

Akari Care Limited Westerleigh

Inspection report

Scott Street
Stanley
County Durham
DH9 8AD
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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 

Overall summary

We inspected this service on 29 and 30 January 2015 and it was unannounced.

The service is registered to provide accommodation and personal care for up to 55 people. The home is set in its own grounds with private gardens. Set over three floors, the lower ground floor is used to accommodate people who suffer from dementia.

The home is based in the Stanley area of County Durham, close to local shops and amenities.

At the time of our last inspection there we found concerns relating to the storage, administration and disposal of medicines. We saw during this inspection improvements had been made and there were no breaches of the legal requirements.

At the time of the inspection there was a manager in post but they had not been registered with Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Care plans and risk assessments were completed with people who used the service and contained information which gave staff details about the level of assistance people required.

Robust recruitment and selection processes were in place and pre-employment checks had been carried out to ensure people who used the service were cared for safely.

The service had an appropriate medications policy in place and staff had been trained on the correct way to administer, store and dispose of medicines. There were body maps in place and these showed staff where creams and lotions should be applied.

Staff working in the home received regular supervisions and comprehensive records of discussions were held in personnel files. Additional supervisions were carried out if there was a concern about their ability to carry out a particular task.

People who used the service received care and support that was person centred and individual to their needs.

There was a formal complaints procedure in place and people who used the service were given information on how to raise a complaint if they wished. All complaints received were forwarded to the Akari Care head office for review as well as being dealt with by the manager of the service.

Advocacy services were available and information was displayed on a notice board for people to view.

There was a quality assurance system in place which was used to ensure people received the best care possible.

Summary of findings

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 safe.

Staff we spoke with had a good understanding of how to recognise and report any concerns of abuse.

All medicines were stored, administered and disposed of safely with regular checks being made to ensure stock was accurate.

Staff were trained in infection control and appropriate personal protective equipment being used.

Good



Is the service effective?

The service was effective.

Staff received appropriate training to ensure they had the skills and knowledge to provide effective care to people.

The peripatetic manager and staff had received training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Information about advocacy services was displayed in the service and people were supported to use these if required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were caring and respected their privacy and dignity.

People who used the service, their family or representatives, were involved in decisions about their care and support needs.

Regular meetings were held with people who used the service and staff employed to support them.

Good



Is the service responsive?

The service was responsive.

People who used the service were referred to other healthcare providers when there were changes to their health.

An activities co-ordinator was employed in the service and people were able to decide what they wanted to do to pass the time.

There was a complaints procedure in place and information on how to make a complaint was provided to people who used the service.

Good



Is the service well-led?

The service was well-led.

The service had clear values and a positive but professional environment.

Good



Summary of findings

There was an open door policy in the home meaning people were able to talk to the manager or another member of staff when they wished.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care.

Westerleigh

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 took place on 29 and 30 January 2015 and was unannounced. This means the provider and staff did not know we would be coming.

The inspection team consisted of two Adult Social Care inspectors, one who specialised in dementia care and a specialist advisor who was a qualified nurse with experience in caring for people with mental health problems, dementia and the elderly.

Before the inspection we reviewed information we held about the service and the service provider.

This included reviewing statutory notifications submitted by the service, information from staff, members of the public and other professionals who visited the home as well as information from the local authority.

During our inspection we spoke with five of the people who used the service and seven members of staff. We reviewed records that were part of the provider's quality assurance tool, tracked the cases of five people who used the service and looked at the files of four of the staff employed to work in the home.

For this inspection, the provider was not asked to complete 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 spoke with the manager about planned improvements as part of the inspection.

Is the service safe?

Our findings

People who lived in the home told us they felt safe and were happy that the people who cared for them were appropriately trained to carry out their roles. One person told us, “They [staff] treat me very well”, another person told us, “The staff are very good.”

We spent time looking at the policies and procedures the provider had in place in relation to abuse and safeguarding of vulnerable adults. We found there was clear guidance in place which gave staff information on the different types of abuse and how to raise concerns. We looked at the personnel files of four staff working in the home and found they had all received training in safeguarding of vulnerable adults. We spoke with staff about safeguarding and abuse. Staff were able to identify different types of abuse and were confident about their role in reporting concerns. This meant people were protected from the risks of abuse because staff had been trained to recognise the signs of potential abuse.

