

# Akari Care Limited

# The Court

## Inspection report

West Felton  
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Shropshire  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 8 June 2016 and was unannounced.

The Court is registered to provide accommodation with nursing care for up to a maximum of 36 people. There were 30 people living at the home on the day of our inspection.

There was a manager in post who was present during our inspection. The manager was in the process of applying to become registered manager for the service. 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.

People felt safe living at the home as staff were available to support them when needed. People received care and support from staff who were knowledgeable about the different signs of abuse and who to report concerns to. Staff were aware of the risks associated with people's individual needs and took appropriate measures to minimise these.

People felt that there were enough staff to meet their needs safely. The manager monitored staffing levels and ensured that staff had the skills and knowledge to support people safely. Staff felt well supported and had received training relevant to their role. The provider completed employment checks on prospective new employees prior to then starting work to make sure they were safe to work with people.

People were supported to take their medicines when they needed them. Medicines were stored and disposed of safely. Staff received regular competency assessment checks to ensure the ongoing safe management of medicines. Staff monitored people's health and supported them to see healthcare professionals as and when required.

People were encouraged and supported to be involved in decisions about their care and treatment. Staff sought people's consent before supporting them and respected their wishes when they declined support. Where people were unable to make decisions for themselves these were made in their best interest to protect their human rights.

People were offered a choice of what they liked to eat and drink. Drinks and snacks were readily available to people and their visitors. People's nutritional needs were routinely assessed, monitored and reviewed. Where needed staff supported people to eat and drink.

Staff had formed effective working relationships with people and their relatives. People were given choice and felt listened to. People and their relatives found staff caring and welcoming. Staff promoted people's dignity and independence. People received care and support that was tailored to their needs and were able to choose how they spent their time.

People, their relatives and staff found the manager approachable and fair. They were confident should they have any concerns these would be dealt with appropriately. People, relatives and staff were asked their opinions about the service and felt listened to. The provider had a range of checks in place to monitor the quality and safety of the service. They used the information gathered to drive improvements in the service.

## 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.

People felt safe because staff were available to support them when required. Staff were knowledgeable about the different forms of abuse and who to report concerns to. People were supported to take their medicines when they needed to promote good health.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and support to meet their individual needs. People were provided with information in a way they could understand to enable them to be involved in decisions about their care and support. Where people were unable to make decisions for themselves these were made in their best interest to protect their rights. People were supported to see health care professionals as required.

### Is the service caring?

Good ●

The service was caring.

People found staff caring and kind. Staff had formed positive working relationships with people and their relatives and provided a warm and welcoming atmosphere. Staff were respectful and promoted people's dignity and independence.

### Is the service responsive?

Good ●

The service was responsive.

People received support that was tailored to their needs and were able to choose how they spent their time. People's preferences were known and respected. People and their relatives felt able to raise any concerns and were confident these would be dealt with in a timely manner. The provider had a complaints procedure where concerns were investigated and lessons learnt.

## Is the service well-led?

Good 

The service was well led.

The manager had a clear vision for the service and worked with the staff team to provide good quality care. People and staff were given opportunities to give their views on the service. The provider had checks in place to monitor the quality of the service and used the information gathered to drive improvements in the service.

# The Court

## 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.

This inspection took place on 8 June 2016 and was unannounced. The inspection was conducted 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 10 people who lived at their home and five relatives. We spoke with nine staff which included the manager, the regional manager, the deputy manager, a nurse, three care staff, the administrator and the cook. We viewed two records which related to the assessment of people's needs and risk. We also viewed other records which related to the management of the service such as medicine records, accident reports and recruitment records. We spent time observing how staff supported people and how they interacted with them.

## Is the service safe?

### Our findings

People and their relatives told us people received support from staff to keep safe from harm and abuse. One person said, "They (staff) know everything I need and understand me. They care for me and I feel safe here". Another person told us that when a staff member noticed that their arm was bruised they immediately reported this to their senior. The senior staff member took photographs of it and asked them how the bruise had occurred. The bruise had not been caused by staff but the person felt staff had been thorough in their approach and were reassured by their actions. Staff we spoke with were knowledgeable about the different forms and signs of abuse. They demonstrated they would take appropriate action should they become aware or witness abuse taking place. The manager told us they would report any concerns of abuse to the local authority. We saw where concerns had arisen these had been dealt with appropriately and that measures had been put in place to prevent reoccurrence.

