

# Akari Care Limited Westerleigh

## Inspection report

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Date of inspection visit:

27 April 2023

10 May 2023

12 May 2023

16 May 2023

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14 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Westerleigh is a residential care home providing personal care for up to 55 people who are mainly aged 65 and over. At the time of the inspection the service were supporting 50 people. The service is arranged over three floors and supports people with a range of conditions including those living with dementia.

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

Since 2021 the service has had difficulties around ensuring medicine management was effective and safe. The senior management team were now proactively addressing the issues.

People felt safe. In conversation staff understood people's needs and how to manage any presenting risks. Many of the risk assessments on the electronic care records had not been completed. Those in place, needed to be accurate and more detailed, which the management team alongside staff were working to do.

Albeit the provider had a dependency tool in place, which determined how staff numbers were needed, factored in the layout of the building and minimum staffing levels this had not been used consistently. This had led to variations in staffing levels across shifts. The management team undertook to resolve this matter.

Due to the challenges of the pandemic and staffing crisis in social care there had been a high turnover of staff and increase in sickness levels, which was mitigated via the use of agency staff. The provider was actively seeking to fill vacancies and reduce their reliance on agency staff.

Staff had training on how to recognise and report abuse and they knew how to apply it. However, at times it was unclear from the records whether all incidents had been reported to appropriate authorities or if staff always recognised the need to record and report incidents. The management team were in the process of reviewing records and have discussions with staff to check whether alerts had been raised when needed.

The management team understood how closely monitored accidents and incidents to understand trends, then determine what action could be taken to reduce potential risks. This at present was impaired by the fact staff were not completing the electronic incident analysis and lesson learnt tools.

Staff did not feel confident when applying the Mental Capacity Act 2005 and associated code of practice to their practice. The management team were providing additional training.

Systems were in place to ensure checks were carried out on the environment and staff knew how to keep people safe. The management team were in the process of ensuring all staff completed simulated evacuations and undertook regular fire drills.

People and their relatives spoke positively about the care they received from the service and the staff. They told us the staff were extremely supportive and very caring. We observed staff to be very empathetic, caring

and worked tirelessly to meet people's needs.

We found recruitment practices were meeting requirements.

The provider had been very responsive when the recent concerns had been identified by the latest manager. They recognised the need to work with staff to develop their practices. The provider had deployed a full range of resources and were giving the team time to make the necessary changes. They were completing regular audits, which were robust and a honest reflection of the service. They had completed a development plan and were working diligently to ensure the goals were achievable and completed in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 27 February 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westerleigh on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Westerleigh

## 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 Act.

#### Inspection team

An inspector carried out the inspection.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection a manager was not yet registered with the Care Quality Commission. The last registered manager left in February 2023 and a new manager had been recently appointed but had subsequently left the service.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners 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

We spoke with 12 people who used the service and 2 relatives. We spoke with two regional managers, the quality director, the quality manager, the manager, the deputy manager and 10 staff members. We also contacted all the staff via email.

We reviewed a range of records, which included 8 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.

# 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 as 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.

Assessing risk, safety monitoring and management: Using medicines safely; Staffing and recruitment

- Since 2021 the local authority had been closely monitoring the service due to difficulties staff had around ensuring medicine management was effective and safe. The provider was now proactively addressing the issues and staff competencies had recently been reviewed, additional support had been provided and the team was working toward an action plan to address the issues.
- People felt safe. In conversation staff understood people's needs and how to manage any presenting risks. Many of the risk assessments on the electronic care records had not been completed and those in place, needed to be more detailed and outline the full range of presenting issues.
- Albeit the provider had a dependency tool in place, which determined how staff numbers were needed, factored in the layout of the building and minimum staffing levels this had not been used consistently. This had led to variations in staffing levels across shifts. The management team undertook to resolve this matter.
- Due to the challenges of the pandemic and staffing crisis in social care there had been a high turnover of staff and increase in sickness levels, which was mitigated via the use of agency staff. An active recruitment programme was in place and appropriate checks were made.
- The regional manager alongside the quality team and staff were working diligently to ensure these issues were addressed. They were reviewing all care records to ensure these were accurate, reflected people's needs and provided enough detail to assist staff understand how to effectively work with individuals.
- People and their relatives commented staff went above and beyond to deliver kind and compassionate care.
- Systems were in place to ensure checks were carried out on the environment and staff knew how to keep people safe. The management team were in the process of ensuring all staff completed simulated evacuations and undertook regular fire drills.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider understood how to work within the principles of the MCA and if needed, appropriate

legal authorisations were in place to deprive a person of their liberty.

- Staff did not feel confident when applying the Mental Capacity Act 2005 and associated code of practice to their practice. The records showed staff did not understand when, why and how to complete capacity assessments and best interest decisions. The management team had identified this gap and were ensuring staff received additional training and support.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- However, at times it was unclear from the records whether all incidents had been reported to appropriate authorities, or if staff always recognised the need to record and report incidents. The management team were in the process of reviewing people's care records and have discussions with staff to check whether alerts had been raised when needed.
- The service was committed to driving improvement and learning. Albeit the management understood how to use information about accidents and incidents to understand trends, then determine what action could be taken to reduce potential risks. Staff, however, were not completing the incident analysis and lesson learnt tools on the electronic record system. The management team were working with staff to address this gap in practice.
- People said they felt safe. Relatives were kept informed of any changes and found the care delivered met people's needs. We observed staff interact with people in a kind and compassionate manner. One person said, "The staff are wonderful, and I never have to worry."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
  - We were assured that the provider was admitting people safely to the service.
  - We were somewhat assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was responding effectively to risks and signs of infection.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
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- The provider's visiting policies and procedures adhered to current guidance.



# 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 the last focused inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the developments to the governance systems were leading to improvements in oversight but were not fully embedded.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care

- Provider oversight of the service had not always been effective. A new manager had commenced working at the service in March 2023; they had identified deficits in staff practice and had sought assistance from senior management to support the staff to improve. The provider had been very responsive when these concerns were identified and had started to work with staff to develop their practices.
- The challenges of the pandemic had impacted the provider in a multitude of ways, including the need to manage outbreaks, new staff not being familiar with pre-pandemic best practice guidance and the option of face-to-face training not being available until recently.
- The management team were now completing regular audits, which were robust and an honest reflection of the service. The provider had deployed a full range of resources and were giving the team time to make the necessary changes.
- Staff morale had been negatively impacted by the realisation that the way they had previously worked needed to change radically. They found staffing levels had led to them being very stretched and often not having enough time to complete records as fully as needed. They appreciated improvements needed to be made and were keen to make this happen.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The regional manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed in an open and transparent manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team and staff promoted a positive, person-centred culture. One person said, "Everyone is lovely. They really care about me and don't know what I would have done without them."
- Staff involved people and their families in discussions about any care and support needs. People felt staff worked hard to make sure the care met people's needs.
- The management team were ensuring the service maintained good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.