

Akari Care Limited

Seale Pastures House

Inspection report

Burton Road
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Tel: 01283762511

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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

This inspection took place on 28 April 2016. The inspection was unannounced. Our last inspection took place in June 2014 and at that time we found the provider was meeting the regulations we looked at.

Seale Pastures provides residential care for up to 40 older people. On the day of our inspection 26 people were using the service.

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

People were protected from the risks of abuse because staff understood where harm may be caused and took action to keep people safe. Where people were concerned about their safety they knew who to speak with. Staff supported people to understand any risks and enabled people to remain independent in a safe environment.

People's medicines were managed to ensure they received their prescribed treatments safely. There were sufficient staff available to care for people and meet their needs and staff had training and support to improve their knowledge and enhance their skills. People ate food and drink that they liked and specialist diets were catered for. People's health and wellbeing needs were monitored and they were supported to organise and attend health appointments as required.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. People had opportunities to be involved with a variety of activities and could choose what to be involved with and were treated with kindness, compassion and respect. People liked the staff who supported them and had developed good relationships with them. People maintained relationships with their families and friends and they were invited to join in activities with them.

Staff listened to people's views about their care and people were able to influence the development of the service. People knew how to complain and concerns were responded to. The provider and manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration with us informed us of information that we needed to know.

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.

Staff knew how to protect people from harm and how to report their concerns. People's risks were assessed and there were individual management plans in place to keep people safe. There were sufficient numbers of suitably recruited staff to meet people's needs. People's prescribed medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training which gave them the skills they needed to care for people effectively. Staff understood how to support people to make decisions and gained their consent before providing support. People were supported to enjoy relaxed and sociable mealtimes. Specialist advice was sought promptly when people needed additional support to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People enjoyed the company of staff and they were kind and polite to them. Staff demonstrated a genuine interest in people and valued their company. Staff recognised people's right to privacy and promoted their dignity. Relatives felt supported by staff and could visit whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and reviewed with people and their relatives to reflect their individual likes and dislikes. Staff understood what was important to people and delivered care which recognised their individuality and respected their preferences. People were supported to spend their time as they wanted. Staff provided a variety of activities for people to take part in with or

without the company of their families. People knew how to raise concerns and were confident that they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were given the opportunity to share their views of the service and told us it was well-led. The provider was monitoring aspects of the service and using the information to improve care when necessary.

Seale Pastures House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 28 April 2016 and was unannounced. The inspection was undertaken by one inspector and an 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. The expert-by-experience at this inspection had experience in the care of people living with dementia.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and other information we held about the provider when we planned the inspection.

We spoke with 12 people who used the service, four relatives, six members of the care staff, and the registered manager. We also spoke with commissioners of the service in Derbyshire and Leicestershire. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records of four people to see if they accurately reflected the care people received. We also looked at two recruitment files and records relating to the management of the home including quality checks.

Is the service safe?

Our findings

People told us they felt safe and one person told us they were happier since they moved into the service. They said, "Before I moved here I had a lot of falls and I couldn't balance and hardly moved so I made the decision to move here. I feel so much safer now. I know now that I am safe here and I have no worries; my family don't worry either." Another person told us, "The staff are very good, they do a good job. They check on me twice at night to see I'm alright too." One relative told us, "It's so nice to know that [person who used the service] is safe and well looked after. I no longer have to worry and their quality of life is so much better. We all definitely made the right choice, choosing this home."

People felt assured that incidents would be responded to appropriately and staff spoke with confidence about the actions they would take if they thought someone was at risk. Staff understood what may constitute abuse and told us they would not hesitate to report concerns and knew they would be listened to. One member of staff told us, "Abuse can sometimes be neglect. When people come and stay here or have respite care, we always make sure the person is well. If we were concerned about anything we would report this."