We spoke with the manager about the recruitment process. We were told, people who wanted to work in the home were required to complete an application form and give the names of two people that could be used as referees. In addition potential staff were also required to take part in an employment interview enabling the manager to meet them and discuss their qualifications and experience. We saw staff had been asked to provide identification to enable a Disclosure and Barring Service (DBS) check to be completed. DBS checks are carried out to help employers ensure that people working for them are not prohibited from working with vulnerable people.

We looked at the staffing levels in the service. We found the manager used a dependency tool to work out the number of staff needed to accommodate the needs of the people living in the home. We found the staffing levels throughout the day to be appropriate for the needs of the people living in the home at the time of our inspection. Throughout the night staffing levels were adjusted and we found there was five staff on duty with one person working on the dementia floor and two on the other floors. We asked the manager about how the person on the dementia floor could summon help if it was needed and we were informed there was a call system in place which made an audible noise throughout the home and meant staff on other floors were aware that assistance was needed. We found that due to

the lone working arrangement on the lower ground floor of the home there was a higher than normal risk to both staff and the people using the service. We discussed the staffing levels for the lower ground floor with the manager who told us she would carry out a risk assessment and review.

We looked at the care plans of five people who used the service. We found care plans included risk assessments which related to potential hazards to people who used the service. Where risk assessments had been completed we saw the potential hazard had been clearly identified and details were recorded on how this could be managed to ensure people were kept safe whilst maintaining their independence. For example one person was at risk of falling from bed at night but bed rails were not appropriate and therefore a suitable alternative was sought. The manager carried out an assessment for a crash pad and a corresponding risk assessment was completed. This meant people who used the service were protected from the risks of accidental injury because appropriate risk assessments had been carried out.

During our last inspection we found the service was failing to meet the required standards relating to the storage, administration and disposal of medicines. As part of this inspection we again looked at these arrangements and found there had been significant improvements. We found there was clear guidance for staff who administered medicines on how this should be carried out and how to complete the appropriate documentation correctly. We also saw found the provider had a policy in place for the use of homely and ‘when required’ medicines. We found the service was using a new pharmacy to supply medicines to the home and staff that were responsible for administering medicines had been trained on how to use the pharmacy system. We saw medicines were stored correctly with the date creams and liquids were opened recorded on them. We found body charts were completed for topical medicines giving staff clear direction of where they should be applied. We saw controlled drugs were stored in a locked cupboard in the treatment rooms that were situated on the ground and first floors. We saw stock checks of controlled drugs and Medication Administration Records (MARs) checks were completed at the end of every shift and staff signed to they had completed checks and had handed the keys to the person in charge of the next shift.

Is the service safe?

We saw MARs for people who used the service were completed accurately with codes showing when medicines hadn't been given, for example when people were asleep or refused to take it. We also found medicines that were only taken when required, like pain relieving medicines, had been recorded on the back of the MAR to show the reason they were not given. This meant there was a clear record of all medicines used in the home.

Some people needed patches that are applied to the skin. These patches are left for different amounts of time and are usually used in place of pain relieving medicines. We saw when people had patches put on, staff signed and dated on the patch to show when it had been administered. In addition to this a body map was completed to show where the patch had been applied.

We found the provider had a whistleblowing policy in place which meant staff were able to raise concerns about others employed in the service without fear of persecution or reprisals. We asked staff if they were aware of the whistleblowing policy and if they felt able to raise concerns with the manager. Staff told us they knew of the policy and

were happy they could speak to the manager if they were worried about something they had witnessed or heard. We saw evidence of this practice being carried out and also of the investigation process following allegations.

We spent time looking around the service and found it was clean and tidy with no bad odours. We looked at the communal bathrooms, en-suite bathrooms and toilets and found they were equipped with liquid soap and paper towels. We saw domestic staff carried out daily cleaning duties with additional cleaning tasks like cleaning of stand aids and wheelchairs being carried out by care staff.

Staff employed in the home were provided with personal protective equipment (PPE) which was used when carrying out specific tasks around the home. This included cleaning duties, laundry duties and assisting people with personal care. Throughout our inspection we witnessed staff using PPE at appropriate times and saw it was removed before carrying out other tasks. This meant people were protected from the spread of infection because the provider had taken steps to minimise the risk.

Is the service effective?

