

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Seale Pastures is a residential care home that provides personal care for up to 40 older people who may also be living with dementia. At the time of our inspection there were 23 people receiving a service.

People's experience of using this service:

On our last inspection we identified improvements were needed with how the provider identified improvements, recognised and reported safeguarding concerns, managed medicines safely and made suitable applications to ensure restrictions were lawful.

On this inspection we saw improvements had been made in these areas. Further improvements were needed to ensure it was clear how capacity was assessed and to ensure people on respite care had a suitable care plan in place.

- People could make decisions about how they wanted to be supported. Where people lacked capacity, assessments had been completed, although clearer information needed to be recorded about how capacity had been assessed.
- Where people received respite care, a comprehensive plan had not always been developed to record how they wanted to be supported.
- Quality monitoring systems were now in place to ensure the quality of the service was monitored and improvements were made.
- People felt they were safe and had the right support and care from staff. Staff now knew how to raise concerns if they suspected people were being harmed or at risk of abuse. Staff were confident their concerns would be acted upon.
- Improvements had been made with how medicines were managed. There were safe systems in place to ensure people had their medicines as prescribed.
- People enjoyed their meals and their dietary needs had been catered for. Additional support was given to people who needed help or had a specialist diet.
- Infection control measures were in place to protect people from the risk of infections.
- People could pursue their hobbies and interests. There were opportunities to take part in activities within the home.
- People felt there were enough staff to meet their needs and who treated them with respect and dignity.
- People felt that staff knew how to support them safely and had received training to develop their skills and knowledge.
- People received regular check-ups to maintain their health and when unwell, staff liaised with health care professionals to address their health care needs.
- People could raise concerns about the quality of the service and felt confident these would be addressed.
- The registered manager worked in partnership with health and care professionals to bring about improvements within the service.
- The registered manager notified us of significant events which helped us to monitor the action they had

taken.

Rating at last inspection: Requires Improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection the service had improved their rating to Good overall.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by three inspectors.

Service and service type: Seale Pastures 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:

We reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with nine people who used the service, five relatives, four staff, the registered manager and the area manager.

We looked at care plans relating to four people and reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- ☐ On our last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines management systems were not safe. On this inspection we found improvements had been made.
- ☐ Medicine management systems were now safe. Medicine records had been completed. Daily audits were carried out which accurately reflected the number of medicines stored in the home. Staff had received training to safely administer medicines and we saw people received them as prescribed. There were protocols in place for medicines which were needed 'as required' which staff knew and understood.

### Systems and processes to safeguard people from the risk of abuse

- ☐ On our last inspection there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not always protected from harm as staff did not always know how to recognise abuse and how to act if they were concerned. On this inspection we found improvements had been made.
- ☐ Staff understood the types of potential abuse and there were procedures in place to respond and report concerns about people's safety. Where any concern had been identified, reports had been made to ensure people were protected from future potential harm.

### Assessing risk, safety monitoring and management

- ☐ People felt safe living in the home. One person told us, "I wanted to go somewhere where I could feel safe and be around people and I certainly feel safe here."
- ☐ Risks to people's well-being and health were assessed and staff understood how to mitigate these risks.
- ☐ People were supported to take positive risks to remain independent. For example, when walking around the home people had personal aids to help them stay safe and were not restricted from moving around.

### Staffing and recruitment

- ☐ People felt there was enough staff to provide safe care. We saw staff were always available in the communal areas and able to respond when people needed support.
- ☐ When new staff started working in the service, all recruitment checks had been carried out. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

### Preventing and controlling infection

- ☐ The home was clean and there were infection control procedures in place.
- ☐ Staff had access to a range of personal protective equipment when delivering personal care.

### Learning lessons when things go wrong

- ☐ There were systems in place to review the service when things went wrong to ensure that lessons were learnt, and that action was taken to minimise the re-occurrence. For example, the registered manager reviewed accidents and incidents and where any safeguarding concerns had been identified.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- ☐ On our last inspection we identified improvements were needed as applications had been made to deprive some people of their liberty. However, the required assessment to determine if these people had the capacity to make certain decisions had not been completed. On this inspection we found the registered manager understood where application needed to be made.
- ☐ Where it was identified that people may lack capacity to make certain decisions, capacity assessments had been completed. However, further improvements were needed to ensure it was clear how decisions about people's capacity had been reached. For example, it was not clear that capacity had been assessed to ensure it was decision specific.
- ☐ Where restrictions had been identified, applications to lawfully restrict people of their liberty had now been made.