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw people being supported to transfer from a chair to a wheelchair using equipment to help them stand; the staff were patient and attentive and spoke with people throughout, giving encouragement and advice. One person told us, "I used to fall a lot. There's all this equipment here which means the staff can help me. I haven't had any falls or injuries since I've been here. I had some nasty falls at home and lost my confidence; I feel so much better now the staff look after me and help me to get about." Risk assessments were completed to ensure people were supported safely and we saw that people's care reflected the information in the care records. One member of staff told us, "We have all had the training to use the equipment and because we work so well as a team we check what each other is doing. This makes sure people have the right support and don't get hurt."

People told us there were enough staff working in the service to meet their needs and staff were available when they needed them. There was a member of staff present in the lounge area at all times and we saw that they spoke with people and ensured their welfare. One person told us, "There's always a member of staff around if we need them. We don't have to wait for anything and they are very attentive." We saw that when staff needed to leave the room, they ensured that another member of staff took their place so there was someone available to provide support. One person told us, "There are a couple of call bells around but we don't need them because there's always staff around. At night I have a call bell in my room. I've never used mine but if you hear one go off, people always get support quickly. You'd hear people complain if they weren't answered and I've never heard of any problems."

We saw that people received their prescribed medicines safely and at the correct time. One person told us, "I was asked when I moved here whether I wanted to carry on looking after my own tablets. I was more than happy to let the staff take responsibility as I know they are safe and I'll get them when I should. I know what I have to take and I always get them." We saw staff administering medicines to people at lunch time and they

followed safe practices. Staff had received training in the safe handling and administration of medicines and had their competency assessed. Information was available to identify where people needed 'as required' medicines. One person told us, "The staff ask me if I want my medicine and if I have any pain. It's up to me." There were processes in place to ensure medicines were recorded and stored correctly to protect people from harm.

Recruitment procedures were in place to ensure new staff were safe to work with people who used the service. We spoke with one member of staff who had recently started working in the service. They told us they had to wait for their police checks and references to be completed before they could start working at the service. They said, "The manager made sure I had all the checks completed before I started." This demonstrated that the provider had processes in place to check that staff were of good character and suitable to work with people.

Is the service effective?

Our findings

People felt supported by staff that had the knowledge and skills to provide effective care and support. One person told us, "This is a very good place, I can't grumble. Yes I do like it here." A relative told us, "The staff look after [person who used the service] really well; the staff are lovely." Another relative told us, "We can't fault the staff, they understand [person who used the service] and jolly them along. This is like five star; It never smells a home, it always smells nice, they keep it nice and clean."

The staff told us they were confident they had the skills they needed to support people and enjoyed working in the service. Staff said they had regular support and supervision with the registered manager, where they were able to discuss the need for any extra training and their personal development. One member of staff told us, "We have regular meetings and appraisals with the manager and we can talk about how we are doing and if we need any more training. If there is something we don't understand or need more training, then it's provided."

There was an induction programme for new members of staff which included training and support. One new member of staff told us, "I've been really looked after since I started working here and I've been completing the Care Certificate. If there's something you need help with, then all the staff have been there. I'm really pleased I started working here, everybody really cares about each other." The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

The registered manager and staff stated people who used the service had capacity to make everyday decisions. We saw people were offered choices and staff gained their consent before providing care. We saw that people were asked how they wanted to spend their time and where they wanted to sit. One person told us, "We can sit where we want really. Some people like to sit in the same place and staff respect that but I'm not really bothered." Another person told us, "The staff never assume you want to do something or what you want to eat. They are all very polite and ask what they can do for you. They are all very polite." The staff understood how they should act if they had concerns about a person's capacity. Checks were made through the Court of Protection to determine if arrangements had been made for other people to make decisions on people's behalf if they no longer had capacity. One member of staff told us, "We need to know if people have arrangements in place for them to make future decisions."

