consider if the interventions work and show how their dedicated and skilled work had led to very positive outcomes for people. The provider was in the process of reviewing the care documentation to see how this could be enhanced.

There was some variability in the quality of capacity assessments and 'best interests' decision records, which the registered manager was resolving.

The activity coordinators had been extremely effective in their role and had developed a wide range of events. They had made sure people had a life with meaning. The activities coordinators had secured a range of grants and been undertaking projects which had led to real community integration. Staff had recently started to put together 'scrap' books with people that contained photos and memories of their lives.

The registered manager and staff demonstrably showed people were valued and respected. Staff created a warm and friendly environment. Relatives and visiting professionals reported that staff were superb, fantastic, extremely friendly, kind and caring. Staff actively engaged people in discussions, and we heard lots of friendly banter.

We found staff were committed to delivering a service which was person-centred. 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.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. External professionals were involved in individuals care when necessary. The GP and community nurses visited at least once per week and routinely checked how people were feeling.

Staff had received a wide range of training and checks were made on the ongoing competency of staff. Appropriate checks were completed prior to people being employed to work at the service.

The cook had received a range of training around meeting people's nutritional needs. Staff were encouraging people who were under-weight to eat fortified foods. A range of menu choices were available.

The registered manager had acted on concerns and complaints and had taken steps to resolve these matters. They actively promoted equality and diversity within the home.

The service was well run. The senior managers and registered manager carried out lots of checks to make sure that the service was effective. The registered manager constantly looked for ways to improve the service. They continually researched information about best practice and ensured staff practice remained at the forefront in introducing new guidance.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

Requires improvement (report published 10 September 2019).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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 Care Act 2014.

#### Inspection team

An inspector completed this inspection.

#### Service and service type

St Marks Court is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This was an unannounced inspection.

#### What we did

We reviewed information we had received about the service, which included details about incidents the provider must notify us about and feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all the information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and four relatives to ask about their experience of the care

provided. We also 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 spoke with the registered manager, regional manager, compliance and quality manager, two nurses, five senior carers, 10 care staff, two activities coordinators, a cook, a domestic staff member and visiting professionals.

We reviewed a range of records. This included seven people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

# 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 requires improvement. At this inspection we found these issues were resolved. The key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The registered manager critically reviewed all aspects of the service and determined if and where improvements were needed.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments contained explanations of the control measures for staff to follow to keep people safe.
- The provider had effective safeguarding systems in place and all staff spoken with understood what to do to make sure people were protected from harm or abuse. They had received training in this topic area. The registered manager worked with staff to assist them to consider how to manage situations when people displayed behaviours that challenge.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.
- People commented, "The staff are always doing their best for me and are wonderful. They make sure I'm safe" and "The staff have made such a difference to people's quality of life."

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. The provider had reviewed the staffing levels and taken into consideration the layout of the building. This review had led to the introduction of a floating staff member and providing 11 staff working during the day with seven staff at night.
- The registered manager had reviewed staff deployment and now staff predominantly worked on dedicated units. This had improved staff's ability to support people in a safe and timely manner.
- The provider operated systems that ensured suitable staff were employed.

Using medicines safely

- Medicine management was being reviewed and measures had recently been put in place to reduce the potential for errors to occur.
- Records showed, and staff confirmed they had received training in medicines management and they had regular competency assessments.

Preventing and controlling infection

- The home was clean, and people were protected from the risk of infection. Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons.
- The provider and registered manager were following recent guidance around reducing the impact of

coronavirus on people and staff.

Learning lessons when things go wrong

- The registered manager critically reviewed all incidents and ensured staff considered how lessons could be learnt.
- Staff had a positive attitude to working with people, were motivated to prevent things going wrong and learn from what worked well.

# 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 the last inspection this key question was rated as requires improvement. At this inspection we found these issues were resolved. The key question has improved to 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 assessed people's needs and these were regularly reviewed. The staff completed pre-assessments and on admission drew up a profile and provided additional detail about people's needs in the support plans. Senior managers were reviewing the system that was in place for capturing the ongoing assessment of people's needs and positive outcomes for people.
- The registered manager ensured people's physical, mental and social needs were holistically assessed, and their care was delivered in line with evidence-based guidance, including NICE and other expert professional bodies.
- The registered manager was working with staff to make sure staff fully recorded changes in people's behaviour and consider interventions that could be introduced to reduce these incidents.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. A wide range of e-learning and face-to-face training had been provided since the manager had taken up post. Staff were clearly taking on board information, as we saw very good care practices being delivered.
- The provider had reviewed the training programme and had extended the range of courses. They were clearly invested in ensuring the staff team were supported and equipped to undertake their role.
- Staff had regular supervision meetings and appraisals. They told us they felt supported.

