

Akari Care Limited

Lindsay House

Inspection report

Parbold Hill
Parbold
Wigan
Lancashire
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Tel: 01257464177

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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

About the service

Lindsay house is a residential care home providing personal care for up to 31 older people and people living with a dementia. Twenty two people were living at the service at the time of the inspection. The service was delivered in one adapted building over two floors, with lift and stair access to the first floor, there is car parking available.

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

People told us they felt safe in the service, staff had received safeguarding training and understood the procedure to take if abuse was suspected. Medicines were being managed safely, safe recruitment procedures were being followed, the management told us about the plans to increase the staffing numbers in the service.

Staff received relevant training and supervisions had been undertaken. We observed a positive meal time experience, where people required support with their meals this was provided. People were provided with support from professionals where required however, feedback for one relative was that they were not always informed of this.

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. Deprivation of liberty applications (DoLS) had been submitted to the assessing authority. The regional manager confirmed a further DoLS application had been submitted for one person.

People were treated with dignity and respect and their privacy was maintained. We received positive feedback about the service provided and people were supported to be independent.

People's needs had been assessed and care plans developed to support their needs. Where further information was required in one care plan the management took immediate action to address this. Activities were taking place, however we received mixed feedback about the quality of the activities provided. Systems were in place to deal with complaints.

Audits were being undertaken by the service, senior management audits were seen. Staff team meetings were taking place. Positive feedback about the staff and management of the service was noted. However, some feedback was that the registered manager was not always visible. The registered manager and regional manager took actions to address this as a result of the feedback.

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 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 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.

Lindsay 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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and one 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

Lindsay House 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 the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback or notifications which the provider is required to send to us by law. We also sought feedback for the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We also spoke with eight staff members. These included, three care staff, housekeeping, the activities co-ordinator, the deputy manager, the regional manager and the registered manager who took overall responsibility for the service. We undertook a walkaround of all public areas and some people's bedrooms and we undertook observations in the public areas.

We reviewed a range of records including, one care file, two staff files, supervision records, team meeting minutes and records relating to the operation and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited safely and staffing was in place. Staff told us safe recruitment practices had been followed. Records confirmed relevant checks had been completed. These included, proof of identity, application forms and references from previous employers.
- We received mixed feedback about the staffing in the service. One person said, "The staff have a hard job, and I know that they could do with more of them" and "They don't always answer the buzzer straight away, but I understand that they need more staff."
- The feedback from staff was mixed about the numbers of staff. They said, "We can't interact as much with residents [people who used the service] due to masses of paperwork. We are rushing to get jobs done" and "Staffing ratios are satisfactory. A new rota is being introduced, it will give staff some breathing space." The management team confirmed they were planning to introduce the new shift in the new year and that a dependency tool was used to assess the numbers of staff required in the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Policies and guidance was available and safeguarding training had been provided, this supported staff in dealing with allegations appropriately. People and relatives told us, "My [name of person] is definitely safe here."
- Records confirmed allegations of abuse had been investigated and acted upon appropriately. These included the outcomes of the investigation which supported lessons learned going forward. The management team told us there were plans in place to further develop lessons learned in the service.
- Systems were in place to record and investigate incidents and accidents. A flow chart had been developed which supported the monitoring of any accidents and incidents for themes and trends. This would enable measures to be taken to reduce future risks. The registered manager and regional manager confirmed the actions they had taken in relation to an accident for one person where medical attention had not been sought in a timely manner.

Assessing risk, safety monitoring and management

- Risks were assessed and managed. Relevant fire risk assessments and personal emergency evacuation plans were in place. Servicing and checks were completed on equipment and utilities along with a business plan to guide staff in the event of an emergency.
- Individual risk assessments had been completed which identified individual risks and how to manage these safely.

Using medicines safely

- Medicines were being managed safely. No concerns were raised in relation to medicines management. We

observed medicines were administered safely to people and administration records had been completed in full. Staff told us and records we checked confirmed medicines training and competency checks had been undertaken.

- Medicines were stored safely and temperature checks were completed regularly which ensured these were stored in line with recommended guidance.

Preventing and controlling infection

- People were protected from the risks of infection. All areas of the service were clean and tidy and appropriate personal protective equipment was available and we saw staff making use of these during the inspection.
- Dedicated housekeeping staff were employed by the service and we observed them undertaking housekeeping duties during the day. Training in infection control was provided to the staff team.