People had a choice of meals, and alternatives to the main meal options were offered. The menu choices of the day were displayed on the notice board for people to see and staff had a good understanding of people's specific dietary needs. One person told us, "I don't want the meal at lunch time so I told them that. I'm having a bacon sandwich instead, as this is what I prefer. You can have whatever you like." Another person told us, "It's sometimes the little things that count like having hot milk on your cereal. They always do that for me." We shared a meal with people and we saw that staff supported the small number of people who required additional encouragement during meal times, at their own pace. We spoke with the cook who told us they were provided with information about people's dietary needs and preferences. One relative told us, "What's nice is that [person who used the service] is involved in cooking and baking again. They used to love baking and when I visited the other day, they had made biscuits. It meant a lot when they gave one to me." Drinks were available for people throughout the day and one person told us, "You can have a drink at any time; you only have to ask if the trolley isn't here." A relative told us, "There are always drinks and snacks available. They make lovely cakes. I tried some banana cake the other day it was lovely. I only hear positive things about the food and service here."

People were visited by other healthcare professionals and appropriate and timely referrals had been made when people were unwell or when staff had identified that people were losing weight. One person told us, "I've only been ill here once and the doctor was called that day." Another person told us, "I've been to hospital this week and the staff support me if I need to go or have tests. It's up to me if I want them to stay but it often helps me to remember everything if they are with me." People told us they had their eyes tested in the home. One person told us, "These are my new glasses. There was a good choice and I'm really pleased. It's important for me as I like to do puzzles and read." From care records we saw that staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being.

Is the service caring?

Our findings

The staff respected people's privacy and dignity and we saw staff speaking with people considerately about matters of a personal nature. They also discreetly helped people to maintain their dignity. For example, after supporting one person to move, the staff carefully arranged their clothing so they were well presented and maintained their appearance. When drink or food was spilt on clothing, this was brought to their attention and staff supported people to change their clothes. Everyone we spoke with was complimentary about the staff and the care they provided. One person told us, "I love it here, the staff are very nice, you're not lonely, I'm very happy." Another person told us, "The staff look after me, I'm quite comfortable."

People were treated with kindness and compassion by staff. We heard staff speaking with people in a kind tone of voice and ensured they had eye contact with people who had hearing impairments to gain their attention before speaking to them. It was clear that staff had built up good relationships with people and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided.

Staff recognised the importance of supporting people to remain as independent as possible. One person told us, "The staff never take over. I can still do what I want. I don't want to be a burden or dependant. I still like to do things for myself, you have to keep going." We saw staff checking people were safe as they moved themselves onto chairs. Staff stayed with people and reminded them to feel for the chair arms and seat before sitting but allowed people to do as much as they could for themselves. When people needed to be moved with the assistance of staff, we saw they were offered constant reassurance.

Meal times were a social occasion with people chatting together and with staff. There was talking and laughter between staff and people who used the service and there was a happy and relaxed atmosphere.

People were supported to maintain the relationships that were important to them. Relatives told us they could visit anytime and there were a variety of communal areas where people could spend their time. The provider had built a coffee bar in the service. This area provided families and friends with a private area to visit and make drinks and snacks. One relative told us, "The family are very happy, we can visit when we like and feel welcomed." We saw staff knew family members well and asked people about their welfare and recent events.

People were supported to have a say in how they were cared for. They had access to their care records and people told us they had been involved in planning their care. One person told us, "We talk about my care so I can tell them what I want." The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

People were actively involved in the planning and delivery of their care and support and their views were listened to and acted on by staff. People said the staff asked them how they wanted to be supported when they started using the service. One person told us, "I used to visit my friend here so I already knew it. The manager came to visit me and asked me what I wanted. It was my decision to move here and it was the best thing for me. I wanted to make this decision for me." Information from these discussions was used to develop a detailed support plan, which set out how their specific care and support needs should be met by staff. People consented to us looking at their records with them and we saw they focussed on what was important to people. They included information about their care and welfare and reflected their specific likes, dislikes and preferences for how support should be provided.