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

- Staff encouraged people who were under-weight to eat fortified foods. The cooks had completed a wide range of nutritional training, including how to prepare appetising adapted diets.
- People had access to healthy diets and ample portions of food at mealtimes.
- A person commented, "Food is always top notch and I enjoy everything that's on the menu."

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

- People had regular reviews from their local GP and community nurses. Visiting professionals described how staff always contacted them appropriately and were very proactive in ensuring people received the best care possible.

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

- The registered manager was in the process of considering how to best use communal spaces and provide

environments where people could enjoy time together or find quiet spaces to go to when they wanted.

- The service was being decorated in line with best practice guidance for people living with dementia.
- People had been supported by staff to make their accommodation homely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 a particular decision and 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager ensured staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- There was some variability in the quality of capacity assessments and 'best interests' decision records, which the registered manager was resolving.
- Staff asked people for consent before providing them with assistance and asked them what their choices were for meals and drinks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection in October 2018 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Relatives and visiting professionals reported that staff were superb, fantastic, extremely friendly, kind and caring. A relative commented, "I think the staff are superb and really so very caring. Nothing is ever too much for them and they go out of their way to make sure [person's name] is happy."
- Staff consistently displayed kindness and a caring attitude. People were very complimentary about staff and we observed staff work with people in an extremely positive manner. There was lots of friendly banter and laughter throughout the inspection.
- The compliance and quality manager discussed how they were involved in a project around providing additional training and materials to assist staff to positively work with people from LGBTQ+ community. The provider's intention was to roll this work out to all staff at the end of the year. The provider then intended to complete this type of work for every protected characteristic under equality legislation.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. Staff told us they were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to be involved in the design of their own care. Staff told us they were constantly learning about people's lived history, so they could understand any personal motivation to do something and past routines. The provider was introducing a new life history record and staff had started to make 'scrap' books with people that contained photos from their lives and memories people recalled.
- The registered manager ensured, when needed, people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.
- People felt they had a voice and staff would listen to their views, taken on board suggestions and worked with them to improve their quality of life.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

At the inspection in October 2018 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were consistently asked to express their opinions about what was on offer and given choices.
- People were encouraged to enjoy meaningful activities and go out in the community. The activities coordinators discussed all the projects being undertaking which had led to real community integration. For example, the project they were completing with a local school writing a song, which was to be performed at the SAGE and completing projects with Equal Arts.
- Two activities coordinators worked at the service and worked across the whole week and across the day, including evenings.
- The activities coordinators had secured various grants and obtained free transport for people to go to the event at the Sage.
- People's needs were identified, including those related to equality, and care plans created were detailed and individualised. At times staff needed to better capture information about people's lived history, their communication, cultural and religious needs. The provider and registered manager were in the process of improving care records so this could be more easily recorded.
- People and relatives told us care was delivered in the way they wanted and needed it. A relative commented, "If there is the slightest change the staff let me know."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. The registered manager had thoroughly reviewed all the responses to previous complaints and worked with complainants to resolve any outstanding issues.
- People told us any concerns were quickly addressed and resolved to their satisfaction. A person said, "If I even have a niggle the manager sorts this out straight away."

## End of life care and support

- People were supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.

# 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 requires improvement. At this inspection we found these issues were resolved. The key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager's vision and values were imaginative and person-centred. They effected positive and marked changes to practices within the service.
- The provider maintained clear oversight of the service and ensured regional managers as well as their quality team visited regularly. They had an extremely engaged central team who always critically reviewed the service to determine how further improvements could be made.
- The registered manager constantly kept abreast of new developments within care and always ensured the latest best practice guidance was implemented. They were committed to creating an innovative service.
- Staff were energised by their work. Every staff member was driven by people having choice and control over their own lives. People's expectations about choice and freedom had risen.
- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service, and they told us they now worked well as a team.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. Staff at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

Continuous learning and improving care

- The quality assurance system included lots of checks carried out by senior managers and staff.
- The registered manager provided strong leadership and their constant critical review of the service had led to the noticeable improvements. They consulted with staff, people and relatives routinely to identify how they could enhance the service and ensure they remained at the forefront of best practice.
- Feedback from people confirmed that they felt listened to and integral to the service development.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people. One visiting professional said, "We and the local GP have a good relationship with the home, staff call us appropriately and in a timely way. Recently we worked collaboratively to support one person get a review

from the geriatrician and this led to a significant improvement in their health and well-being."