

Akari Care Limited

Westerleigh

Inspection report

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Date of inspection visit:
28 January 2020
30 January 2020

Date of publication:
26 February 2020

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

About the service

Westerleigh is a residential care home providing personal care to 55 people aged 65 and over. At the time of the inspection the service were supporting 51 people. The service is arranged over three floors and supports people with a range of conditions including those living with dementia.

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

Since our last inspection the service had made improvements to documenting people's medicines and making sure checks on the service were more robust. People and their relatives spoke positively about the care they received from the registered manager and the staff. People told us they felt safe living in the home. Systems were in place to ensure checks were carried out on the environment and staff knew how to keep people safe.

Pre-employment checks were carried out on staff to make sure they were suitable. Once employed staff underwent an induction period and were supported through training and supervision. Staff knew what to do if anyone was at risk of abuse and were confident the registered manager would respond to any concerns.

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.

Staff provided people with a choice of meals. Kitchen staff knew people's dietary requirements and were happy to provide people with food they liked to eat.

Staff worked with other healthcare professionals to promote people's health and well-being.

People's care plans were person-centred and provided guidance to staff on how to meet people's care needs. These were regularly reviewed by staff and updated as required. An activities coordinator provided a weekly activities' plan which was flexible to meet people's preferred activities each day.

Staff protected people's dignity and promoted their independence.

A system of audits and checks were in place to monitor the quality and safety of the service. The service had a home improvement plan.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service 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 well-led.

Details are in our well-led findings below.

Good ●

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 (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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Westerleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during 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 inspection was unannounced.

What we did before 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 did not ask the provider to complete a Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We carried out observations of people who were unable to speak for themselves. We spoke with

eleven members of staff including the regional manager, the quality manager, the registered manager, the deputy manager, senior care workers, care workers, kitchen and maintenance staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly document the safe administration of people's medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made since our last inspection to document the safe administration of people's medicines. The registered manager had carried out audits of medicines and put steps in place to make further improvements. The improvements included ensuring people always had a supply of medicines.
- Topical medicines that needed to be stored at certain temperatures were kept in a cupboard other than the treatment room for care staff to easily access when required. The regional manager agreed to make immediate changes to the storage of these medicines. They sourced individual baskets for people's topical medicines and put a temperature records chart in place.
- The senior carers used a handover book to pass tasks including the ordering of medicines from one shift to another. A professional described to us how the service had run out of one person's medicines. The regional manager and the registered manager agreed to make immediate amendments to the handover book to avoid any medicines order being missed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were knowledgeable about signs of abuse and how to raise a safeguarding alert. One staff member told us, "I've had safeguarding training, I would look for anything to safeguard, physical and verbal but you don't even like to think about it. I would tell my senior, then the manager, and there is a number in the lift you can call if you needed to go outside the company."
- One person told us they felt safe staying at the home, "I feel safe here. My daughter is away on holiday and I'm not worried."
- The registered manager had raised safeguarding concerns with the local authority and taken actions when patterns of concerns came to light. A staff member told us the registered manager, "Never sweeps anything under the carpet."

Assessing risk, safety monitoring and management

- Arrangements were in place to make sure the building was safe and actions taken when required to improve the safety. A visitor's bathroom which had water temperatures which were too high for safe use by

people using the service was left unlocked. The management took immediate measures to ensure this was made safe.

- Fire drills were carried out to ensure that staff had knowledge of the evacuation procedure. The provider agreed to develop these so that staff would carry out a mock evacuation to assure themselves people could be safely moved in the event of a fire.
- Risks to people were assessed. Details of how staff should best provide support to people and reduce risks were detailed in their care plans and updated when people's needs changed.

Staffing and recruitment

- There was enough staff on duty. Staffing was provided by a consistent staff team. People's needs on one floor of the home had increased with more people needing the care of two staff. The registered manager agreed to look at the deployment of staff on that floor.
- We observed people's needs being met in a timely manner during the inspection.
- The provider carried out pre-employment checks on prospective staff to make sure they were suitable to work in the home.

Preventing and controlling infection

- Staff used effective infection control procedures. Personal protective equipment such as gloves and aprons were available to and used by staff.
- The home was clean and odour free. New flooring which was easier to clean had been laid on the upper floor.
- There was a clear system in place to ensure the soiled and cleaned laundry were kept separately.

