

Akari Care Limited

Wellburn House

Inspection report

Wellburn Road
Fairfield
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TS19 7PP

Tel: 01642647400

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22 January 2019

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05 February 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Wellburn House is a residential care home that provides accommodation and personal care for up to 90 older people and people living with dementia, at the time of the inspection there were 31 people using the service.

People's experience of using this service:

Improvements had been made since the last inspection in June 2018. People and relatives told us that the changes had improved the service.

A new manager had been appointed and they had worked to recruit, coach and develop the staff team. This led to a motivated group of staff who were committed in providing care that was person centred.

Medicines were now managed safely. The manager and staff team worked together to support people to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the manager was keen to make changes that would impact positively on people's lives.

Staff were well trained and skilled and used this training to effectively support people to promote independence and choice. The dining experience had improved, and people were happy with the food provided.

The values of the organisation of offering choice and respect were embedded.

Care plans were person centred, reviewed and contained up to date information. Activities were taking place all day, and these were either group activities or one to one activities. Complaints were now fully investigated with an outcome provided to the complainant and lessons learned to improve the service.

The management team now had an effective system of audits in place which identified and addressed any concerns that were found.

Rating at last inspection:

The rating at the last inspection was requires improvement and inadequate in well led. The report was published 9 October 2018.

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

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?

Requires Improvement ●

The service was becoming well-led.

Details are in our Well-led findings below.

Wellburn House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspection manager, one adult social care inspector, one pharmacy inspector, one assistant 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.

Service and service type:

Wellburn House is a care home. People in care homes receive accommodation and nursing or personal care under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager who was in the process of becoming registered with the CQC. This means that they, when registered, 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:

The inspection took place on 22 January 2019 and was unannounced. This meant the provider did not know we would be visiting.

What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. This included information we asked the provider to submit to the CQC monthly. These included, audits, and evidence of staff training. we sought feedback from the local authority and professionals who work with the service.

The provider had 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. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report. We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

During the inspection: We spoke with eight people who used the service, two relatives and one visiting healthcare professional. We also spoke to the manager, the area manager, the administrator, the cook, laundry staff, two enrichment leads (activity coordinators) and eight care staff.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At the last inspection in June 2018 the provider breached regulations relating to safe care and treatment. During this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Risk assessments were now reviewed monthly. All risk assessments looked at were up to date, included accurate information and reflected people's current needs.
- Fire drills took place regularly for both day and night staff. A full action plan to address each fire drill was in place and where any poor responses were recognised this was followed up immediately.
- A fire alarm test was conducted on the day of the inspection. We observed appointed staff checked that all fire doors closed when the fire alarm sounded, and any abnormalities were reported to maintenance.
- People we spoke with said they felt safe. Comments included, "I have always felt safe here", "I feel safe because they look after me very well" and "I feel safe because there is nothing wrong here."

Using medicines safely

At the last inspection in June 2018 the provider breached regulations relating to safe care and treatment. During this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- We looked at the systems in place for medicines management and found they kept people safe.
- We found medication risk assessments and care plans were extensive and thorough to guide staff.
- Stock reconciliation we looked at were all correct showing medicines were being administered as prescribed.
- Records for patches were in place but staff had not always followed manufacturers guidelines around patch rotation. For example, a patch had been applied to the same site of skin despite manufacturers guidance stating this required not to be on the same patch of skin within 14 days. The manager corrected this immediately.
- Topical medicines were well managed and body maps to highlight where a topical cream/ointment should be applied were all up to date.

Staffing and recruitment

At the last inspection in June 2018 we made a recommendation about how the service deployed staff to ensure people were not kept waiting for assistance.

- We saw the amount of staff on duty had increased since the last inspection. This had a positive impact on the support people received.
- When people needed assistance, this was provided immediately.
- Staff had time to sit and talk to people.
- Staff had been recruited in advance of the service building their occupancy. The area manager said, "I want to make sure we have the best staff, all trained ready, I don't want to use agency staff at all. The staff are going through induction and training and working at our sister homes to gain experience."
- People we spoke with said there were enough staff on duty at all times. Comments included, "There are more staff now", "Staff are around all the time" and "Staff have time to come and see me."

Preventing and controlling infection

- Staff followed good infection control practices and used person protective equipment (PPE) to help prevent the spread of healthcare related infections.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse.
- Staff continued to receive training in safeguarding and equality and diversity. They had a good understanding of what constituted abuse and discrimination and what action to take if they suspected people were being harmed in any way.

