

Akari Care Limited Westerleigh

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service: Westerleigh provides residential care for up to 55 people. No nursing care is provided by the service. At the time of our inspection there were 45 people using the service

People's experience of using this service:

Since our last inspection the manager had made a successful application to CQC to become registered and a new deputy manager had been employed at the service. Improvements had been made and the service was no longer in breach of Regulation 11 – consent, Regulation 12 – safe care and treatment and Regulation 18 – staffing.

We found there was a continued breach of Regulation 17. This impact of poor governance has meant the rating remains requires improvement. Records to show people were given their medicines in a safe manner and ate and drank sufficient quantities required improvement. Audits carried out in the home showed mixed findings on these issues. Whilst some audits had identified areas for improvement, other audits had failed to pick up and address on going issues.

People and their relatives were complimentary about the registered manager and the staff. They spoke with us about feeling that issues they had raised with the staff team had been addressed.

The provider had introduced new arrangements to monitor the quality of the service and the quality team carried out audits. Actions to improve the service were listed on an improvement plan and signed off when completed by the regional manager who also carried out regular checks on the service.

People's safety whilst living in the home was promoted using regular checks on the building and the environment. These were carried out by maintenance staff. Checks to reduce the risks of fire were carried out on a regular basis.

Staff had received support through training and supervision. This included safeguarding people and staff told us they felt confident in reporting any concerns to the manager.

The registered manager used a dependency tool to identify how many hours staff were required. There were consistent levels of staffing on each floor.

People were weighed on a regular basis and actions were taken to address people's needs when they continued to lose weight. Advice from dieticians was incorporated into people's care plans. Kitchen staff were informed of people's dietary needs and understood how to prepare food to meet people's individual needs.

People told us they experienced being cared for by staff who were kind and caring. Staff understood how to

protect people's privacy and dignity.

Arrangements were in place for on-going cleaning and for staff reduce the risks of cross infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were given choices and their decisions were respected.

The registered manager invited relatives to be a part of the service through residents and relative's meetings.

Complaints and concerns had been addressed by the registered manager and practical solutions found to improve the delivery of care.

People's care plans had improved since our last inspection. These were reviewed each month to check if they were accurate and up to date.

When we discussed activities with people in the home we received a mixed response. A new activities coordinator was putting together new activities plans. We found meaningful activities were carried out in the home and due to the timing of the inspection Christmas events were underway.

Staff felt there was good communication in the home and they worked as a team. Handover records between shifts were signed by staff to say they understood people's up to date needs and wishes.

People were supported with their health needs by staff who had regular contact with other healthcare professionals to discuss people's conditions.

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 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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Westerleigh

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of two adult social care inspectors, a pharmacy inspector and an assistant inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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. We did not give any notice of our intended arrival.

What we did: We used information the provider sent us in the 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 also contacted professionals involved in caring for people who used the service; including local authority commissioners and the local authority safeguarding team.

During inspection: We spoke with four people who used the service and three of their relatives. We also spoke to 13 staff including the regional manager, the registered manager, senior care staff, care staff, administration, kitchen and maintenance staff.

We reviewed six people's care documents and gathered information from other records held by the provider in relation to the regulated activity. These included records about medicines, complaints, food and fluid and cleaning records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: 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.

At the last inspection in February 2018 the provider had failed to ensure cleanliness and that accurate and contemporaneous notes were held in the service. This was a breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12.

Using medicines safely

- Arrangements were in place for recording of oral medicines and medicine stock balanced with records; however, when handwritten entries were made these were not signed by a second person to confirm the information was recorded accurately as detailed in the provider's medicine policy.
- We could not be sure people's creams and ointments were applied as prescribed. Where care staff applied creams as part of personal care the guidance on the frequency of application or where to apply was incomplete. Records of application were not fully completed and it was not clear which creams had been applied.
- For medicines that staff administered as a patch, a system was in place for recording the site of application; however, for one person there were gaps in the records and the application site was not clearly documented to show that the patch was rotated in line with manufacturer's guidance. This is necessary to prevent side effects.
- We looked at records for two people who received their medicines covertly (hidden in food or drink). There was documentation in place; however, for one person who did not always require their medicine to be administered covertly there was no guidance in place to tell staff what they needed to do. It was also not clear whether medicines had been administered as usual or covertly. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.
- We found guidance to inform staff about medicines prescribed to be given only when required was not person centred. In addition, we found staff did not always record the outcome after giving the medicine, so it was not possible to tell whether the medicines had the desired effect.

