

Akari Care Limited

Wallace House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wallace House is a care home providing personal and nursing care to up to a maximum of 40 people. The service provides support to older people including people who live with a dementia. At the time of our inspection there were 30 people using the service.

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

At our last inspection the provider had failed to robustly manage aspects of people's nutrition, staff did not all understand the Mental Capacity Act and improvements were needed to strengthen the governance system.

At this inspection some improvements had been made but other improvements were needed to the running of the service to ensure people received safe, timely and person-centred care.

Further action was required with regards to the provider's quality monitoring system. We identified shortfalls with staffing levels and staff deployment, the provision of person-centred care, the environment, people's mealtime experience and communication. These shortfalls had not all been identified or actioned in a timely manner by the provider's governance system.

We have made a recommendation to ensure staffing levels and staff deployment are regularly reviewed to ensure people receive safe, timely and person-centred care.

Care was task-centred rather than person-centred. Due to staff being busy they did not have time to spend with people. Throughout our observations some people sat silently or were not engaged or stimulated.

An infection control system was in place. However, not all areas of the home were well-maintained and there were signs of wear and tear.

We have made a recommendation about continuing with a programme of refurbishment in a timely manner, ensuring the environment is appropriately designed to meet all people's needs.

Most records provided detailed guidance to assist staff to deliver care and support to meet people's needs. Risks were assessed and mitigated to keep people safe. Staff recruitment was carried out safely and effectively.

Improvements were required to people's mealtime experience to ensure, where people were at risk of weight loss, that they receive sufficient nutrition.

A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service. Improvements were needed to the running of the service to ensure people were the main

focus of care delivery and they received person-centred care.

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.

The provider was monitoring the use of Personal Protective Equipment (PPE) for effectiveness and people's safety.

There was evidence of collaborative working and communication with other professionals to help meet people's needs.

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 requires improvement (published 4 November 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this inspection to follow up action the service had made to make improvements since the last inspection we carried out in September 2021. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating has remained requires improvement. This is based on the findings at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance and person-centred care.

You can see what action we have asked the provider to take at the end of this report.

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.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wallace 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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

Wallace House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wallace House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started with a site visit on 11 October 2022 and ended remotely on 25 October 2022.

What we did before the 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 13 people who used the service about their experience of the care provided. We spoke with 14 members of staff including the Nominated Individual, [The nominated individual is responsible for supervising the management of the service on behalf of the provider], the deputy manager, regional manager, 5 care workers, 1 nurse, 1 agency senior care worker, 1 chef, 2 domestic members of staff and 1 activities co-ordinator. We received feedback from 3 health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were insufficient staff to support people in a timely and person-centred way.
- Staff were also not effectively deployed to meet people's social and emotional needs and provide care in a timely and meaningful way. One person told us, "I don't always feel safe. I press the buzzer when I want someone but it's ages before anyone comes. I got myself into the toilet this morning."
- Care was task-centred rather than person-centred. People on the top floor sat silently and were not engaged or stimulated.
- The registered manager told us a dependency tool was used. However, staff appeared busy and some people and relatives told us staff did not have time to engage with people. One person said, "I've not seen many staff, when they eventually answer they will tell me they will just be a minute, but then they forget to come back" and, "The carers I have at home talk to me but they don't here. I only got that television yesterday and I'm going home today."

We discussed our observations and people's feedback with the Nominated Individual and staffing levels were increased.

We recommend the provider continues to keep staffing levels and staff deployment under review to ensure people receive safe, timely and person-centred care.

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Using medicines safely

- Medicines were managed safely.
- People were supported by staff who followed most systems and processes to prescribe, administer and store medicines safely. Audits identified where improvements were required. We noted these identified follow up actions were not always completed in a timely manner.
- Medicines risk assessments and associated care plans were in place that were person specific. However, a person commented, "I get my medicines eventually. I don't get it at the right time. Sometimes it's 10 o'clock when it is supposed to be 8am, that is why I'm so shaky now. I should have had it earlier." We discussed this with the Nominated Individual about ensuring agency staff induction was robust and relevant to the home, including making agency staff aware when people required time-specific medicine.
- People received support from staff to make their own decisions about medicines wherever possible.

Preventing and controlling infection

- An infection control system was in place. However, not all areas of the home were well-maintained, and there were signs of wear and tear to the premises. Some wheelchairs were marked and unclean.
- Staff had received training in infection control practices and used personal protective equipment (PPE) effectively and safely.

We recommend the provider continues with a timely programme of refurbishment to maintain the environment.

The provider responded after the inspection and provided an action plan and a programme of refurbishment.