Our findings

Staff employed in the home told us they had been through an extensive period of change but were now settled and felt happy and supported in their roles. One person told us, "Lots of changes but we needed to change." Another person told us, "[The manager] is brilliant." Staff also told us they felt the manager placed higher priority on training and staff development and they had received training in several areas over recent months.

We found staff had received mandatory training in areas like infection control, moving and handling and fire safety and saw there was an ongoing training programme in place with training already booked for first aid, safeguarding and food hygiene. We also saw training had been booked for more specialised areas like restrictive practice, nutrition and food allergies and staff were encouraged to work towards National Vocational Qualifications (NVQ) in Health and Social Care. This meant people who used the service were cared for by staff who were properly trained to carry out their roles effectively.

Staff working in the service received supervisions and appraisals of their work. These meetings were used to evaluate people's work and their understanding of their roles. Staff supervisions covered both observation of practice and education and gave the manager the opportunity to discuss any areas of improvement. We saw extra supervisions were carried out where improvements were required or where errors had been made. We looked at the personnel files of four members of staff. We found files contained evidence of supervisions being carried out regularly. Supervision discussions were recorded and the notes from these discussions were kept in the staff file allowing the manager to review previous supervisions and any agreed actions.

We looked at the care records of five people who used the service. We saw care plans had been written in a way that gave staff knowledge of the people they were caring for. We saw information recorded about whether people preferred a bath or shower, and where they preferred to eat their meals. We also saw that one lady had stated a preference to wear skirts rather than trousers. This meant people were cared for in a way they preferred.

We saw some people who used the service had made a decision to have a Do Not Attempt Cardio Pulmonary

Resuscitation (DNACPR). This is a form that is used for people who have decided, if they stopped breathing, they did not want anyone attempting to revive them. Where people did not have the ability to make decisions about their health we saw decisions in relation to DNACPR had been made by medical professionals, like GPs or Nurses and people who knew them well, like family members. Where these forms had been completed they were kept in the front of people's care plans meaning they were easy for members of staff to locate in an emergency.

We saw people who used the service were involved in the planning of their care. We found care plans had signatures of people who used the service, or where people were unable to make decisions about their care, we saw consent was obtained from people who knew them well. For example family members or friends. During our inspection we also saw staff asking people if they would like help with their day to day activities and obtaining verbal consent. For example we saw one care worker asking, "Shall I help you walk to the dining room?" This meant people who used the service were given the choice about accepting help.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We spoke with the manager about MCA and DoLS. The manager told us staff had received training in these areas and was confident staff were aware of people's rights. The manager was also aware of her responsibilities and confirmed that relevant DoLS applications had been submitted to the local authority.

Some of the people who used the service had been diagnosed as suffering from dementia. We found Mini Mental State Assessments had been carried out in order to initially assess their mental capacity and where appropriate more detailed mental capacity assessments had been completed to gain a clearer understanding of what people were able to make decisions about.

The service had a four week menu plan in place which gave people mealtime choices that were healthy and nutritious. Some of the people who used the service had special dietary needs due to food allergies, medical conditions or the ability to chew and swallow, for example diabetes or dairy allergies. We saw care plans contained information

Is the service effective?

about people's dietary needs and this information had been passed to the kitchen to enable them to produce appropriate meal options. We found the menus used were kept in the kitchen and any potential allergens were recorded to prevent the risks of people becoming ill. Meals were further adapted for people who had difficulty swallowing or there were concerns with weight. Pureed and fortified meals were produced and provided to ensure people were able to eat a suitable diet and maintain a healthy weight.

We spent time observing staff and people who used the service during meal times. We found people were helped to their tables and were offered a choice of hot and cold drinks as well as a choice of meals. Staff helped people who needed assistance, encouraging them to eat their meals but giving the time they needed to enjoy their food.

The service had introduced a handover sheet which was completed at the change of shift. The handover sheet gave details of staff on duty for each shift, details of any appointments where people who used the service may need to be escorted, details relating to visits by GPs, district

nurses or other healthcare professionals and any medicine or prescription queries. This meant staff starting their shift were given all the necessary information required to help them care for people using the service.

We saw evidence that people who used the service were helped to access care from other healthcare professionals like opticians, podiatrists and dentists because arrangements had been made for these professionals to visit the service. We found that where there were concerns about people's health or wellbeing referrals had been made to relevant experts. For example we saw one person who used the service had said they would rather have a cigarette than food and had also been noted to have gained weight, therefore a referral was made to the dietetics service. This meant people's wider healthcare needs were considered.