Staff we spoke with were aware of the risks associated with people's needs and how to protect people from the risk of harm. Some people were cared for in bed and were at risk of skin breakdown. Staff told us these people required repositioning to prevent the risk of pressure sores. They had charts in place to ensure that people were repositioned at the required intervals. The records we looked at confirmed this. Staff told us they ensured call bells were within people's reach to allow them to call for help when needed. Where people were at risk of falls measures were put in place by the management team reduce the risk of injury. These included the use of low beds and alarm mats to alert staff that people were trying to mobilise without support. The manager told us they had recently been on falls management training and showed us that they had introduced a falls monitoring system. This provided them with an overview of falls and any contributory factors. This would enable them to identify causes and actions they needed to take to prevent reoccurrence.

The provider also had a system in place for identifying and managing environmental risks. We saw that individual evacuation plans had been completed for each person living at the home. These plans detailed the support people required should they need to leave the home in the event of fire or any other emergency situation. Staff told us they were vigilant in identifying any risks such as trip hazards and they were encouraged to report faults to the maintenance worker. On the day of our visit the provider's health and safety worker was assessing the home for any hazards and refurbishment work that was required. The manager told us the home could get very warm in the summer and this was an issue that they hoped would be addressed through refurbishment of the home. In the meantime we saw that electrical fans and an air conditioning machine were in use.

People felt there enough staff to meet their needs safely. They said staff normally responded quickly when they pressed their call bell. One person said, "The bell is always put right here for me and they [staff] come if I need anything, anything at all". Another person told us they sometimes had to wait a little while but on the whole staff did not take long to attend. A relative we spoke with said they listened out when they visited and found that call bells were always responded to quickly. We saw call bells were placed within people's reach to allow them to summons help when needed. Call bells were answered in a timely manner and staff supported people with patience and understanding. Staff told us they felt there were enough staff but there

were times when they had to use agency staff to cover shifts. They said that agency staff usually worked alongside the senior staff on duty. The manager confirmed there had been staffing difficulties and they were actively recruiting staff. In the meantime they used regular agency staff and ensured that there were experienced seniors on duty at the same time to promote consistent safe care. Staff told us that the provider had undertaken checks to make sure they were safe to work with people living at the home. These included checks with the Disclosure and Barring Service (DBS) and references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable employees working with people. Our discussions with the manager and the records we looked at confirmed that safe recruitment processes were in place.

People were supported to take their medicines safely when they needed them. One person said, "All my medicine is sorted, they (staff) know when I need it and I get it on a regular basis. I get backache and sometimes have to take [Pain relief] at night time". Another person told us the nurse watched them as they took their medicine to ensure they had taken it. They said they liked to take their morning medicine with their breakfast. We saw the nurse discussing with one person the medicine they took only when required. The nurse explained the effects the medicine may have and made suggestions about how much to take the next time this was needed. The nurse told us only staff who had received training on the safe handling of medicine administered it. We were told and shown that competency checks were completed to ensure staff knew how to manage medicines safely. Medicines were secured and disposed of safely.



## Is the service effective?

### Our findings

People told us they were supported by staff who had the skills and knowledge to meet their needs. One person said, "They (staff) are pretty good. This one (staff member) knows me back to front". A relative said, "They (staff) are wonderful with [Person's name] and [Person's name] loves them.

Staff we spoke with felt supported by the management team. They received regular one to one meetings with their seniors where they were given feedback about their practice and any development needs. Staff told us they were provided with good training opportunities that enabled them to meet the needs of people living at the home. One staff member talked of the benefits of the end of life training they had attended. This had showed them how to better support people and their relatives during this difficult time. Other staff found the infection control training beneficial as it had highlighted how to reduce the risk of cross infection and the importance of wearing personal protective equipment. New staff told us they received a structured induction during which they were given essential training on how to keep people safe and then worked alongside experienced staff until they felt confident and able to work independently. This was confirmed by the manager who told us new staff were provided with a mentor and were able to work with experienced staff for as long as was required. The manager told us the provider had its own training department and they offered a range of training opportunities including face to face and on line training. We saw there were systems in place to monitor staff training needs and there was training taking place on the day of our inspection.

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 told us staff asked them if they could support them. One person said, "If I'm not ready to get up in the morning, they (staff) say it's alright we'll come back when you are ready". A relative explained that staff always ensured they were facing their family member before they asked them anything to promote effective communication. We saw that staff asked people's permission before assisting them and explained to people what they were going to do. For example, we saw the nurse ask a person, "I have brought your medication, will you have it for me? Can I do your eye drops as well?" Staff told us they always made sure that people were happy for them to support them and if they were reluctant to receive support at that time they would return later to assist. Staff demonstrated that they were aware of the principles of the MCA. They told us they provided information to people in a way they could understand to enable them to make decisions about their day to day care. Where people were unable to make certain decisions for themselves the manager told us they would liaise with the person, their relatives and the professionals involved in their care to ensure decisions made were in their best interest. The records we looked at confirmed this.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met. The manager told us there was no one living at the home who was subject to a DoL. They demonstrated they were aware of their responsibilities under DoLS legislation and that they would take appropriate action should the need arise.