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

- People's needs had been assessed. Records confirmed needs assessments had been completed. This would ensure people's needs could be met by the service. A relative told us they had been involved in the development of their family members care file when they were admitted to the service, however their needs had not been discussed further with them.

Staff support: induction, training, skills and experience

- Staff received appropriate training to support them in their role. One person said, "We've nothing but good to say about the staff." Staff told us, "There is enough training to support the role." We discussed with the management team the training provided and the way it was delivered; they told us they provided different levels of support for staff according to their learning needs.
- Staff records and the training matrix confirmed a range of training was provided to staff to support them in the delivery of care to people. A range of observed competency checks confirmed the delivery of care to people was monitored by the management team.
- Staff received supervision which provided an opportunity to discuss further training needs and supported staff in their role.

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

- People received food and drinks according to their needs, likes and choices. People and relatives we spoke with were generally satisfied with the meals on offer. Comments included, "The food is lovely and there's always a good choice", "I would say the food is okay but I'm not a big eater anymore" and "[Name] doesn't eat the same as she used to, but when we visit there are always very nice aromas coming from the kitchen and dining room."
- We observed the meal time experience. People were supported appropriately by staff according to their needs. Visual options of meals were offered to people. People we spoke with during lunch told us they enjoyed their meals, we sampled one of the choices which was tasty.
- We checked the kitchen which was clean and tidy and plenty of supplies of food was available for meal preparation. We were told that there was no restrictions on budgets for food in the service.

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

- People were provided with appropriate support with their individual health needs. Records detailed the involvement of professionals where appropriate and we saw a professional visiting on the day of the inspection. The registered manager told us good working relationships had been developed with the local

GP service who undertook weekly visits to the service to review people's needs. One person told us, "When I've needed the doctor, they have got him out quickly." However a relative we spoke with told us they had not always been made aware when professionals had reviewed their family members health needs. The regional manager confirmed that they had taken immediate action to ensure all staff were aware of the importance of informing relatives of changes in people's conditions.

- The service demonstrated their commitment to implementing nationally recognised guidance. Staff had received training to ensure people's oral health needs were met and oral care risk assessments had been completed, in line with guidance.

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

- The service design and decoration supported people's individual needs. All areas of the service were accessible to people and visitors, with lift access to the first floor for people to use where their mobility was limited. Communal areas were nicely decorated and accessible to all people. There was a range of Christmas decorations to celebrate the festival period.

- Signage and information to support people to access areas of the service and their bedrooms were noted. Bedrooms were nicely decorated with people's own possessions.

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.

- People were protected from unlawful restrictions. Relevant capacity assessments and best interests decisions had been completed. Records confirmed the involvement of relatives where relevant.

- Records confirmed DoLS applications had been submitted to the assessing authority and these were being followed up by the service. Following the inspection the regional manager confirmed a DoLS application for one person had been submitted to the assessing authority. This supported people from being deprived of their liberty unlawfully.

- We observed staff asking for permission before undertaking any care or activity. Staff were seen knocking on people's doors and waiting to be invited in before entering.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The registered manager ensure people were treated with dignity and respect and their diverse needs were considered. Care files had been developed which included, an all about me document which provided information about them. Staff understood the importance of people's choices and respecting these. One said, "We like to help where we can, but if someone chooses that they don't want to do something then we certainly don't push it. It is their decision that counts."
- We observed people being treated with dignity, kindness and received good care. It was clear from our observations that positive relationships and a mutual respect had been developed between people and staff. Staff supported people to be involved in decisions and choices about their care. Comments included, "Their privacy and dignity is respected."
- On the whole we observed staff providing care and support to people in a timely manner. However, we observed the call bell system took a few minutes to be answered on occasion. One person told us, "I've been waiting for someone to answer my buzzer for ages."
- Information relating to advocacy services and how to access them was on display. This ensured people who needed support with important decisions could access the appropriate services. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and they were supported to be independent. People and relatives told us they received good care. Comments included, "The staff treat her well and let her choose what she wants to do" and "Staff try to encourage them to be independent."
- Care files advised staff that the information was private and confidential and only authorised people could access them. Records were held securely in the service. This demonstrated the services commitment to meet the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

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

- Assessments of people's needs had been completed. Care plans contained information about how to support people's needs, however the care plan required further information to ensure detailed information was available to staff to support care delivery. We discussed this with the registered manager and regional manager who took immediate action to ensure the records were detailed and supported the delivery of care.
- Not all relatives confirmed they had been involved in the development and reviews of their family members care plans. One person said, "I was given the care plan to read and sign it however we have not gone through it since." However, another person confirmed relatives were involved in reviews.