Learning lessons when things go wrong

- Accidents and incidents were monitored to help identify lessons to be learnt. This meant action could be taken to reduce the risk of any reoccurrence.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Everyone who moved into the home had an assessment of their needs before starting to use the service. This ensured they had access to appropriate resources and the service could meet their needs. The information from the assessments was used to write people's care plans.
- People's needs and choices were regularly reviewed. These reviews informed the assessment and were used to make appropriate changes to the associated care plans.

Staff support: induction, training, skills and experience

- Staff told us they received adequate training to meet the needs of the people they were supporting, "I had training to start, moving and handling and first aid, loads."
- Care plans did not consistently document how best to meet people's specific needs in relation to diabetes. Not all staff that worked with people with diabetes had received training on this condition. The management agreed to add information in care plans to ensure staff had the information available to support people until they were trained.

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

- People were given a choice of meals. Kitchen staff understood people's specialist dietary needs such as diabetes and followed advice given by other professionals.
- Staff provided people with a range of suitable drinks and snacks from a tea trolley every morning and afternoon.

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

- Staff worked with other professionals to meet people's needs. Professionals said staff contacted them and made appropriate referrals. Steps were taken during the inspection to ensure any information from professionals was appropriately responded to by staff.
- Staff enabled people to access other healthcare services as required including dentists and chiropodists.

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

- The premises were purpose built with wide corridors and accessible bathrooms and toilets.
- The service had made efforts to provide a stimulating environment for people living with dementia. There were plans in place to further adapt the first floor to meet people's needs.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff worked within the principles of the MCA. They assessed people's capacity to make specific decisions and recorded when decisions were taken in people's best interests.
- The registered manager had made applications to the local authority to deprive people of their liberty and keep them safe.

Is the service caring?

Our findings

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were complementary about the staff. One person said, "The carers are lovely, no complaints." Staff respected people's wishes and enabled people to have equal access to activities in the home.
- Staff knew how to manage a group of people and avoid people becoming distressed by the behaviour of others. They understood when people required reassurance and provided people with the support they needed.
- Staff documented people's religious faith. People were invited to attend a religious service every month. The registered manager agreed to consider further steps in promoting people's faith.

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

- Staff engaged people in making decisions about their daily care needs.
- People and their relatives were able to express their views. One relative spoke about being involved and working with staff to promote a person's well-being.
- The service provided opportunities such as holding relatives' meetings to encourage involvement in the running of the home.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well and how best to respond to their needs. Staff were able to anticipate situations and distract people in a respectful way to maintain their dignity.
- One person told us, "They treated me with respect, they are always dignified, covered me in blankets and made me feel comfortable."
- Staff encouraged people to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained person-centred information and detailed to staff how best to support people in line with their preferences.
- Staff had carried out regular reviews of people's care and noted when changes had taken place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people in different formats.
- Staff understood people's preferred communication needs. One staff member told us how they hold a person's hand to gain their attention and speak to them in close proximity, so the person could hear what was being said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities coordinator was employed in the service. An activities plan was available to people, so they could choose what they wanted to do. People were encouraged to spend time doing group activities as this would allow them to gain a sense of inclusion.
- The activities coordinator knew people's needs and tailored activities accordingly.
- Staff welcomed relatives into the service to support people maintain important relationships.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The registered manager had responded to people's complaints, provided explanations when required and apologised when the standard of care fell below people's expectations.
- Actions which had been agreed following a complaint to improve the quality of care were carried out during the inspection.

End of life care and support

- Staff supported people to express their wishes about how they would like to be cared for at the end of their life.
- People's decisions about their care were documented in their care plans. These included records when

people had requested not to be resuscitated.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were good governance arrangements in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had carried out a range of audits to monitor the quality of the service. As a result of these audits actions had been taken to make improvements to the service.

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

- Staff spoke about feeling positive and well supported by the registered manager. They were confident if the manager would take action if they raised any issues.

- The service had a positive welcoming atmosphere. People and relatives said the management and staff were approachable.

- The registered manager had developed a culture of continuous learning in the service. The registered manager had submitted statutory notifications to CQC where they had addressed what they had learned and made improvements to people's care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and their responsibilities to report issues when something went wrong. They had alerted the local authority regarding safeguarding issues and actions they had taken to prevent repeat events.

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

- The registered manager was open to receiving feedback about the service. They had sent out surveys but due to a poor response had been unable to analyse the results.

- The registered manager chaired staff meetings. The minutes showed staff were able to raise issues, hold a discussion and seek advice and guidance from the registered manager.
- Relatives were invited to attend meetings to give their views about the service.