

Akari Care Limited

Seale Pastures House

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Seale Pastures is a residential care home providing personal care to up to 40 people. The service provides support to older people some of who were living with dementia. At the time of our inspection there were 24 people using the service.

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

The provider was taking action to establish safety protocols and make improvements to make the premises safe for people and minimise the risk of fire accidents. The protocols for managing people's medicines were safe.

The provider did not always notify us of relevant incidents which occurred at the service. People's relatives did not always know how to raise their concerns with the registered manager. Staff felt supported by the registered manager to fulfil their roles and responsibilities.

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.

People received safe care at Seale Pastures House. The provider deployed enough staff on duty to meet people needs. Staff had good knowledge of how to keep people safe from abuse and avoidable harm. People received their medicines as prescribed by their doctor.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 Seale Pastures House on our website at www.cqc.org.uk

Recommendations

We made recommendations in relation to medicines records and call bell audits.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Seale Pastures House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Seale Pastures House is 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. Seale Pastures House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 8 people who used the service and 4 relatives who visited the service. We also spoke with 13 members of staff including the registered manager, a regional manager, an administration staff, care staff and ancillary staff. We reviewed a range of records. This included 3 people's care records and medicines records. We looked at 2 files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care at Seale Pastures House. People, their relatives and health professionals were confident in staff ability to provide safe care and support to people who used the service.
- Staff had received training in how to keep people safe from harm and avoidable harm. They knew how to raise any concerns they had about people's care and well-being.
- The registered manager investigated safeguarding concerns and took relevant actions to minimise the risk of harm reoccurring.

Assessing risk, safety monitoring and management

- Care planning protocols included assessing the risk associated with people's care. Risk assessments included information and guidance for staff on how to identify and minimise the risks
- Staff received training in using and supporting people to use aids and equipment to meet needs such as mobilising, we saw staff using such equipment safely.

Staffing and recruitment

- At the time of our inspection, there was enough staff on duty to meet people's needs. Staff included permanent and agency staff. The registered manager maintained a stable cohort of agency staff to ensure consistency for people who used the service. The provider had plans in place to recruit into vacant positions within the home.
- The registered manager used a dependency tool to determine support needs within the home, and deployed staff as assessed.
- The provider followed safe recruitment practices. They completed the relevant pre-employment checks before they employed staff. This assured them staff were suitable to work with people who used services. This included identity, reference and DBS checks. Disclosure and Barring Service (DBS) checks 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

- People received their medicines as prescribed by their doctor. Only staff who were trained in the administration of medicines supported people with their medicines.
- Staff completed people's Medicines Administration Records (MARs) to show the medicines support people had received. We found the need for improvement in MARs for medicines commenced mid cycle as there was a risk that staff did not have all the information they needed to provide people's medicines safely.

We recommend for the provider to improve consistency in their protocols for recording in supplementary MARs.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - 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 responding effectively to risks and signs of infection.
 - 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.
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- There were no restrictions to people being visited by their family and friends. The protocols for visiting were in line with government guidance at the time of this inspection.

Learning lessons when things go wrong

- There were systems in place to use concerns raised and incidents that occurred at the service to improve people's experience of care and support.

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 requires improvement. The rating for this key question has changed 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

- We did not find evidence the provider assessed people care needs before they began to use the service. The registered manager told us this was due to records being moved to an electronic care planning system. Pre-admissions assessments support monitor and compare changes to people's support needs.

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

- At the time of our inspection, the provider and registered manager were in the process of making improvements to the premises to make it safer for people and staff. These included recommended actions from the fire and safety service such as decluttering of storage areas of the home and improving protocols for fire drills. The registered manager was taking action to address these, actions were still in progress during our visit.
- We saw staff used interim reasonable adjustments such as dividers when required to create spaces which promoted people's dignity and right to privacy.

Staff support: induction, training, skills and experience

- Staff had the relevant skills to meet the needs of people who used the service. The provider's training schedule provided staff with the knowledge and skills to provide safe and effective care and carry out their roles. Staff told us the registered manager was responsive to provide training that they had requested.
- New staff were supported through a robust induction process. This was tailored to each individual staff's requirement.
- During our visit, we saw staff had the experience to provide care that met people's individual needs. We observed caring interactions from staff. They took their time to respond to people's needs in a timely and respectful manner.

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

- People's nutritional needs were met. They had access to a variety of meals, drinks and snacks which helped them to maintain a balanced diet. People told us they enjoyed their meals. One person said, "Can't fault it [meals], you don't have to worry about anything." A relative said, "The food here is excellent."
- Where people needed support to eat and drink, staff provided the required support. This included supporting people with specialised meals and drinks to ensure their nutrition was safe and suited to their health needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to maintain their health and wellbeing. They had the experience to monitor changes to people's health and promptly referred them to healthcare services when needed.
- Health professionals gave us positive feedback on staff skills and supported people with managing their health conditions. This meant there was consistency in the care people received from health and care professionals.

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.

- People were supported in line with relevant guidance and legislation. Staff understood the principles of MCA and supported people to make choices about their care and support.
- Where decision were made on people's behalf, staff took relevant steps to ensure all procedures were followed to safeguard people and specific decisions made were in the best interest of the person.
- Where people were deprived of their liberty, the registered manager had applied for the relevant authorisations to ensure this was done lawfully. The conditions of such authorisations were met.

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 has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not always notify the Care Quality Commission of relevant incidents at the service. We found we had not been notified of one notifiable recent incident that occurred at the service.
- The service had a registered manager. The registered manager was supported by the provider to meet the requirements of the role and their visions for the service.
- There was a clear staff structure and tiers of accountability. This meant staff were clear about their roles and responsibilities and knew how to request any further support and guidance needed.

Continuous learning and improving care

- The provider has begun to take action to make the premise fire compliant. Work was still in progress at the time of our visit to meet the recommendations of the fire service and ensure the risk of fire incidents were mitigated. Timely completion of fire service recommendations was required to minimise the risk of harm from fire incidents to people.
- The registered manager completed a range of quality assurance checks and audits which they used to monitor the quality of care people received. However, there was no oversight on staff responsiveness to people's needs.

We recommend the registered manager add call bell audits to their quality assurance systems as an additional tool for ensuring adequacy of staffing levels and deployment were suited to meet people's needs in a safe and timely manner.

- The provider's checks and audits completed identified where improvements were required and they put plans in place to implement them.
- Staff used the provider's systems care recording systems effectively to document and monitor the care and support people received.

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

- Relatives gave us mixed feedback about being able to give feedback to the registered manager. One relative told us, "I wouldn't [know who to complain to] because there's never anyone there [in office]. I haven't met the manager and I come most weeks." Another relative told us about their dissatisfaction about this. Other relatives had a positive experience.

- Staff worked in partnerships with other professionals and people's family to ensure the care and support received was consistent. Health professionals told us how staff worked collaboratively with them to achieve good outcomes for a person who used the service.

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

- Staff had access to the registered manager and senior care staff for advice and guidance when needed. They told us they felt supported in their role.
- The registered manager had established systems within the service which promoted staff practice to deliver compassionate and person-centred care. This include regular staff meetings and systems for quality assurance.
- We found that incidents were monitored, and improvements made to the service to minimise risk of reoccurrence.

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

- We saw that the provider understood and acted within the requirements of the duty of candour. This included how concerns raised were dealt with and how lessons were learnt from feedback or incidents at the service. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.