We saw the lower ground floor had been decorated with wall hangings that had been made to give sensory stimulation, in addition we found sensory boxes had been attached to the walls in the corridor and different items had been placed in them that people could take the items out and use them. We also found an area had been decorated in a seaside theme with seating and props like fishing nets, beach balls, sea creatures and postcards.

Is the service caring?

Our findings

We spoke with five people who used the service about the staff who supported them. One person told us, “They’re good as gold them girls” and another told us, “They work very hard, they [staff] are very helpful.”

We saw there were nine ‘Core Values of Care’ identified for the service, including, fulfilment, equality, respect and independence and key objectives were identified which directly related to these values

We spent time observing staff and how they interacted with people who used the service. We saw staff behaved in a caring yet professional manner. We heard conversations being held between people who used the service and staff were engaging and often humorous, helping create a calm and relaxing feel. We found staff working on the lower ground floor of the service had varying levels of knowledge and experience. On the first day of our inspection we found some of the staff had some trouble engaging with people and the atmosphere was quiet and under stimulating. However, on the second day we found staff were more able to deal with the complexities of dementia and saw people who used the service were fully engaged in activities that were stimulating and the atmosphere was both happy and interesting. At the time of the inspection the service did not have a dementia champion and we have suggested to the manager that it may be beneficial to the service if this was considered.

Staff had received training in privacy, dignity and human rights. We saw staff assisting people with activities in a kind and sensitive manner. We saw staff knocked on doors before entering people’s rooms and where they were helping with people’s care we saw doors and curtains were closed. We saw people were assisted by staff in a caring and unhurried manner. All these things meant people’s privacy and dignity were protected.

We looked at the care records of five people who used the service. We found care records to be detailed with information about people’s individual care needs, medical conditions and personal preferences.

We saw people who used the service had access to advocacy services. These services were advertised in the entrance of the service and were independent to the service. Some of the people who used the service had advocates in place and this was reflected in care plans. For example one person had an independent advocate assisting with financial matters.

We found the service actively sought help and advice where needed and saw evidence that where advice or recommendations were given this was followed appropriately and in line with the guidance given. For example we saw one person had been referred to see a specialist about behaviours that were being displayed. We found that due to this referral recommendations were made about methods staff could use to reduce this behaviour, in addition to this a medicine was prescribed that could be used if staff had difficulty dealing with displayed behaviour. On reading the care plan relating to this person we found that staff had successfully managed the behaviour and the medicine had not been required for more than twelve months.

Care plans contained information about advanced decisions they had made about relating to their end of life care and funeral arrangements. We saw some people had made a decision about whether they wanted resuscitation attempted, whether they wanted to stay in the service until the time of their death or if they preferred to be moved to hospital. We also saw there was information about people’s preferred place of interment and whether they wished to be buried or cremated. At the time of our inspection there were two people in the service who were receiving end of life care. We looked at the care plan of one of these people and found they had made an advance decision about their end of life care, and we found all the decisions made had been followed. We spoke with the manager about the arrangements for family and were told that the family were able to visit at any time.

Is the service responsive?

Our findings

People who lived at Westerleigh received care and support that was responsive to their individual needs. One of the people who used the service told us, “I told them I didn’t feel to good so they got me a doctor.”

Where possible, before people were admitted to the home, an assessment of needs was carried out to establish the level of care people needed. The assessment gave people the opportunity to say what they wanted help with and the amount of help they needed.

Care plans were written with areas like mobility, personal care and food and nutrition and were regularly reviewed to ensure people’s changing needs were considered. We saw evidence of changes being implemented as people’s individual needs changed. We also saw that care plans had been created and agreed with people who used the service. One person told us, “Oh yes, they went through the care with me.”

On looking at care plans and risk assessments we saw they were usually reviewed monthly, however if people’s needs changed reviews were carried out earlier. We saw changes had been made to people’s care due to changes in health or abilities. We saw evidence of medication being changed, the level of assistance being provided and people moving to alternative rooms as their needs changed. We found one person, whose health had deteriorated, had a fluid chart put in place in order to monitor how much they were drinking and also what the fluid output was. This enabled staff to ensure they did not suffer from dehydration. In addition we found, because the person was unable to move from their bed, a new care plan had been put in place to monitor their skin integrity. As part of this care plan a special mattress to help prevent pressure areas and instructions given for staff to help the person change position every two hours. A positional chart had been started so staff were able to record the time the person was moved and also the position they were moved to.