These findings evidenced a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines kept at the home were stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medicines. Staff knew the required procedures for managing controlled drugs.
- We looked at the medicine administration records (MARs) for nine residents across the home. We observed medication being administered to people safely.

Systems and processes

- The registered manager critically reviewed all accidents and incidents in the service to assess if they were avoidable.
- The provider had stringent recruitment processes in place to ensure staff were suitable to work in the service. Staff confirmed they had undergone these processes.
- Staff had been trained in how to safeguard people. They were confident the registered manager would address any issues they raised. One member of staff said, "If it was something that would put someone at harm, you would report it you wouldn't ignore it." Another member of staff said, they would go straight to the manager with any concerns.

Assessing risk, safety monitoring and management

- Regular safety checks were carried out on the building and its contents to mitigate the risks of fire and potential injury.
- Risk assessments were in place to identify and reduce the risks to individual people. Staff were given guidance on how to minimise risks to people.
- People told us they felt safe in the home.

Staffing levels

- The provider had devised a tool they could use to understand the number of staff they required to keep people safe based on their needs.
- The rotas showed consistent levels of staff worked in the service each day and night.

Preventing and controlling infection

- Ongoing cleaning was taking place throughout our inspection.
- The laundry was designed to avoid any cross contamination between clean and dirty laundry.
- Staff had access to aprons and gloves to mitigate the spread of infection.

Learning lessons when things go wrong

- We spoke with the registered manager about lessons learnt. They told us they were learning small lessons about people every day. Their records showed they had responded to relatives raising concerns and had learned about people's preferences.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in February 2018 the provider had failed to meet the requirements of the Mental Capacity Act 2006 and ensure staff received appropriate levels of supervision. This was a breach of Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 11 and 18.

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

- Information was gathered prior to a person being admitted. There was no care plan in place for one person who had been admitted for respite care five days earlier, although a pre-admission assessment of needs had been completed. The registered manager confirmed that completion of a full care plan may not be possible at the time of an emergency admission.

Staff skills, knowledge and experience

- The amount of compulsory face to face and electronic training had increased. One staff member said, "Before I was able to work with people I did a full week of shadow shifts, so I was able to get to know the people and what I needed to do. I also had to do lots of training including moving and handling, safeguarding adults and dementia care."
- Staff gained skills, knowledge and experience through induction, training and supervision. Staff confirmed they were supported using these methods.

Supporting people to eat and drink enough with choice in a balanced diet

- People we spoke with were very complimentary of the food. One person commented on the weight they had gained since living here. Since the last inspection we saw that 'snack trolleys' had been introduced with a selection of crisps and homemade cakes to help stimulate people's appetite.
- Kitchen staff were provided with diet notification sheets which gave them information about people's dietary requirements. They told us how they prepared food to meet these needs.
- Staff monitored people's weight and referred them to healthcare professionals when they were losing weight.
- Tables were decorated with table cloths and condiments were on the tables. People were offered a choice of juice with their lunch. Staff showed people meals to enable them to make a choice.
- The menu had a meal time where chips were the option on both meals. This had been addressed by a visiting senior manager. The senior manager told us they had spoken to the chef about adding further detail to the menus.
- People that required assistance eating were assisted with patience. Staff pulled a chair up so the person could look at who was serving them. They spoke to the person throughout their meal

Staff providing consistent, effective, timely care within and across organisations

- Staff told us that they took part in a handover meeting where important information was shared in relation to people's care needs. This helped ensure good communication, continuity of care and helped prepare staff to deliver care effectively.
- Staff told us, "We all work as a team, every month we have a team meeting, you can bring anything up and its discussed" and "There has been a few times I've wanted to leave but things have changed for the better."