Assessing risk, safety monitoring and management

- Risks were managed to ensure people were kept safe and staff took action to mitigate the risk of avoidable harm.
- Care plans contained some explanations of the measures for staff to follow to keep people safe, including how to respond when people became distressed. We discussed that care plans should contain more guidance for staff about how to de-escalate and reassure a person if they became upset.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety.
- Staff recognised incidents and reported them appropriately, and the registered manager investigated incidents and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that trends could be identified, and appropriate action taken to minimise any future risk.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. The service worked well with other agencies to do so.
- Staff were trained on how to safeguard people.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Visiting in care homes

- There were no restrictions to visiting at the time of inspection.
- The registered manager followed government guidance with regard to visiting during the pandemic or an outbreak of COVID-19.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Improvements had been made to records relating to the MCA since the last inspection. Records showed mental capacity assessments and best interest decisions were appropriately made and documented.
- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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

- Improvements had been made to records about people's nutrition since the last inspection. Care plans now included specialist advice and guidance, that had been obtained where people had difficulties with nutrition.
- Care plans and risk assessments were in place if people had nutritional support needs. A person told us, "I choose soft things to eat but the food is nice." Several people had lost weight, this was regularly monitored and was being addressed through prescribed supplements. People's weight had now increased.
- People's dining experience for people who lived with a dementia was not well-organised for all people to enjoy a sociable experience, if they wished to engage and they did not receive encouragement to eat, where needed to ensure they received sufficient nutrition.
- Staff were busy and did not spend time observing whether people needed support or encouragement to

eat their meal. People were not offered an alternative if they did not want their meal.

- Some staff did not interact with people as they served them and placed their food down without saying what it was, acknowledging or assisting them. People were not all encouraged to make a choice with regard to their food. Menus were not available in a format, if people no longer understood the written word. People were not shown objects such as two plates of food to help them make a choice. The Nominated Individual visited the home immediately to address the feedback and make improvements.

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

- The building was showing signs of wear and tear. Some hallways, bedrooms and communal areas were in need of decoration.
- People's rooms were not personalised in the manner of their choosing, including any personal items from home. Bedding in some bedrooms was worn. The temperature on the top floor of the building was not comfortable and some people complained of feeling cold. They were not all dressed appropriately and when staff did eventually respond they placed blankets around them.
- The premises were not all "enabling" to promote people's independence, and involvement. There was little visual and sensory stimulation to help maintain the involvement and orientation of people who lived with a dementia as they moved around.

We recommend the provider follows best practice guidance to ensure the appropriate environmental design to meet the needs of people who use the service.

The provider responded after the inspection and provided an action plan and a programme of refurbishment.

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills.
- New staff completed an induction, including the Care Certificate and worked with experienced staff members to learn about their role. However, induction for temporary and agency staff was not robust to ensure they all received a detailed induction and guidance about people's support needs and the running of the home.
- Staff received regular supervision and appraisal to discuss their work performance and personal development. Staff members all said they were, "well-supported" by the management team.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs.

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

- Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy and social workers.
- Referrals were made as required to make sure people received effective care that met their care and support needs.
- There was communication between staff and visiting professionals, and staff followed guidance provided to ensure people's needs were met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not always well-led.
- A quality assurance process was in place. Audits were completed to monitor service provision. However, the audit and governance processes had either failed to identify or they had not been actioned in a timely way. The deficits identified at inspection included, staffing levels, staff deployment, medicines management, person-centred care, infection control, environmental design, communication and the quality of care.
- The manager was appointed to the service since the last inspection and had been recently registered as registered manager by the Care Quality Commission. A new deputy manager had also just begun working at the service.
- The provider had responded and made some improvements to staff training and records since the last inspection.

The provider did not have effective systems in place to effectively monitor and improve the quality of the service to ensure positive outcomes for people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems did not all promote a positive, person-centred culture to benefit people living at the service.
- People were not always listened to, engaged with and they did not all receive person-centred care. This is reported on in the safe and effective key questions of the report.
- In parts of the home people's lived experience was not the main focus of care as staff did not all engage, listen or keep people stimulated or occupied.

The provider did not have effective systems in place to promote a culture where all people were respected and received person-centred care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Communication was not always effective.
- Systems of communication were not all effective to ensure all staff were kept up-to date about people's changing needs. Staff told us a daily handover took place at the start of each shift, and information was cascaded. We discussed with the Nominated Individual the effectiveness of the daily handovers to staff about people's well-being and information that was cascaded to direct care staff. Changes were implemented immediately.
- Staff said they were supported. People, relatives and staff all said the manager was approachable.
- Relatives told us they were kept informed. One relative commented, "The events co-ordinator sends me pictures and messages about what they're doing."

Continuous learning and improving care; Working in partnership with others

- The Nominated Individual and management team responded at inspection to make immediate improvements in the service for the benefit of people using it.
- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

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 management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not ensure that systems were in place so that people received person-centred care that maintained their dignity and met their needs and preferences. Regulation 9(1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person failed to ensure effective systems were in place to monitor the quality of care people received. Regulation 17(2)(a)(b)