People told us they were offered a choice of food and drink throughout the day. When asked one person told us, "We all have a choice of food. I like the fish and chicken best of all. There is always a choice". Another person told us that spicy food did not agree with them. They said staff were aware of this and offered them alternatives when spicy food was on the menu. We saw staff asked people what they would like for lunch and their tea. One person did not like what was on offer for tea and was asked what they would like instead. People were able to choose where they wanted to sit to have their meals. Some people had lunch in the larger dining room, others had lunch in the smaller dining room or in their bedroom. Lunch was a sociable event where people chatted with each other and staff. The manager told us in consultation with people living at the home they had recently changed the layout of the dining areas to give a more positive dining experience. They had introduced a hot drinks trolley so people and their visitors could help themselves to hot drinks when they liked. We saw that people's nutritional needs were routinely assessed, monitored and reviewed. Staff were knowledgeable about people's nutritional needs, such as who required a diabetic diet and what consistency people's food and drink needed to be to reduce the risk of choking. The cook told us they were given a copy of people's nutritional needs on admission and any subsequent updates if their needs changed. This information included detail about people's likes and dislikes. They said that people had recently completed a survey on the quality of food and were asked what they would like to see on the menu. The cook intended to use this information to create a new menu.

People were supported to see health care professionals when required. One person told us when they had a chest infection the staff arranged for the doctor to visit. A relative said, "My [Person's name] had a reaction to some antibiotics and within an hour the doctor was here". On the day of our visit we saw that one person was supported to a hospital appointment by a staff member. Another person was seen by the doctor at the home. The outcome of health care professionals visits were recorded in people's care records and their care plans were appropriately updated to reflect advice given. Staff told us they were made aware of any changes in people's health during staff handovers and these changes were also recorded in the home's "Things you need to know" book. Staff read and signed this book before going on shift.

## Is the service caring?

### Our findings

One person told us the staff were lovely and their relatives always felt welcome when they visited. They said, "I don't think I could be in a happier place". Another person said, "I like to have my door open. People pop in and say hello. The staff are very busy but they always have time to have a word with you". The relatives we spoke with told us they were always made to feel welcome when they visited. One relative told us when they visited, "It is always welcoming and calm". Another relative said, "They [staff] always have time to talk to you and make you feel welcome, whatever time you visit". We saw that staff had built up positive working relationships with people and their relatives. Staff were seen to stop and talk with people, there were lots of smiles and friendly chats. The provider operated a keyworker system where each person was allocated a staff member as a keyworker. The keyworker's role involved communicating with relatives and friends. They also ensured people had all the required shopping such as toiletries and clothes as well as supporting them to keep their rooms tidy.

People and their relatives felt involved in planning and making decisions about their care and support. One person told us, "When I first came in they (staff) asked a lot of questions about my needs and requirements". They went on to show us they had brought in furniture and personal effects to personalise their room. A relative told us, "I am involved at all times in all areas of my (Family member's) care and they (staff) keep me informed of any changes". People were offered choice about how they wanted to be supported and felt listened to. One person said, "They (staff) support me with care and they listen to me". Another person said, "They (staff) let me do as I want, I like to go to bed early. It is never a problem to them". Staff told us they had got to know people by both reading their care plans and by talking with them and their relatives. They told us it was important to offer people choices in a way they could understand. If they had difficulty communicating with people verbally they looked at other forms of communication. One person would write things down for them, other people were able to make their needs and wishes known through their body language. We saw that visual prompts such as, 'flash cards' were also available to enable people to communicate their needs.

People told us staff were mindful of their dignity and independence. They said staff made sure curtains and doors were kept shut when they helped them with personal care. One person told us staff were always respectful towards them and encouraged them to do as much as possible for themselves to maintain their independence. Another person said, "One evening a male worker came to assist me, I told them I would prefer a lady and they went away and got one". Staff told us they maintained people's dignity by asking them what they wanted to do for themselves and what they would like help with. They asked people if they preferred to be supported by male or female staff. They also ensured people were kept covered up when they provided personal care and were not exposed when they moved them with the hoist. We saw staff talked with and about people with respect and understanding.

## Is the service responsive?

### Our findings

People told us they were asked about how they would prefer to be supported and found staff responsive to their needs. One person told us, "They [staff] generally know me and how I like things done". Another person said, "I am supported, cared for, do my own thing. I like to stay in my own room I was never one for mixing". One relative said, "You never hear any member of staff say 'just a minute' they go in and deal with whatever it is straight away". Staff told us they had access to detailed care plans and risk assessments and were informed of any changes in people's needs at handover. If they identified any changes they would tell the senior or nurse so that the person's care plan could be updated. We saw that a staff member reported a change in a person's needs to the deputy manager before making changes to the person's repositioning chart. The manager told us they completed a comprehensive assessment with people prior to them moving in to the home. They explained care plans were kept under review following admission as it was recognised that people's needs could change in a different environment. They told us care plans were reviewed on a monthly basis or sooner if required. The records we looked at confirmed this.