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

- Improvements had been started to make the environment suitable for people living with dementia. more dementia friendly. Further work was required to assist people in their bedrooms. The registered manager told us signed to assist people in their rooms were on order. We asked the provider about this nurse call alarms and telephones constantly ringing on the lower ground floor. They told us that unfortunately they have investigated this mater and been told it was not possible to separate the systems without introducing further risks.
- We viewed two care records for people in receipt of respite care. We saw the home had obtained a copy of the Local authority assessment and care plan. However, we found the home had not always completed its own pre-admission assessment of people's needs.

Supporting people to live healthier lives, access healthcare services and support

- We spoke with a visiting health care professional. They told us 'This is one of the nicest homes I visit. The staff know the people really well. The staff listen to the advice I give, they are really good.'
- Records showed staff regularly contacted healthcare professionals to seek advice or to ask them to visit people.

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

- We checked whether the service was working within the principles of the Mental Capacity Act and whether any restrictions on people's liberty had been authorised, and any conditions on such authorisations were being met. Applications had been made to the relevant authority to deprive people of their liberty and keep them safe. The service was awaiting a number of authorisations from the relevant authority.
- Consent had been obtained from people or their representatives which allowed the provider to meet their care needs.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection in February 2018 we rated caring as requires improvement. Although staff presented as kind and caring we found they were unable to provide a good caring service as the absence of accurate care plans meant staff were not given appropriate guidance on how to meet people's needs care. Improvements had been made at this inspection.

Ensuring people are well treated and supported

- A visiting health care professional told us that they always found the staff to be warm and welcoming and that this was the same whether she visited during the day or during the night.
- Staff were observed to be patient and caring towards people using the service. They used distraction techniques to avoid people becoming distressed.
- We saw people living with dementia were relaxed and happy. Staff were always available and ready to support people if they became anxious. Staff smiled and sang which created a happy relaxed and comfortable atmosphere. Staff had made sure people were wearing glasses, appropriate footwear and had any walking aids to hand.
- Staff could describe conditions that might have affected people's well-being
- People told us their relatives could visit at any time. One person said, "My [relative] comes on a Thursday and a Sunday. They can come whenever they want."
- A relative described the effect living in the home had on their family member. They said, "We thought that they should've been in a nursing home. But because they are used to Westerleigh now we don't want to move them. They were really confused when we took [family member] out last week, but when they got back here, they were relaxed."

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

- Staff engaged them in making decisions about they spent their day. One person said, "Staff are alright. They respect my choices."
- Staff talked to people through moving and handling procedures and encouraged people to participate where appropriate.
- Relatives spoke to us about their involvement in the service. One relative said, "Since she was ill the last time she was getting a bit unsteady on their feet, since we had a meeting with management they have been informing us a lot more." Staff listened to relatives as the natural advocates for people who used the service.

Respecting and promoting people's privacy, dignity and independence

- We observed staff engaging with people in a dignified way and they told us, "We give people their privacy, you ask them what they want what they don't want, you make sure you maintain privacy for people that can't respond to you."

- Private conversations and care were conducted in people's rooms with the doors closed Staff knocked before entering people's rooms.
- During our last inspection we saw people's moving and handling needs were stuck on the sides of their wardrobes for everyone to see. During this inspection we saw there had been no changes in this area. We spoke to the area manager about this who took immediate action to address this.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

At the last inspection in February 2018 the provider had failed to ensure people were in receipt of safe care and treatment and people's records were accurate. This was a breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12 and Regulation 17 in this key question.

How people's needs are met

- People were supported by staff who knew them well and who had access to care plans and risk assessments about people's care needs.
- People and their relatives were positive about the staff. One person said, "Lovely lasses in here, good lasses. They look after you."
- Since the last inspection the provider has introduced a daily record's process. We looked at one person's care plan which had been completed using the new documentation and found that this had been written in a person-centred way.
- Staff understood their roles and described to us what they did when it was a person's turn to be the resident of the day.
- People were able to participate in their chosen religion.
- Staff demonstrated they observed changes to people's needs. One staff member told us, "[Person] is on a 'normal diet' but we are trying to watch what she is eating as she is just pick pick picking." A staff member said, "If somethings changing in someone's health or behaviour, you report it, if you see someone having problems swallowing you would report it and put it through the right channels."