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

- ☐ Some people moved into the home for respite care and we saw an assessment of their needs had been completed. However, these had not been developed to provide a support plan for one person and there was limited information about how staff should safely provide their care.
- ☐ The staff explained their support had been discussed with them and we saw the person could describe their care and was satisfied they were being supported in the way they wanted.
- ☐ The registered manager agreed a plan should be in place and this was addressed during the inspection and we received a copy of this plan to review.
- ☐ Where people had lived in the home for a period of time, we saw care plans had been developed for each

identified care need and staff had guidance on how to meet those needs.

- People were satisfied with the care and support they received and we saw that the support they received matched what had been recorded within their care records. One member of staff told us, "All the plans are being reviewed and they are much better now. We know people really well as most people have been staying here for a long time."
- We saw the staff delivered suitable care and support in line with best practice.

Staff support: induction, training, skills and experience

- People felt the staff knew how to provide their support and knew the staff received training to carry out their roles effectively. One relative told us, "The staff are very good and know all about the support for [Name]. We are confident that they provide the right care."
- Staff completed an induction programme when they started working in the service to learn about the service and the support people needed. New staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work as part of the team.
- Staff were supported through the supervision and appraisal process and were confident they could approach the registered manager if they had any concerns or needed further support.

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

- People liked the food that was prepared and in the home. One person said, "The chef is quite brilliant here."
- People were provided sufficient amounts of food and drinks and had options to choose from. We saw additional food was prepared so people could have more, or choose their meal at the time it was being served.
- Throughout the meal, staff offered condiments and sauces according to people's personal tastes.
- Specialist diets were catered for where needed, including a softer option where people were at risk of choking.
- Staff knew if people needed support to eat their meals. We saw staff were attentive and provided help where needed. For example, we saw where people had difficulty cutting their food, staff offered to help.
- Staff explained that where people were identified at risk of malnutrition or dehydration their foods were fortified and the person referred to their GP or dietician to ensure they kept well.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and identified when people's needs changed and sought professional advice.
- The provider had been working alongside the local authority quality team and provided them with an action plan about how improvements were to be made within the service.
- They had voluntarily agreed that new people would not be admitted to the home. The registered manager told us, "It is important to us that we make these improvements and get it right. Although we can admit new people, we decided to wait so we were confident that all the improvements had been made."
- Staff worked in partnership with health and social care organisations and shared information about people to help ensure that the care and support provided was effective and in people's best interest.

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

- The home was designed in a way so that people could move around easily and there were handrails along corridors.
- There was equipment in bedrooms and bathrooms to enable people to be independent where possible.
- There were one large lounge area and in consultation with people, the chairs had been moved from around the outside of the room to smaller groups where people could face each other. One member of staff told us, "Previously people could only talk to the person next to them. This way, means people can sit with

their friends and face each other, which helps. We have found this is a lot a better."

- A private tea room had been developed for friends and family to share refreshments in private and this was also used to show films. We saw the room had been attractively designed and decorated and there was a range of refreshments and cakes for people to have.
- People's individual bedrooms included personal items and they had been able to design them to help create a homely feel.

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

- People had access to health professionals to help them live a healthier life and were visited by their GP when they were ill or needed health care. One person told us, "If you aren't well, the staff will call the doctor. I like to stay in my room if I don't feel well and the staff are always checking on you to make sure you are alright and if you need anything."
- Where needed, referrals were made for care by the district nurse team, speech and language therapists and opticians. One relative told us, "The staff are much better at responding to health care needs. Staff have been allocated different roles and this has resulted in them taking more of an interest in people and they get to know them better, so notice any changes."
- Information was shared with other agencies if people needed to access other services such as hospitals.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- ☐ People felt the staff were kind and caring. We saw caring interactions between staff and people in the home.
- ☐ Staff knew people well and we saw they spoke with them about things that was important to them. People talked about family and significant events.
- ☐ People's family and friends were known by staff. One relative told us, "The staff are lovely, and we are always offered a drink and made to feel welcome."
- ☐ Staff knew how to support people who could become anxious or upset. We saw they used a calm and reassuring approach when people became distressed.