End of life care and support

- The registered manager ensured systems were in place to support people's end of life needs. Care records included information about do not attempt cardio pulmonary resuscitation which ensured people were resuscitated appropriately. Training records confirmed staff had received end of life care training. This ensured people received appropriate and timely end of life care.

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.

- People's communication needs were supported. A range of information and guidance was on display and personalised pictorial information was noted outside people's bedrooms to support people to access them.
- People were seen making use of aids to support their communication such as glasses.

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

- People were provided with activities and supported to maintain relationships with family and friends. We observed activities taking place with some people, it was clear people were enjoying these. Where people preferred not to take part in activities, staff told us they sat and chatted with them in their rooms. Information about the planned activities was on display in the public areas of the service.
- Staff told us of the planned activities which included Christmas carols and the mobile library. People confirmed activities were taking place however this was mixed about the activities provided. Comments included, "I think that there are things to do but I don't have much interest. I'm happy to read the paper and

watch the TV" and "There aren't enough activities, there is very little on offer. It is difficult because a lot don't want to be bothered to do things." The service ensured visitors to the service were welcomed. We observed family members visiting during the day. One service user commented, "I have visitors, they can come whenever they want to."

- Technology was being used in the service. Computer systems were being used to undertake audits and monitoring of the service. WIFI was available for people to access. The registered manager told us of their plans to improve the WIFI across all areas of the service and to implement an electronic system for the development of the care files.

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. Policies and guidance was available for staff to follow to ensure complaints were dealt with appropriately. Where complaints had been received we noted records which confirmed the investigations and the actions taken as a response. One person told us any concerns they had raised with the service had been dealt with appropriately.

A range of positive feedback was seen in thank you cards received by the service. Examples included, 'Thank you for making [name] so welcome you have all been fantastic.' We received positive feedback from people about the service. One person said, "We have no complaints whatsoever. There is always a lovely atmosphere here and the staff are great."

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 good. At this inspection this key question has remained the same. 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

- The registered manager and all of the staff team were clear about their roles and responsibilities and the individual needs of people living there.
- People and relatives were mainly positive about the registered manager and team. Comments included, "[Registered manager] is easy to talk to, if I have a problem, she definitely listens." However, one person said, "There is a lack of communication from the manager."
- Feedback from staff was mixed about the registered manager and their visibility in the service. Comments included, "I have worked here for a good few years and I feel really well supported by the manager" and "I cannot fault [registered manager] she is brilliant. The regional manager is here every few weeks and she speaks with us, she is brilliant too." However, one comment was, "[Registered manager] supports us but we don't see [registered manager] very much."
- Following our inspection the regional manager told us they had introduced a document to confirm a daily walk around of the service had been undertaken; and that the registered managers office was open and available to speak with people, visitors and staff. We observed the management team and all of the staff team were visible in the public areas of the service during the inspection.

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

- A positive culture which supported good outcomes for people was promoted. All members of the team were supportive of the inspection and all requests for information were responded to promptly. Where we asked for further information following the inspection, this was provided promptly and confirmed the actions taken by the management team.
- Certificates of registration and the ratings from the last inspection were on display in the entrance to the service, as well a certificate for food hygiene ratings and employer's liability insurance.

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 service understood their duty of candour responsibilities. Records confirmed the actions taken as a response to concerns or complaints when things went wrong.
- A range of audits were undertaken in the service as well as senior audits by the regional manager and internal quality team. Areas covered included, care assessment reviews, the customer journey, home

standards overview, staff review, quality assurance and training. Records included the findings and the actions to be taken as a result.

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

- The service had developed systems to ensure people and staff were engaged and involved. Records confirmed team meetings were taking place and included dates of the meetings, attendees and the topics discussed. These included, oral hygiene training, menus, eLearning, hand over and medicines.
- The service was obtaining feedback in the form of satisfaction surveys from people and staff. The results from these were collated by the provider and then fed back to the service. The regional manager told us the results from the most recent survey had not been acted upon as yet as this had only recently been completed.

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured continuous learning and improving care was embedded in the service. Policies and guidance were available for staff to follow to support the delivery of care to people.
- The registered manager had developed systems to support good partnership working. Staff told us they had set up a weekly visit from the local GP surgery and the district nursing team visited the service daily. We observed district nurses visiting during the inspection.