Personalised care

- The registered manager told us they only had one week of recordings available for a person who had been admitted for assessment as each week the daily monitoring sheets were filed away. It was not possible to effectively assess this person's needs as notes were not available for review. The regional manager directed the registered manager to ensure this did not happen in the future,
- The registered manager told us the activities coordinator was developing a new activities programme. This was a requirement of the home's action plan for improvement. People told us, "It's so boring, I've never been one for just sitting around" and "They (staff) never tell me what's going on." Another person said, "She's a nice lass, the one that does the activities, she'll say 'you just let me win don't you.'" One person told us, "On a Monday I go down and play dominoes and housey, but that's it on a morning, play dominoes, same thing day in day out." We observed staff during our inspection engaging people in activities including dominoes and craft work.
- A friendship group had been set up to allow people to socialise with others.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in peoples' bedrooms and in communal areas in the home.
- The manager had effectively dealt with people's concerns and complaints. They provided solutions to the issues raised and advised staff of any changes to people's wishes.
- Relatives felt comfortable raising issues. One relative said, "I feel I can raise concerns." Another relative told us, "We've had a few issues, mainly personal hygiene issues. But when we tell anyone about it gets sorted pretty quickly."

End of life care and support

- No one using the service during our inspection was receiving end of life care
- People and their relatives could share their views on whether resuscitation in the event of a person's heart stopping, and the relevant document known as a, 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were on file if relevant.
- Advanced care planning was in place for those who had not yet reached end of life care, so that people and their relatives could plan for the future and potential declining health needs.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in February 2018 the provider had failed to ensure accurate and contemporaneous notes were held in the service and audits were effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leadership and management

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

- The provider had audits in place to monitor the quality of the service. Medicine audits showed there were no issues with medicines the service. The registered manager told us they had acted as a senior carer on the weekend prior to our inspection and found many issues relating to medicine records.
- The provider's quality team visited the service in November 2018 and had identified gaps in daily records. During our inspection records were not always completed. We saw one person's oral hygiene record was not filled in daily, despite their family raising concerns around this. Food and fluid records and topical medicine records were not always accurate and up to date.

These findings evidenced a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- Since our last inspection the manager had made a successful application to CQC and was now registered. We found they had undertaken a significant amount of work to make improvements to the service.
- The registered manager was meeting the requirements of their role and submitting timely notifications to CQC about events which had occurred in the service.
- Everyone we spoke with was complimentary of the manager. Staff told us "[The manager] is a good manager. I really love working here" and "The morale here is really high here now, it never used to be and that's down to the manager. We work as a team now. The manager isn't frightened to get on the floor and work alongside us." Staff also told us, "It doesn't matter what our role is we can sit and chat with people. All of the bad apples have gone now." A visiting health care professional said "The manager is an experienced manager. She is always open and approachable."
- The provider had introduced a new governance framework to monitor the effectiveness of the service. Staff told us they had seen 'big improvements' in the paperwork.

- Staff felt that things had improved under the new management structure, including the development of paperwork to record people's health needs. Engaging and involving people using the service, the public and staff
- The registered manager had tried to hold resident and relative's meetings to involve people in the service. These were not well attended by relatives. Those who did attend were able to discuss and contribute to forthcoming events in the home.
- The registered manager held meetings to involve the staff in the home, share information and seek new ideas.

Continuous learning and improving care

- One member of staff told us, "We are doing more courses, we are being asked if we would like to do something different like dementia. I find it interesting to do the dementia part."
- The audits used by the provider quality generated a range of diverse actions to be taken to improve the service. Steps taken to address each action were documented and signed off by the regional manager. For example, actions had been taken to improve staff files. These had now been checked and their contents noted.

Working in partnership with others

- Plans for Christmas celebrations were underway with guests from the local community invited into the home to provide entertainment.
- There was clear partnership working with healthcare professionals, some of whom were in daily contact with the service.
- Relatives were key partners in meeting people's needs and told us they were welcomed into the home. This demonstrated to us the staff respected people's right to family life.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits carried out in the home failed to be effective. Regulation 17(1)</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user. Regulation 17(2)(c)</p>