Akari Care Limited

Seale Pastures House

Inspection report

Burton Road
Acresford
Swadlincote
Derbyshire
DE12 8AP

Tel: 01283762511

Date of inspection visit:
22 January 2018

Date of publication:
08 March 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 22 January 2018 and was unannounced. Seale Pastures is a care home that provides accommodation with personal care and is registered to accommodate 40 people. The service provides support to older people who may be living with dementia. The accommodation at Seale Pastures is on the ground and first floor and there are three lounge areas and a dining room for people to use. A new small private lounge was being completed and the garden area was being landscaped with raised beds and a new seating area. The home is in a rural location and has a car park for visitors to use. There are no public facilities or public transport services within easy reach of the home.

Seale Pastures is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 33 people using the service.

The service had a manager who had submitted their application to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Seale Pastures was last inspected on 28 April 2016 and the service was rated as Good. On this inspection we found the service was now rated as Requires Improvement. This is the first time the service has been rated Requires Improvement. This was because people were not always protected from harm as staff had not always recognised where people may have been harmed and what actions to take to keep people safe. Medicines were not always managed safely; safe systems had not been developed to ensure people received their medicines as prescribed in case of any system failure of the electronic medicines system. Improvements were needed with how information was accessible for people.

We also found people were not always supported to have maximum choice and control of their lives as some applications to restrict people of their liberty had been made without ensuring that the person did not have the capacity to make this choice. The provider had identified that improvements were needed and further time and support was needed to implement these changes. We have made a recommendation about involving people in decisions about their care.

People felt the staff and manager were caring and treated them with respect and dignity. Staff understood the importance of treating people with kindness and compassion and enjoyed spending time with people. The staff knew people well and respected their privacy and dignity. People were confident that staff supported them in the way they wanted.

People received support from health care professionals where they needed this to keep well. Staff

supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were happy with the standards of hygiene in the service.

People were supported to eat and drink and there was a choice of foods available. Specialist diets were catered for and alternative meals could be provided upon request. People received support to remain independent at meal times and where they needed assistance, this was done in a caring and supportive way.

People knew how to make complaints. They were confident that the staff and the new manager would respond to any concern and they could approach them at any time. Complaints were managed in line with the provider's complaints procedure and people were informed of any investigation and actions.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe systems were not in place to ensure people received their medicines safely. Staff had not always identified where people may have been harmed and taken action to report this. Infection control standards were followed by staff to reduce the risk of infection. There were sufficient staff working in the service who had been safely recruited to enable them to work with people.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were needed as unnecessary restrictions were placed on people who had capacity to make their own decisions. Staff were gaining the skills and knowledge to meet people's care and support needs. People had a choice of food and drink which met their nutritional needs, and were helped to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

The staff were caring and kind and ensured that people's right to privacy was respected and their dignity was promoted. People were able to choose how to spend their time and decisions were respected. Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always offered sufficient opportunities to pursue their hobbies and interests and do the activities they enjoyed. People had been consulted about the assistance they wanted to receive, although their care records did not always

reflect this. There was a system to resolve complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality checks were now being carried out although these were not always effective. The manager had completed their application with us to become registered as required. People and their relatives had been consulted about the development of the service. The registered person had told us about significant events that had occurred in the service. Staff were being encouraged to speak out about the quality of the service and felt listened to.

Seale Pastures House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

There had been a number of safeguarding concerns which were being investigated by the local authority; quality monitoring officers had visited the service and identified where improvements were needed. The provider needed to produce an action plan to demonstrate how this would be achieved.

This inspection visit took place on the 22 January 2018 and was unannounced. The inspection visit was carried out by one 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.

On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 and gave the provider an opportunity to provide us with further information. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with nine people who used the service and six relatives. We also spoke with five members of care staff, the manager and operations manager and director of the company and a district nurse. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed effectively to reduce the risks associated with them and to ensure that people received them as prescribed. The provider had introduced an electronic medicine system where all medicines were ordered and recorded using an electronic pad. This system included safety procedures to ensure people would not receive medicines within four hours of receiving their last medicine. It also kept a balance of medicines on the premises. On the morning of our inspection, one of the two pads were not working; the staff administered the medicines by reading the prescription label on the boxes of tablets as there was no paper copy of the medication administration records. This meant we could not be assured that everyone received their medicines as prescribed as it was completed without a record and staff did not record when people had their medicines.