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

- ☐ Staff knew when people did not wish to be disturbed and respected the person's choice. Staff addressed people by their preferred names and were respectful when speaking with them.
- ☐ People knew about their care plan and could decide what care and support they needed. People's care plans contained their preferences and supported their cultural needs, likes, dislikes and preferences.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were supported to maintain as much independence in their daily lives as they were able to. For example, people had a range of walking aids to promote their mobility and were not restricted. One person told us, "They don't interfere where they don't need to."
- ☐ People were supported to maintain their dignity and privacy and staff supported them discreetly with personal care. Discussions about personal issues were carried out in private. One person told us, "The staff are very discreet when they need to be. They do their best so none of us ever feel embarrassed."
- ☐ People's care records were stored and used in a way to maintain confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with current best practice.
- ☐ Staff understood the need to maintain confidentiality.
- ☐ Relationships were encouraged. Visitors were made to feel welcome and there were no restrictions on visiting people.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ On our last inspection we found that improvements were needed to ensure people had opportunities to engage with activities that interested them. On this inspection, we found improvements had been made.
- ☐ People were supported to participate in activities and hobbies that were important to them. One person told us, "We have a member of staff who organises activities for us now and they are always coming up with different things to do. I'm making hats for babies at the moment." Another person said, "They take photographs of the things we do which is nice, so we can show the family when they visit. They ask us what we want to do and if they can, they organise it."
- ☐ People had opportunities to be involved in activities in the home including quizzes, games and watching and discussing films together. One person told us, "It's up to us if we join in. Some of us just want to sit and read or talk and that's fine too."
- ☐ People felt the staff supported them in the way they wanted, considering their likes, dislikes and personal preferences and interests.
- ☐ Care plans detailed people's preferences and included how they wanted to be supported to meet any cultural or religious beliefs. People felt the current religious arrangements for services to be held in the home, met their needs.
- ☐ The registered manager was reviewing how information could be provided for people to ensure they understood how the service was provided. They understood the Accessible Information Standard (AIS). This is a law that requires that provisions be made for people with a sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. This ensures that people are empowered, treated fairly and without discrimination.

Improving care quality in response to complaints or concerns

- ☐ People had no concerns about their care and told us they knew how to raise any complaint about the service. One person told us, "I came to look around here and other places and chose here. I've never regretted making that decision; I've no complaints."
- ☐ People's felt the service had improved and the provider had listened to their concerns and addressed these.
- ☐ The registered manager knew that where any complaints were raised, these needed to be investigated and people informed of the outcome. They told us, "We don't see complaints as anything negative; it's an opportunity for us to learn from any mistake."

End of life care and support

- ☐ People could share their thoughts about how they would like to be supported at the end of their life.
- ☐ Staff explained that people could choose to stay in the service and support would be provided by community health care professionals to ensure they were as comfortable as possible.

- ☐ Where people disclosed information about their preferences, this was recorded. One member of staff told us, "It's important that we respect people's wishes."

# 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.

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 previous inspection we rated this service as requires improvement overall and reported that effective quality monitoring systems were not in place to identify how improvements should be made. On this inspection we found improvements had been made.
- ☐ The registered manager and area manager completed checks on the quality of the service and how it was managed to ensure where improvements were needed, these were identified and acted upon.
- ☐ The registered manager understood their role and informed us of significant events which occurred within the home.
- ☐ It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw the rating from the previous inspection was displayed in the home.
- ☐ The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were confident these would be dealt with.
- ☐ The staff understood their role and felt they received the support they needed to develop their skills and understand how to support people.
- ☐ Staff felt the registered manager listened to them and they were provided with support daily and through the supervision and appraisal process.
- ☐ At the beginning of each shift, staff received a handover to ensure they knew about any developments and important information about people.
- ☐ Accidents and incidents were used as an opportunity for learning and improving. For example, the registered manager reviews these to monitor patterns and trends to identify and resolve risks.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ People felt the service was well managed. One person told us, "You'd have to go a long way to get better than here." A relative told us, "Akari are getting much better at caring and the service has definitely improved."
- ☐ There was a new registered manager in the service and people knew who they were. One person told us, "They come and ask us if we are alright and how we are. I think they've definitely made a difference since they have been here."

- Staff felt listened to and supported by the registered manager. One member of staff told us, "Things have changed a lot here and for the better. This is a lovely place to work again and it's a pleasure to come here. The new manager has made a huge difference and things are more organised and we get the support we need now."

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

- There were opportunities for people to share their views about the quality of the service provided. People and their relatives were also invited to attend regular meetings to hear about developments within the service and to share concerns or ideas.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

Continuous learning and improving care

- The registered manager had reviewed where concerns had been identified to ensure improvements were made.
- News system were in place to identify any other areas for improvement and the staff team had worked together to develop better working practices and positive outcomes for people who used the service.

Working in partnership with others

- The staff worked alongside health professionals where concerns were identified to improve the standard of care provision.
- The registered manager had liaised with social care professionals and developed an action plan about how improvements could be made.
- Where health or social care professionals had made recommendations, these had been recorded within people's care records and staff knew and understood the support people needed.