Learning lessons when things go wrong

- The provider carried out regular monitoring of accidents, incidents, complaints and issues raised by staff and people who use the service and their relatives. We saw that these had been evaluated to see if there were any ongoing trends and what learning opportunities there were to reduce reoccurrences.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection in June 2018 the provider breached regulations relating to staff training. During this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal.
- The manager had good systems to understand which staff needed their training to be refreshed and who required supervision.
- New staff received an induction that included shadowing more experienced staff and now included the completion of the Care Certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

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

- People had their needs assessed prior to admission. During this assessment people's wishes and preferences were documented, along with any allergies, concerns with mobility, continence and skin care for example.
- Once a person came to live at Wellburn House a further assessment took place. This included daily routines, such as preferred time to get up in the morning or go to bed at night.

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

- People were supported to have a balanced diet, with a variety of food choices offered on the menu. There was also a drinks menu to give people more choice.
- People experienced a good meal experience. There were condiments, table cloths, placemats, flowers, candles (battery operated) and napkins on the tables.
- People living with dementia, were offered a choice of dishes via staff showing two plates so they could also see what they wanted to eat. Drinks, which were topped up when emptied. One relative we spoke with said, "My [named person] had their breakfast, then forgot and had another, the staff don't mind, one day they had three breakfasts."
- Staff were attentive to people and offered choice, starting with where the person wanted to sit. We saw one person was not sure where they wanted to sit and tried out several options before deciding. The staff

member showed extreme patience and support, they made sure the person was happy and comfortable with their decision before leaving them. One person preferred to eat their meal in the corridor and we saw this was no problem.

- People were happy with the food provided. Comments included, "It is all fine, I have no grumbles", "The food is very good" and "The food is fine, if you don't like it they will try and find something you do like."
- Kitchen staff were aware of people with special dietary requirements and the service had processes in place to inform and update catering staff about these. These were recorded in the kitchen should anyone else need to prepare food for people who used the service.
- Although there was currently no one with food allergies being supported, the kitchen had in place an 'allergy preparation' area should any new admissions have an allergy to a food product.
- All cleaning and temperatures audits were in place. The kitchen appeared clean and functional and all food stored was kept in both the appropriate place and at the appropriate temperature.
- One staff member proudly showed us the tea trolley which went round to people. The trolley had a tiered cake stand on, a range of biscuits, fruit platter, fortified mousse, yoghurts and crisps. It also offered juices, fortified milkshakes, and hot drinks. On an evening hot chocolate and Ovaltine was available for people who used the service. Snack stations were also available for people to help themselves to biscuits, crisps, sweets and juices. One relative we spoke with said, "The food is really improving, they now have a snack trolley with cakes, biscuits, drinks, crisps and fruit, this is twice a day or anytime if requested. I don't have to bring snacks in anymore as they get enough here."
- The Malnutrition Universal Screening Tool (MUST) was used to record people's weights if they were at risk of weight loss. The MUST tool is used to establish nutritional risk. Daily notes did not always record people's fluid targets. The manager told us they had contacted the GP to try and get accurate assessment and figures for each person requiring their fluid intake, once they had this information they would begin recorded fluid targets.

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

- The service made timely referrals for people and staff were intuitive in recognising when people showed signs of discomfort or change.
- People had received support to maintain their health with regular access to GP's, dentists and other services.
- Professionals were asked to write their comments in the back of the person's care plan so that relevant information was passed to care staff accurately in a timely manner.
- A visiting healthcare professional said, "We contacted the service and they have been very obliging. The person we came to visit was not able to give me any history or background, but the staff have joined me and have been very helpful, so we can do the assessment."

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

- Pictorial signage was used around the building so that people who used the service were able to identify rooms easily.
- There was a menu board in the style of a clock which used images to identify which foods would be served at certain times of the day.
- We could see that decorations had begun downstairs to make the service more appropriate for people with dementia, with coloured and themed corridors so that people were able to identify the area they were in, as well as toilet seats and hand rails being a distinct and darker colour from the rest of the room. The service had a refurbishment plan and all people's rooms were to be decorated.
- People were happy with their rooms. One person said, "I like my room, it is lovely. I have a key to my room

too."

- One person commented how impressed they were with the new handyman and how quickly and efficiently they see to things.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives.
- Where required appropriate applications had been made to deprive people of the liberty within the law.

Is the service caring?

Our findings

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

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

At the last inspection in June 2018 we found the provider was not creating a caring culture, staff were not supported, and care records did not contain relevant and accurate information. During this inspection we found improvements had been made.