When we carried out an audit later in the day, the records did not reflect the number of tablets in stock as some had been administered early in the day. The staff told us they would need to record people had their medicines later when the system was working. The pads showed that medicines had not been administered and staff explained they would need to record the medicines people had later to 'trick the system'. The staff had not reported this to the provider and there were no contingency plans in place in the case of any electronic failure.

This evidence demonstrates safe systems were not in place to manage medicines and there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from harm as staff did not always know how to recognise abuse and how to act if they were concerned. We saw records that indicated that people had unexplained injuries. These had been recorded on a body map form but no action had been taken to determine how these had been sustained; these had not been raised with the manager or as safeguarding alerts. During a recent quality monitoring visit, the local authority had also identified similar concerns where safeguarding referrals had not been identified although records showed that people had unexplained injuries. The staff told us they understood what may be the signs of abuse but where routine monitoring of injuries had identified concerns, these had not been acted upon and referrals had not been made to ensure these were investigated and people were protected from harm.

This evidence demonstrates safe systems were not in place to manage identify and protect people from potential abuse and was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt there were sufficient staff available and we saw staff had time to spend talking with them. We saw call bells were responded to and where people were in their room we saw these were left nearby so they could call staff if they were needed. One person told us, "The staff are pretty good and it only takes them a short time to arrive if I call the bell." Some people had a sensor mat by their bed, which alerted staff if they got out of bed and stepped on the mat. One person told us, "If I need the staff I just step on it and they come. This is better for me."

Risks to individuals were recognised and staff had access to information about how to manage these. The staff understood the risks and worked in a safe manner when using equipment to transfer people and helped them to walk. There was a range of equipment available to support people to move and we saw two staff supported people, spoke with them and informed them of what was happening to reduce any anxiety. We saw staff supporting people who were able to walk with assistance to get safely from one area to another. This was done in an enabling way and the staff reassured them. Where people were assisted to move, the staff spoke with the person to ensure they were aware of what was happening and gave their consent.

People were satisfied with the standard of cleanliness in the home. One person told us, "It's beautiful and clean here. I have to say the cleanliness is very good, marvellous. It would be hard to fault them about anything in this area." We saw staff wore gloves and aprons and used hand gels before delivering personal care. An infection control audit was completed to identify promptly if standards were not being maintained.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The provider had reflected on the quality of service provision and had identified that improvements needed to be made. A new manager had been recruited and with the provider was reviewing how the service was managed to make improvements.

Requires Improvement

Is the service effective?

Our findings

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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had made advanced decisions about their health care including whether to receive life-saving treatment. These decisions did not always include information that people had been involved with this decision and there was no information about why other people were making decisions on their behalf. Applications had been made to deprive some people of their liberty; however the required assessment to determine if these people had the capacity to make certain decisions had not been completed. The manager and staff had received training on the MCA but failed to recognise that applications to deprive a person of their liberty can only be made if the person lacks capacity to make certain decisions. The manager agreed the applications should be withdrawn.

We recommend that the provider seeks advice, training and guidance from a reputable source, about supporting people to make decisions and how to support people in the least restrictive manner.

Staff received an induction when they were first employed which included working alongside a more experienced member of staff. Many of the staff had worked in the home for a long period of time. The manager explained that new staff were being recruited and new staff would complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The provider had recognised that staff had not always received refresher training to ensure their skills and knowledge was up to date. They had arranged this training and told us, "This is a long term commitment as it's not just about the training, we want to make sure the staff are competent in these areas, so will also provide more support for them."

At lunch time, people were able to choose what meals then wanted to eat. Staff asked people mid-morning what they would like to give an indication of what to prepare and people had a choice of food which met their cultural and dietary preferences. At meal times, people were asked again and additional food had been prepared so people could have a choice. One member of staff told us, "It's hard for some people to choose in advance and we all have the right to change our mind." The menu board was not in pictorial form which could assist people to make choices and recorded the day and meal choices from the previous week. When asked, people could not recall what meals were being served that day. People told us they were happy with the quality and choice of food. However, we saw that some people had been in the dining room for an hour

before they ate; for some people the meal time experience took nearly two hours. A member of staff told us, "I'm not sure why lunch was late today, it's usually on time." This meant, on this day, the meal time experience could have been improved.

Where people were at risk of choking their food was specially prepared so that it was easier to swallow. The food was pureed separately in order that people were able to taste the different food. Where concerns had been identified that people needed support to ensure they received their drink and food safely, advice had been sought from the speech and language therapist and the support plan included the advice on how to support them.

