

Akari Care Limited

# Princes 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Princes Court is a care home providing personal and nursing care for up to 75 people aged 65 and over, some of whom were living with dementia. At the time of the inspection 72 people were living at the service. The home also had a rehabilitation unit called Royal Quays where people were admitted from hospital to recover and regain their independence.

People, relatives and staff spoke positively about the service. One relative said, "If you have someone who needs help, I would recommend this place 110%. It's a joy coming here, the staff are great." Staff told us they had worked as a team throughout the pandemic to support people's wellbeing and that of the staff. They explained that care at the home would be good enough for one of their relatives or friends.

Risk assessments were reviewed following a fall to help ensure timely action could be taken to help prevent any reoccurrence. The service was involved in an Assisted Living Technology pilot. The technology was non-invasive and helped support people's independence, safety and wellbeing. It alerted staff to any concerns or risks to a person's health such as the risk of falls.

The local Fire and Rescue Service had recently visited and identified several fire safety measures to be undertaken. The registered manager and estates manager confirmed that these had been completed with the exception of one action which was due to be carried out soon.

There were sufficient staff deployed to meet people's needs. People and relatives said that there were enough staff to support people. One relative told us, "There's always staff around - they're handy and very willing to do anything."

Medicines were managed safely. Medicines administration records demonstrated that medicines were given as prescribed.

The home was clean. One relative told us, "I would recommend it and it's clean there's never been a smell." We signposted the provider to additional resources including the recording of COVID-19 checks which were carried out prior to and on admission.

There was an emphasis on staff training and progression. Champions roles had been appointed in all aspects of people's care such as palliative care, falls and dementia. One health professional told us, "We have a good working relationship with the manager and in my opinion it is well led. [Registered manager] often asks us to deliver training to her staff."

People were supported to eat and drink enough to meet their needs. People spoke positively about the meals. Comments included, "Sometimes you don't feel like a big meal, but they bring little snacks" and "We had a curry yesterday it was spicy and lovely."

The registered manager sent us several case studies to show how being at the home, with the support of staff, had led to an improvement in people's health, independence and wellbeing.

The service were involved in research projects which helped demonstrate a commitment to promoting safe, effective practice and achieving good outcomes for people.

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 3 September 2020). We also carried out an unrated targeted inspection which looked at the IPC practices the provider had in place (published 24 February 2021).

#### Why we inspected

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.

The inspection was carried out due to concerns received about one person's care. A decision was made for us to inspect and examine those risks.

The information CQC received indicated concerns about the management of falls, the safety of the environment, staff training and the management of the service. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well led key questions 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 remained 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 Princes Court on our website at [www.cqc.org.uk](http://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 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** ●

# Princes 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.

#### Inspection team

The inspection was carried out by one inspector.

Princes Court 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. Princes 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 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 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 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 seven people, four relatives and 20 staff including the regional manager, the registered manager, the deputy manager, the provider's dementia specialist lead, the trainee advanced clinical practitioner the night nurse manager, a nurse, nursing associate, two senior care workers, four care workers, two activities coordinators, head chef, administrator and a member of the domestic team.

We reviewed people's electronic care records, medicines records and records relating to staff recruitment, training and the management of the home.

Following our visits to the home, we contacted nine staff, one relative and three health and social care professionals via email and three relatives by phone for additional feedback. We also contacted a fire officer from the local Fire and Rescue Service.

# 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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding system was in place. People told us they felt safe. One person said, "I feel safe here - they're brilliant you can't fault them." Staff raised no concerns about staff practices.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed.
- Risk assessments were reviewed following a fall to help ensure timely action could be taken to help prevent any reoccurrence.
- The service was involved in an Assisted Living Technology pilot. The technology was non-invasive and helped support people's independence, safety and wellbeing. It alerted staff to any concerns or risks to a person's health such as the risk of falls. The home also had a number of interactive computers which people could use to access games, music and other leisure activities. Staff explained that these computers helped reduce falls because they occupied people's attention.
- The local Fire and Rescue Service had recently visited and identified several fire safety measures to be undertaken. The registered manager and estates manager confirmed that these had been completed with the exception of one action which was due to be carried out soon.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. People and relatives said there were enough staff to support people. One relative told us, "There's always staff around - they're handy and very willing to do anything." We observed staff carry out their duties in a calm unhurried manner.
- Recruitment checks were carried out before prospective staff started work at the home. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Medicines administration records demonstrated that medicines were given as prescribed. This was confirmed by people. One person told us, "The staff are good with medicines, they are very good they never forget."