People benefited from receiving care from staff who had a good knowledge of the people's needs and preferences and was planned to reflect their likes, dislikes. One person told us, "They know how I like things done and they always do their best for everyone here. When my family visit, they always ask how they are and know what they have been doing. They take a real interest in us all." The care plans contained information about people's past lives including their work, family relationships and what they had enjoyed doing before they came into the home.

The staff were responsive to people's needs and recognised when people's support needs changed. One person told us, "I was unwell recently so I stayed in bed. The staff checked on me throughout the day and made sure I was alright. They were very attentive and it was nice to be looked after." Another person told us, "I used to be able to walk, but I struggle now. The staff know what I can do and now I use the machine to stand. It's safer for me and I don't fall anymore." The staff understood that people may have needed additional support at different times and one member of staff told us, "We review the care plans each month or when anything happens. It's not just about what we write down, we all talk to each other so we know what has changed and what we need to do." One person told us, "We talk about what I want and how everything is. I'm really pleased with the care here. I am happy here."

People were offered opportunities to pursue activities and interests, to socialise together or, if they preferred, spend time alone doing what they enjoyed. We saw people reading and doing word puzzles. One person told us, "I have my magazines ordered and there always a newspaper to read. This is what I like doing." A game of card bingo was played in the afternoon where people matched playing cards. One person told us, "I enjoy this and doing the quizzes." A member of staff told us, "Card bingo is preferable to some people as they can play it independently and it doesn't go on for too long." Social activities were organised for people and family members and recent events included a cheese and wine evening. The service had a minibus and people were able to use this to go to local places of interest. A member of staff told us, "We are really pleased we got the bus. We are a bit out of the way and it's difficult for us to get anywhere so having the bus means we can go wherever we want."

People were able to raise concerns or make a complaint if something was not right. People told us that they would be confident in speaking with the registered manager or a member of staff if they had any concerns

about the support provided. There was information displayed in the reception hall to advise people and their visitors how to raise a concern or complaint. We saw any complaint was addressed promptly and the registered manager told us, "Often It's the little things that bother people and we try and resolve things before it gets to something big."

Is the service well-led?

Our findings

The service had a registered manager and the staff told us that they provided leadership and guidance to enable them to provide good care to people who used the service. A member of staff told us that the registered manager was approachable and told us, "The reason we are all here is because of the manager. We have all worked together for a long time and we share the same commitment to providing a really good service. The thing that makes us good here is that we really do care." Everyone we spoke with told us the home was managed well. One person told us, "The manager doesn't sit all day in the office. She knows us really well and I trust her." A relative told us, "I'm really impressed with this home, the management and staff. We are very happy we found this place." We saw the registered manager and staff's values were based on respect for each other and putting people at the heart of the service.

The registered manager gave clear direction to the staff team and they were complimentary about her management style and felt supported in their job roles. Staff told us they had a good understanding of their role and responsibilities and that they were happy and motivated to provide high quality care. They had opportunities to put forward their suggestions and be involved in the running of the home. The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. One member of staff told us, "We are encouraged to look at how we work, what we could do better on our own and as a team. We all want to keep growing and developing."

Staff had a good understanding of the provider's whistle blowing policy. There was a dedicated whistleblowing telephone service where staff could speak confidentially and gain advice on how to act. One member of staff told us, "The poster is displayed with the number on it and we all know we can call this if we are worried about anything."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the improvements were monitored and reviewed.

Service satisfaction surveys were distributed to people in order to obtain their feedback on the quality of service they received. Surveys had recently been sent to people and were currently being collated for analysis. One person told us, "I had a questionnaire about what I liked here. I shall fill this in and tell them what I tell them personally; I couldn't be happier." The registered manager explained how results of the survey would be displayed in the entrance hall and fed back to people in residents meetings. The registered manager told us, "It's important to us all that we get it right. We want to do well and for people to get the support they want and deserve."

The provider and manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.