All shared facilities were on the ground floor and there was a large lounge with two smaller lounge areas off this. People were able to move about their home safely as there was sufficient communal space to enable people to pass or have room to use their wheelchair or walking aids. The shared facilities were being renovated and a new quiet room was being decorated for people to use and see their visitors in private. The rear garden was being landscaped and would be accessible to people who used the service with raised beds for people to be able to stand and participate in gardening activities; a new patio had been laid and there were seating areas. One person told us, "It will look lovely when it's done and should be ready for summer."

On the first floor there were two bathrooms. We saw one shower was awaiting repair and the second shower room was being used as a store room. One relative told us, "It's been out of action for some time. The water isn't very good on this floor and can sometimes take ages to warm up too. It's not ideal." The operational manager confirmed that one shower was being repaired later in the week and agreement was obtained from the directors of the company that the second shower room would be upgraded. This would enable people to use the facilities and would no longer be used to store equipment.

People's health care needs were met as referrals were made as needed and recommendations made by professionals were followed. People received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. One person told us, "The optician will come out and check we have the right glasses."

If we are not feeling well, the doctor will come out here. They also visit here every week on a Tuesday and we can see them if we need to about anything." Another person told us, "The chiropodist comes out and we can have our feet done." We spoke with a district nurse who told us, "Where staff are worried about anything they will let us know and make appropriate referrals. The staff are good at letting us know about anything and will follow any instruction we leave for people's care."

Good

Is the service caring?

Our findings

People and their relatives were happy and complimentary about their care. One person said, "The staff are good and friendly." We saw the staff speaking with people in a kind and considerate manner. Staff offered frequent gestures of support, for example holding a person's hand whilst they chatted. We saw staff checking people's welfare and heard one member of staff say, "Are you feeling okay? Would you like another drink?"

Staff knew people well and had a good knowledge about the things that were important to them. We heard the staff reminiscing with people about their earlier life and their family relationships. We heard laughter and conversations between people and the staff as they spoke about topics that interested them and their family. One person told us, "I came here for some respite and liked it so much, I decided when the time was right, this is where I was coming to stay and that's what happened."

When staff offered care, the person's dignity was promoted. Staff spoke discreetly with people and responded to their requests for personal care promptly. A health care professional told us, "The home is always a pleasant place to visit." We saw that staff respected people's private space and knocked on their bedroom doors before entering.

Attention was paid to people's appearance and comfort. Everyone looked smart and was dressed in a style of their choosing. One person told us, "My clothes are always kept nice and clean." Another person said, "The staff help me to look this good. I have my jewellery and brooches which they help me to put on. They know how special these things are to me."

People sitting in the communal rooms had blankets over their knees or close to hand and their personal items; for example, their hand bag, magazines and papers or snacks and drinks were on a nearby table and within easy reach.

People told us they could choose how they spent their time. We saw some people liked to spend time together in communal areas and other's preferred to stay in their bedrooms. One person told us, I like to go to my bedroom for a few hours in the evening and the staff help me there. I prefer to spend my evenings watching the television in my room and there's never a problem with that."

We saw that staff visited people who spent most of their time in their bedrooms to ensure that they were comfortable, to offer drinks or snacks or carry out personal care activities. One person said, "I like to spend time in my room and have the call bell if I need anything. I have my books and like my own company. The staff check I'm okay and all the staff come and speak with me and have a chat." When people were cared for in their bed that they were covered and had personal belongings around them. People were supported to maintain important relationships with their friends and families. One relative told us, "I'm made to feel very welcome by the staff".

Requires Improvement

Is the service responsive?

Our findings

People had a support plan which included information about their personal histories, individual preferences, interests and significant relationships. People told us they were provided with personalised care which reflected their preferences, however, the plans did not always reflect the support we saw provided. For example, for one person, there was conflicting information about the food they should eat to keep well and whether they needed support to eat or remain independent. The manager told us that the care plans were being reviewed with people and where people wanted this, with their family, to ensure it reflected the support they wanted.