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 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 using PPE effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - 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 have also signposted the provider to resources to develop their approach

#### Visiting in care homes

- There was an appointment system in place. Relatives told us however, that there were no restrictions on visiting and they could visit when they wished.

#### Learning lessons when things go wrong

- Lessons learned were shared with staff during meetings and supervision to help ensure any actions or improvements were identified and action taken to improve people's care.

# 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 good. At this inspection the rating has remained 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

- People's needs were assessed in line with best practice guidance.

Staff support: induction, training, skills and experience

- There was a system in place to ensure staff were suitably skilled and trained.
- There was an emphasis on staff training and progression. The provider had supported a member of the care staff to undertake additional academic and work-based learning to become a nursing associate. A nursing associate is a member of the nursing team in England that helps bridge the gap between care workers and nurses. They were continuing their studies and completing their nurse training. There was also a trainee advanced clinical practitioner who was undertaking a three-year Master's degree course in Advanced Clinical Practice. We spoke with both the nursing associate and trainee advanced clinical practitioner who spoke enthusiastically about their training and role within the service.
- The provider had a specialist dementia care lead. She told us, "The manager has been very keen to ensure staff access face to face dementia training on a regular basis, attendance is always excellent and well organised by the home and staff enthusiastic." She told us that bespoke training based on the specific needs of people was also provided.
- Champions roles had been appointed in all aspects of people's care such as palliative care, falls and dementia. The registered manager told us that having people who had an interest and acted as champions, gave staff ownership and allowed them to become more expert in that area so they could cascade, feedback and educate other staff.

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

- People were supported to eat and drink enough to meet their needs.
- People who required assistance with eating and drinking were given their meal first, so staff had time to help them. Staff worked as a team during mealtimes. We observed the activities coordinator helping one person who was cared for in bed. The person told us their meal was "delicious."

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

- Staff worked with health and social care professionals to make sure people's needs were met. In the rehabilitation unit, staff worked with NHS staff including doctors, physiotherapists and occupational therapists to help them recover and regain their independence. One person told us, "They're doing what I need to get me home."

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

- The environment met people's needs. People's rooms were personalised and there was an accessible garden area. Further dementia friendly enhancements were planned, following an audit by the specialist dementia care lead.

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. DoLS applications had been made to the local authority for people who were unable to consent to their care and treatment.
- People's ability to consent to their care and treatment had been assessed. Whilst verbal consent was obtained regarding the Assisted Living Technology pilot, we discussed whether people's consent should be recorded.

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

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

- There was a cheerful atmosphere at the home. People and relatives spoke positively about the staff. Comments included, "They all seem to take it in their stride to care for the residents and do it very well" and "The staff are brilliant, they are very caring." We heard how staff not only supported people's physical needs, but also their emotional needs. One person told us how a staff member had brought her in a Greggs vegan sausage roll because she had not tasted one before and another staff member bought her flowers and chocolates for her birthday.
- Staff told us they had worked as a team to help support both people's and their own wellbeing throughout the pandemic. One staff member said, "We are like a second family."
- Staff explained the care at the home would be good enough for one of their friends or relatives. Comments included, "You've got to care to care and 100% of staff here care to care" and "It would be good enough for one of my relatives or friends - I wouldn't think twice."
- The registered manager sent us several case studies to show how being at the home, with the support of staff, had led to an improvement in people's health, independence and wellbeing.

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 understood their responsibilities under the duty of candour. Whilst records were not always fully available to demonstrate how the provider was meeting their responsibilities; the provider had developed a checklist and letter template which would be used for any future notifiable safety incidents.

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

- People, relatives and staff spoke positively about the registered manager. They told us she was "approachable" "lovely" and "supportive."
- Checks were carried out to monitor the quality and safety of the service. Lessons learned were shared with staff to identify any areas where improvements were needed.

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

- There were systems in place to involve people, relatives and staff in the running of the service.

- Staff told us they felt supported. One staff member told us, "There is no divide between nurses and care workers, it literally is a team. You can approach management and [manager's] door is always open. [Deputy manager] is amazing. You can have a good laugh and whilst it can be upsetting at times, there is always support here."

#### Working in partnership with others

- Staff worked with health and social care professionals to help ensure people's needs were met. One health professional told us, "We visit the home at least once every two weeks and find the carers hard working." They stated that any issues raised with the registered manager were dealt with appropriately.
- The home were involved in research which helped demonstrate a commitment to promoting safe, effective practice and achieving good outcomes for people.