Ensuring people are well treated and supported; equality and diversity

- We observed staff treated people with kindness and respect at all times. One relative we spoke with said, "The staff are absolutely lovely without exception." Another relative said, "Staff are wonderful, very affectionate, respectful, caring and very much towards dignity, I am grateful for that."
- We heard staff laughing, joking and dancing with people throughout the day.
- During care such as moving and handling, we observed staff talking people through manoeuvres and ensuring that people were comfortable and free from distress at all times.
- Staff were patient and with people who showed behaviours that challenged and took time to talk to them and ensured they remained calm.
- We saw that people from local churches attended the home regularly.
- Only one person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

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

- Staff supported people to make decisions about their care and knew the people they cared for very well. One person said, "If you ask staff to do anything, they do it."
- We observed staff spent time listening and talking to people.
- People were involved in regular meetings about the service. The manager had planned meetings to be held monthly. One person we spoke with said, "I have attended the meetings, you can voice your concerns and have an input."
- The service had adopted the resident of the day. This involved one person having their care plan updated, room deep cleaned, all staff, including laundry and the cook, talking to the person to discuss their care, wishes and preferences and a courtesy phone call to the person's relatives to discuss any changes or to let them know how the person was.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said they were encouraged to remain as independent as possible. One person said,

"I am independent, they (staff) let me get on with it. They help when I need it. It might take me a while longer, but I do it myself."

- We observed staff engaged with people in a dignified way. Private conversations and care were conducted in people's rooms with the doors closed and we observed staff knocked before entering people's rooms.
- People we spoke with said, "Staff respect my dignity, they always ask permission", "Staff knock on my door, but I like to keep it open at night" and "Staff keep an eye on me, make sure I am okay." A relative we spoke with said, "My [named person] sets out their clothes for the next day and they get themselves dressed, staff will encourage and support if needed."

Is the service responsive?

Our findings

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

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

At the last inspection in June 2018 we found care plans lacked person-centred detail, the activities programme needed improving, not all complaints were logged, and end of life care plans had not been reviewed.

We found that the provider had made improvements to all these areas.

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

- Care plans were comprehensive and personalised and had been developed to cover a range of areas and care needs including; mobility, nutrition and leisure.
- Reviews took place monthly or more often if required.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported. Staff could explain where and how this support should be provided.
- The support people received was individual to their needs and was delivered in a person-centred way.
- People could pursue social and leisure interests. The service employed two 'enrichment leads' who arranged group and one to one activities throughout the day. Peoples comments included, "I sometimes join in [activities] or go to concerts", "I like to sit in the garden and do plants" and "My favourite activity is baking, we bake cakes and scones, I am getting fat."
- On the day of inspection, we saw one enrichment lead spent time with one person in their room, watched a television programme and discussed the plot. We also saw a group craft class, music and dancing with balloons, balloon tennis and chair exercises taking place.

Improving care quality in response to complaints or concerns

- We saw that under the new management complaints were investigated thoroughly and aimed to find positive outcomes.
- We saw a particularly complex complaint which had been addressed and investigated thoroughly by the manager, and when requested so by a relative was escalated and investigated through the correct procedures.
- One person we spoke with said they had made a complaint and it had been dealt with very well.
- The service displayed the complaints procedure in communal areas.

End of life care and support

- At the time of our inspection nobody was in receipt of end of life care.
- Advanced care planning was in place and for people who did not wish to be resuscitated in the event of

their heart stopping, documents known as 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were on file with end of life care plans in place, which meant information was available to inform staff of people's wishes at this important time ensuring their final wishes were respected.

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

Service management and leadership was becoming consistent. Leaders and the culture they created were starting to support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection in June 2018 the provider breached regulations relating to good governance. During this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The provider and manager demonstrated a commitment to ensuring the service was safe and high quality. Changes had been made to systems and processes to ensure the service was safe, effective, caring, responsive and well led to a good standard. For example, maintenance of the safety of the environment and records had improved, the management of medicines had improved, and staff were now deployed more effectively.
- Regular checks were completed by the staff, manager and provider to make sure people were safe and that they were happy with the service they received.
- The manager was passionate about the service they provided and was clear about their responsibilities to provide good quality and personalised care to people.
- The manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or the CQC as required by law.
- All the feedback received was used to continuously improve the service.
- People and their relatives were complimentary about the new manager. One person said, "[Managers name] is the best manager of any I knew here." Relatives comments included, "The manager is very approachable and good at team building", "Seems to be well respected and ambitious for the care home" and "Wants the home to be everything it could be, they are practical not just cosmetic."
- Staff we spoke with also stated there had been a big improvement since the new manager came. Comments included, "[Managers name] is really good", "There is now lots of training and support" and "With the new manager it is now a happier place."

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

- People's needs were assessed and monitored, and their rights protected.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.

- The registered manager understood their responsibility under the duty of candour that is to be open and honest and take responsibility when things go wrong.

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

- Regular staff meetings were starting to take place and booked in to take place monthly.
- Staff felt listened to and included.
- Staff were respected, supported and valued. They were positive and enthusiastic about working for the service. Comments included, "You can't be in this job for the money, we are in it because our heart is in it", "We have good team work and we take the pressure off each other" and "Staffing has improved under the new manager and a better atmosphere."

Working in partnership with others

- We saw evidence to show the service worked with the local community.
- Students from two schools came to interact with people as well as singing songs and playing musical instruments.
- A local organisation visited every Tuesday with a petting dog.