Akari Care Limited

Wallace House

Inspection report

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Tel: 01914603031

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Ratings

Overall rating for this service	Requires Improvement

Is the service effective?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19, 20 and 28 July 2016. Four breaches of legal requirements were found.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements. These related to the breaches of regulation regarding good governance, consent to care and treatment, complaints and the arrangements for ensuring staff were suitably supported by means of training and appraisal.

We undertook a focused inspection on 31 January 2017 to check they had followed their plan and to confirm that they now meet the legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wallace House on our website at www.cqc.org.uk.

Wallace House is a care home which provides nursing and residential care for up to 40 older people, including people living with dementia. There were 35 people living in the home at the time of this inspection.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the regulations.

The support given to staff had improved. The registered manager had reviewed the provision of staff training and addressed the deficits in staff training identified at the previous inspection. Compliance with training was being monitored on an on-going basis by the registered manager and action taken to schedule training for staff when required. All staff had been scheduled to receive an annual appraisal during 2017 and the registered manager was in the process of training members of the senior staff team to assist in the completion of these.

At the time of this inspection, records held where people had appointed a lasting power of attorney to act on their behalf were still not clear. We highlighted this to the registered manager who took immediate action to resolve this. Other records we reviewed showed consent to care and treatment had now been obtained from the relevant person and documented in the person's care records.

The records held in relation to the one recent complaint the service had received were much more detailed than those seen during the previous inspection. There was evidence this complaint had been investigated by the registered manager and a full written response provided to the complainant.

The systems to assess, monitor and improve the quality of the service had been reviewed. The registered manager was receiving additional support from the provider to monitor and review the service and to make improvements. Overall we found documentation was much more accessible than during the previous inspection; records were being maintained to a higher standard and audit documentation was being completed more consistently. The provider was also in the process of introducing a new quality team who would be responsible for assisting the registered manager in reviewing and improving the quality of 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 effective?

Requires Improvement

We found action had been taken to improve the effectiveness of the service.

Improvements had been made to the support given to workers. Training requirements for staff had been reviewed and plans put in place to provide staff with the necessary training to perform their roles effectively.

Supervision sessions had continued to take place. Annual appraisal meetings had been scheduled for all staff and there was evidence these had started to take place.

Care records had been reviewed and action had been taken to formally capture people's consent to their care and treatment.

We could not improve the rating for 'Effective' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement

We found action had been taken to improve the responsiveness of the service.

The complaints record we reviewed was much more detailed than those seen during the previous inspection. There was evidence of an internal investigation and of correspondence with the complainant.

We could not improve the rating for 'Responsive' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

We found action had been taken to improve the management of the service.

Internal audits used to assess, monitor and improve the quality

of the service were being completed more consistently than during the previous inspection. Record keeping overall had improved, documentation was being completed to a higher standard and records were more accessible.

We could not improve the rating for 'Well-led' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Wallace House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Wallace House on 31 January 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 19, 20 and 28 July 2016.

We inspected the service against three of the five questions we ask about services: is the service effective?; is the service responsive?; and is the service well-led? This is because the service was not meeting some legal requirements at the time of our initial inspection in relation to those questions.

This inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We also contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service.

During the inspection we spoke with staff including the registered manager, the regional manager, the administrator and a care assistant. We also spoke with two people living in the home. We reviewed a sample of four people's care records, seven staff personnel files and other records relating to the management of the service. We also undertook general observations in communal areas.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in July 2016 two breaches of legal requirements were found. Staff had not been given the necessary support, in terms of training and appraisal required to enable them to carry out their duties and consent to care and treatment had not always been obtained from the relevant person.

We reviewed the action plan the provider sent to us following our comprehensive inspection in July 2016. This gave assurances that action was being taken to ensure staff received the support they required to enable them to perform their roles effectively. It also gave assurances that care records were being reviewed and updated to show people or their representatives had formally consented to their care and treatment. The provider told us they would be compliant with the regulations by November 2016.

We reviewed the staff training matrix and found overall compliance had improved. At our last inspection overall compliance with training was at 71%, at the time of this inspection this had improved to 80%. The deficits in staff training in areas such as basic life support, infection prevention and control and safeguarding, which were identified at the last inspection, had been addressed.

We discussed staff training with the registered manager. They informed us they reviewed staff training matrix on a regular basis and arranged training courses to update staff training when required. For example we saw a number of staff members were overdue for moving and handling training. The registered manager was able to demonstrate this had already been identified and training arranged for those staff members who required an update.

At our last inspection we found the service did not have the staff resource required to support new staff to complete the Care Certificate, which is a standardised approach to training for new staff working in health and social care. Completion of this is regarded as good practice as a means for inducting new staff into employment within health and social care. As an interim measure, new staff without previous experience or qualifications in care were being enrolled to complete their NVQ Level 2, now known as a Health and Social Care diploma. At the time of this inspection, the registered manager confirmed staff resourcing issues, mainly as a result of the lack of a deputy manager meant the service still did not have the resource to support new staff in the completion of the Care Certificate. As such, we found staff were still being supported to complete their NVQ Level 2 where applicable. However, the registered manager told us the provider had recently appointed two quality managers. We were told part of their role would be to support new staff through the completion of the Care Certificate. The registered manager confirmed they had already provided the names of staff members working for the service who needed to receive this training to the quality managers.

At our last inspection we found not all staff had received an annual appraisal. Although an appraisal planner was in place, we found not all staff members were scheduled to receive an appraisal. During this inspection we reviewed the appraisal planners for 2016 and 2017. We saw the registered manager had completed a number of additional appraisals following our inspection in July 2016. The 2017 appraisal planner showed all staff members were now scheduled to receive an annual appraisal during 2017. We found these had been

scheduled to ensure those staff members who had not received an appraisal in 2016 would receive one within the first couple of months of 2017. In addition to this, at the time of our last inspection we found the registered manager was taking sole responsibility for the completion of annual appraisals. This had impacted on the timely completion of these. The registered manager informed us they had since identified a number of senior staff members who they were in the process of training to complete appraisals.