People told us they were able to spend their time as they wished. One person said they liked to spend time reading or talking with their friends. They explained that they had formed a friendship with another person living at the home and they often visited each other's rooms for a chat. They told us they also had the option of taking part in activities organised by the staff such as exercises and watching films. Another person told us, "I choose whatever I want to do. Staff tell me what is happening and I choose whether I want to take part or not". There had been a garden party at the home at the weekend. One person said, "We had a fete for the Queen's birthday and they [staff] made sure I was part of it and took me outside to share the afternoon with everyone". Another person said, "We had a garden party, I enjoyed it, it made me laugh". The provider employed an activities worker who had just started working at the home. The manager intended for the activities worker to spend time with people to get to know their interests and hobbies. From the information gathered they would look at individual and group activities to suit. They said one person liked to go to the local shop and this was something the activity worker could support them with. They also wanted to build raised flower beds to allow people with an interest in gardening to plant flowers and vegetables.

People we spoke with felt able to approach staff or management if they had any concerns or complaints. One person told us "[Advocate's name] goes and sorts anything I am having a problem with. Anything is sorted straight away". Another person said, "[Manager's name] came in to see me. They keep their word and would deal with any complaints". They explained there had been a recent incident which they felt the manager had dealt with and taken measures to prevent the risk of this happening again. Staff told us they would refer people to the nurse or manager if they had any concerns. We saw where concerns had been raised these had been dealt with appropriately and changes made to prevent reoccurrence.

## Is the service well-led?

### Our findings

There had been a number of staff changes over recent months. Both the registered manager and previous area manager had left earlier in the year. A new home and regional manager had been appointed and both were present on the day of our inspection. The manager had been in post since April 2016 and told us they were in the process of applying to become the registered manager of the home. The manager was keen to make improvements to the home and had completed an action plan to help them prioritise the work that was required.

The manager told us they had a clear vision for the service which was to provide not just good but excellent care to the people they supported. They promoted an inclusive approach and were keen to develop the staff skills and knowledge. They wanted staff to have pride in their work and to become ambassadors for the home. Staff told us they wanted to provide the best care they could for people. They felt the manager had already started to make improvements and found them to be approachable and fair. They told us they were encouraged to give their views at team meetings and felt listened to. The manager had introduced "flash meetings" which were held each morning and attended by the heads of all departments including care, domestic, administrative and maintenance staff. We saw that staff discussed the plans for the day and any concerns they had. The manager had also introduced a new system referred to as 'resident of the day' where each day a different person would receive a visit from the head of each department. This was an opportunity for the person to tell the responsible person if they were happy with the support that each department provided. Where any concerns were raised the manager said action would be taken to address them. This was a new process and therefore we were unable to determine the effectiveness of this during our inspection.

People and their relatives we spoke with felt the home was warm and welcoming. They found the manager and staff were easy to talk to and took time to listen to them. One person said, "It's lovely here just like a little hotel". People were given opportunities to voice their views on the quality of the service through meetings held at the home and annual surveys. One person told us there had been a meeting the previous week but they had difficulty hearing. As a result the manager had a discussion with them after the meeting to 'fill them in' on what was happening. The manager told us they sent out annual surveys to people, relatives and staff to gain their views on service. The information was collated by the administration worker and any immediate concerns were dealt with by the manager before the surveys were sent to the provider for analysis. The provider would develop an action plan as a result of the surveys and this would be given to the manager to complete.

The provider had a range of checks in place to monitor the quality and safety of the service. These included internal audits such as care plan audits, fire safety checks and medicine competency audits. The manager completed weekly and monthly reports which were shared with the provider. These were analysed for trends and action plans were developed to improve the service. The regional manager visited on a monthly basis to complete checks on the quality of the service and to review the progress of any action plans. The manager told us they felt well supported by the provider, their deputy and the management team. The manager was keen to develop the staff and kept abreast of best practice through the provider's training

department and organisations such as the National Institute for Health and Care Excellence (NICE). The management team monitored how staff applied their training by working alongside staff at evenings and weekends. The manager told us they came in early to meet with the night staff to monitor practice and offer support.

The manager told us they wanted to encourage integration with the local community. Currently representatives from local religious groups attended the home and people could have communion if they wished. The manager felt the fete at the weekend had gone well and hoped to have further events of this nature in the future.