People had mixed views about the opportunities they had to pursue their hobbies and interests. During our inspection visit, we saw people watched the television or listened to music but there were no organised activities arranged and there were limited opportunities for people to go out. One person told us, "I'd like to play more bingo. We only get to play it occasionally or I'd like to do something like making cards." Another person told us, "There's a minibus here but it's never been used since I've been here, which is a shame really." Another person told us, "You do get bored sitting around. It would be nice if someone could come in and make us laugh and have a jollification. We do have singers come in some times which I like and we have a religious service each month. It tells you what's happening on the notice board if anything is arranged." They told us they were satisfied that the current arrangements to meet their religious beliefs. They said, "You can take communion if you like, it's a good service."

Other people told us they were happy with how they were supported to engage with others. One person told us, "We don't really go out anywhere but I'm happy with just the visits from my family. We talk amongst ourselves and I like it this way." One relative told us, "[Person who used the service] is happy if they have their paper, and they always do, so they are happy." The manager reported that recruitment for a dedicated activity member of staff was being conducted. They told us, "We hope this will improve when we have an activity staff member. We also have someone who is willing to become a volunteer driver so that will mean we can start to organise some trips out."

Some people needed records to be maintained to demonstrate how much they had eaten and what drinks they had taken; other people needed records to be completed to demonstrate how they had been supported to change position throughout the day. We saw these had not always been completed to demonstrate people had received the care they needed. We spoke with people and staff who confirmed that the necessary care had been delivered. A district nurse told us, "When we looked, there was evidence that they had been repositioned, it's the record that hasn't been completed." The manager agreed, where monitoring was required, that this needed to be recorded to demonstrate people were receiving the support they needed.

When people started to receive a service, the initial assessments had considered any additional provision people might need to ensure they did not experience discrimination. An example of this was establishing if people had cultural or ethnic beliefs that may impact on their care. The staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their

spiritual needs by attending a religious service. Where people had chosen to practice their faith, they were visited by a representative of their church. The staff explained that none of the people using the service practiced different faiths other than Christianity, although they knew local services that people could access if they had different faiths or beliefs.

The staff understood the importance of promoting equality and diversity. The manager was aware of how to support people who had English as their second language, including being able to make use of translator services and providing information in different formats where these was needed.

Arrangements had been made to respect each person's wishes when they came to the end of their life. The support plan included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and who people wanted to be contacted. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

People were happy to raise complaints or concerns if necessary and confident these would be addressed. One person told us, "The staff are good listeners and if anything isn't quite right then they sort it out. They are very caring and do what they need to do." There was a complaint system in place and the manager explained how they considered the circumstances of the complaint before providing a response. Staff told us they would be informed about the complaints received so that they could learn from them.

Requires Improvement

Is the service well-led?

Our findings

The provider had identified that improvements were needed within the service. They had recruited new managers to establish how improvements could be made. There were systems in place to monitor the quality of the service in relation to the environment and the overall safety; however, further improvements were needed as systems in place to manage medicines; to ensure restrictions were lawful and how safeguarding concerns were recognised and reported had not been identified. Improvements were also needed with how people were supported to engage in activities that interested them and care records needed further review.

The provider was working closely with the manager and the team of staff to raise standards to ensure positive outcomes for people who used the service. They had planned for staff to receive the training they needed to support people. One member of staff told us, "We are having lots of training now. I've done first aid and moving and handling training and have dementia training this week. Things haven't been good but I can see the manager is arranging everything so things can now get better." Supervision sessions with the manager had now been introduced so they could discuss performance and have an opportunity to provide staff with further support where they identified they would like to develop. The new manager had considered how they could learn and innovate which included working alongside the local authority and liaising with other managers in care services managed by the same provider. Senior managers were also present in the home to provide additional support and to continue to review the improvements made within the service.

People and staff we spoke with were positive about the new manager. One person said, "The manager is very nice and comes and talks to us and asks us how we are." A relative said, "Everything seems to be picking up now. There have been some problems and we had a few different managers recently but this manager listens to what we say. The staffing is better and [Person who used the service] is well cared for." People felt the manager was approachable and they would be listened to. The manager, who was in the process of registering with us, understood their responsibility of registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.

People and relatives had the opportunity to discuss the service and share their views. A relatives and residents meeting had been organised and people had been given the opportunity to speak with the manager about their concerns. One relative told us, "It was a difficult meeting but it was good that we had the opportunity to talk about what had been bothering us. Now we have to be positive that things continue to get better."

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "In the past it's been difficult but I feel more confident that things would be sorted now, so I could

speak out about things I felt weren't right."

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured safe care and treatment was provided through the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes had not been established to effectively prevent abuse of service users.