We were advised, following our previous inspection, a review was conducted of all care records to determine whether consent to care and treatment had been obtained from the relevant person. Care records were also reviewed to establish whether capacity assessments had been undertaken and where appropriate best interest decisions documented. Although the registered manager and regional manager were unable to provide us with a copy of this audit we saw evidence in the care files that action had been undertaken to update people's consent to their care and treatment. For example in one of the records we saw the person was assessed as having capacity to make decisions about their care and treatment. They had signed their own care plans and had a specific care plan around their capacity to make decisions. This stated the following; 'Staff are to presume that I have capacity to make all of my own decisions. Staff are to support me in order to maximise my decision making ability.' It then gave directions for staff on how to do this and also noted 'You must assume I have capacity unless it is proven otherwise. I am allowed to make unwise decisions.' We saw evidence a mental capacity assessment had been undertaken when the person was deemed to have made an unwise decision. This indicated the person still had capacity and as such although staff provided the person with information about the implications of this decision, they ultimately respected the person's wishes.

In another of the records we reviewed we saw following the completion of a mental capacity assessment, the person had been deemed to lack the capacity to consent to their care and treatment. A best interest decision had therefore been made on the person's behalf with the involvement of their family members. The client/representative agreement form referred staff to the best interest decision that had been made on the person's behalf.

We asked the registered manager whether any of the people using the service had appointed a lasting power of attorney (LPA) to act on their behalf. We were advised there was currently one person using the service who had appointed a LPA. We reviewed this person's care records. We could find no record of the LPA and whether this was in relation to health and welfare or finances or both. We raised this with the registered manager. They assured us this would be addressed immediately and following the inspection they contacted us to confirm this had been done. However, despite the lack of documentation in connection with this, we found the LPA had been appropriately consulted about the person's care and treatment. Overall we therefore found improvements had been made to the processes in place for capturing consent to care and treatment from the relevant person.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in July 2016 a breach of legal requirements was found. Effective systems were not in place for identifying, receiving, recording, handling and responding to complaints.

We reviewed the action plan the provider sent to us following our comprehensive inspection in July 2016. This gave assurances that action was being taken to ensure the process for dealing with complaints was being improved. The provider told us they would be compliant with the regulations by October 2016.

We found improvements had been made to the process for dealing with complaints. Only one complaint had been received since our previous inspection in July 2016. This complaint was recorded on the service's 'concerns and complaints' register. This provided a general overview of the complaint, including the date it was received, who raised it and the action taken in response. More detailed information was then retained in connection with the complaint itself. This showed evidence the registered manager had investigated the complaint internally and a full written response had been provided to the complainant, in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2016 a breach of legal requirements was found. Systems to assess, monitor and improve the quality of the service were not effective at bringing about positive change and were completed inconsistently.

We reviewed the action plan the provider sent to us following our comprehensive inspection in July 2016. This gave assurances that action was being taken to review the systems in place to assess, monitor and improve the quality of the service to ensure these were effective. The provider told us they would be compliant with the regulations by November 2016.

We reviewed the internal audits folder. We found regular audits were being undertaken of areas such as medicines administration, catering, infection prevention and control and hand hygiene. Where issues were identified during audits we saw the audit action plan was now being completed. Information recorded on these audit action plans was also being transferred onto the home's overall development plan where progress was monitored on a regular basis by both the registered manager and regional manager.

We noted an issue had been identified in the August 2016 medication audit in relation to staff failing to write on boxes or bottles of medication the date these had been opened. However, this was still showing as an area for improvement on the home's development plan and had also been identified in subsequent medication audits. We discussed this with the registered manager. They were able to explain and provide evidence of the actions they had taken to start to address this. This included supervision sessions and additional training for staff members. The registered manager explained that although practice in this area had improved with fewer instances of staff not recording dates being found, this was still an issue. As such, this was why it was still recorded on the home's development plan.

The registered manager told us following the previous inspection they had received support from the regional manager in connection with the completion of these internal quality audits as well as to review and improve the safeguarding and complaints records. They also told us there had been some changes to the provider's quality team which meant they were involved in weekly meetings with the quality team to monitor and review the progress of the service.

We reviewed the service's safeguarding records as during the last inspection we found these were incomplete and difficult to follow. A new safeguarding log had been introduced. This provided a high level overview of each incident. More detailed records were then maintained in relation to each incident. These provided an account of the action taken including whether notifications had been submitted to the Care Quality Commission and the local authority. We found the records held in relation to safeguarding incidents were more accessible and provided a greater level of detail than during the previous inspection.

We also reviewed the accidents and incidents folder as during the previous inspection we found the registered manager was not completing a monthly analysis of these, which contradicted the provider's policy. At this inspection we found the registered manager was now conducting a monthly analysis. We also

found the registered manager had recently started to use a new form to assist them with this. They told us the benefits with this were that it enabled them to identify any trends. For example if there were a high number of falls at a certain time of day, they could use this to review the staffing levels at that time to ensure these were appropriate to safely meet people's needs. In addition to this, the registered manager was also able to evidence that monthly checks were now being performed of the Nurses' PIN's, which confirms a nurses professional validation to practice, which is something that wasn't consistently being done at the time of our previous inspection.

At this inspection we found there had been an improvement in the overall standard of the records we reviewed. These were more accessible than during the previous inspection, were being completed more consistently and provided a greater level of detail of the actions being taken by the service.