We saw evidence that health professionals were contacted if there were concerns about people’s health. We saw, following a call from the service, a GP visited one person and the district nurse visited another. This meant the service responded to people’s needs and protected their wider healthcare needs.

We found people were protected from the risks of harm because systems had been put in place to minimise risks. We saw there were keypads on exits from the lower ground floor where people with advanced dementia lived. We also saw visitors to the service had to press a buzzer before they could gain access to the building and a keypad was used to exit the service. This meant people who used the service were protected from potential harm because steps had been taken to prevent strangers gaining entry.

As part of people’s care assessments potential risks were discussed to identify individual areas of concern and how people could be supported to maintain their freedom and independence. Risk assessments were proportionate and centred around the needs of the person, reviewed in line with care plans and where appropriate with other health care professionals.

We saw there was a complaints policy in place which was displayed on notice boards throughout the service. We looked at the complaints file that was held and saw complaints received were recorded in the file and an acknowledgement letter was sent to the complainant. Records were kept of all investigations carried out in relation to the complaint and the findings recorded. Following investigations a letter of response was issued. We were told by the manager that all complaints were forwarded to the providers head office where a record was kept which could be used for analysis. We saw where complaints had been made the service manager used complaints as a basis for making necessary changes.

In addition we found relative and service user meetings were held so people have an opportunity to discuss issues that could affect all people who used the service or offer suggestions for change. We saw evidence that people’s suggestions had been listened to and changes made in response to these. Furthermore people who used the service and their relatives or friends were asked for surveys to be completed where they were able to give their opinion on the care and service provided. This allowed the manager to analyse responses and provide feedback. All these things showed the service responded to people’s needs and requests for change.

People who used the service were encouraged to take personal property with them when they moved in. This included furniture, ornaments and electrical equipment like TVs or CD players. People who used the service were encouraged to participate in a range of activities, including

Is the service responsive?

sing-a-longs, arts and armchair exercise. There was also a garden area with raised beds so people could spend time outside if they wanted. People told us they had a choice

about things they wanted to do, this included taking part in activities or spending time in their private rooms. One person told us, "I like to sit and read", and another told us they liked sitting listening to music.

Is the service well-led?

Our findings

People who used the service and the staff employed there said there had been big improvements and they were happy with the manager. One person told us, “Things have changed for the good” and another told us, “Supportive staff and management now”.

At the time of our inspection there was no registered manager however there was a peripatetic manager in place who was in the process of registering with the Care Quality Commission.

The provider had a quality assurance system in place which was used to ensure the service provided the best care possible. We found portable appliance testing, fire safety checks and testing and maintenance of medical equipment had all been carried out in the service.

We saw the manager had introduced a number of new measures and these included the completion of regular audits looking at areas medicines, accidents and infection control. Areas which required improvement were highlighted on the audit and were raised during staff meetings.

The Regional Manager of Akari Care visited the service every month and carried out a Quality Monitoring inspection. This looked at any regulatory visits that had taken place during the month, people’s views about the service, observations of care, staffing levels, training,

performance and conduct and the environment, as well as other areas. The findings of the inspection were recorded and a report was formulated detailing areas where things were done well or where improvements were required.

Regular meetings were carried out giving staff and people who used the service the opportunity to discuss the service and make suggestions about any changes or improvements. We saw meals were a regular item on the agenda for people who used the service, and saw changes had been made to menus to take account of these requests. The manager showed us the planned meetings for the coming six months which had already been scheduled.

We found comments cards and surveys were also used to gain people’s opinions of the service. Surveys were given to people who used the service, their family and friends, staff and other professional health workers. Results of surveys were collated and displayed on notice boards.

The manager had an open door policy and also spent time walking around the service ensuring people had the opportunity to discuss things in a way in which they felt comfortable.

We compared notifications submitted to the Care Quality Commission with the accidents and incidents log and found all relevant statutory notifications had been completed and submitted and any safeguarding concerns had been referred to the local safeguarding authority. All these things meant the provider was taking steps to ensure people received good care and lived in a service that was maintained to a good quality.