

Bupa Care Homes (CFChomes) Limited







Acacia Lodge Residential and Nursing Home

Inspection report

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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

This unannounced inspection took place on the 18 August 2015. Acacia Lodge Residential and Nursing Home provides accommodation for up to 36 people who require nursing or residential care for a range of personal care needs. There were 33 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures were robust and protected people from receiving unsafe care from care staff unsuited to the job.

People were supported to have sufficient to eat and drink to maintain a balanced diet and there were appropriate arrangements in place for the management of medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Good



Is the service effective?

The service was always effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Good



Is the service caring?

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The management promoted a positive culture that was open and inclusive.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to do their job.

People benefited from receiving care from staff that were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

Acacia Lodge Residential and Nursing Home

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 unannounced inspection was carried out by two inspectors and took place on the 18 August 2015. Before the inspection we asked the provider to send us 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. This was received prior to the inspection.

We reviewed information we held about the provider including, for example, statutory notifications that they had

sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners that help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed observed people's care during their and medicines being dispensed.

During this inspection we spoke with four people who used the service. We looked at the care records of three people. We spoke with the registered manager, and seven staff including care and support staff. We looked at four records in relation to staff recruitment and training as well as records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

People felt confident that they could raise their concerns directly with staff and that these would be appropriately responded to. Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. They had received training and were supported by up to date guidance and procedures, including guidance on how to report concerns and the contact details for relevant authorities. Staff provided examples where they had identified concerns and records showed that staff had made timely referrals to the safeguarding authorities.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect changes and the resulting actions that needed to be taken by staff to ensure people's continued safety. These contained actions for minimising potential risks such as risks associated with falls, which included referral to the falls team.

People were assured that regular maintenance safety checks were made on safety equipment, such as the hoist and the fire alarm. There was a business continuity plan in place which explained the actions that staff would take in the event of anything disrupting the service, such as a

failure of the power supplies. Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe. There was a system in place for ensuring that the front door was secure to minimise the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement.

Prior to commencing employment in the home, all staff underwent a robust recruitment process and records confirmed that this included checks for criminal convictions and relevant references.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. The manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. The manager had recently increased the numbers of nursing staff on duty to improve the timings of people's medicines and the clinical leadership of care staff, they found that the increase in staff had had a positive impact on people's care.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

Is the service effective?

Our findings

People were cared for by staff that received supervision to carry out their roles. Staff told us that they felt supported by the manager as they had regular meetings where they had the opportunity to bring up any issues and staff saw these issues were dealt with immediately. Formal supervisions with records that demonstrate staff being supported to carry out their roles are required.

People received care and support from staff that had completed an induction that orientated staff to the service. One new member of staff commented on how useful the induction had been as they got to know all of the care needs, likes and dislikes of the people using the service. Staff received training in areas that enabled them to understand and meet the care needs of each person they cared for and records showed that staff training was regularly updated and staff skills were refreshed.

People were involved in decisions about the way their care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People also signed forms to state whether they had given their consent to share information about themselves with health professionals and family. Where people had not given consent to share their personal information, the staff respected this and the manager ensured that people's wishes were adhered to.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005

(MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing staff followed the health professionals advice to provide food that had been pureed.

People were supported to have sufficient to eat and drink to maintain a balanced diet. People were complimentary about the food, with one person describing it as 'excellent'. They told us that they had a choice of meals and that there was always enough food. The chef had a good knowledge of people's dietary needs and had access to information at a glance which showed people's needs likes and dislikes and were able to adjust meals accordingly. We observed a lunch time and saw that people who were not able to eat independently were supported to do so in a way that met their needs for example staff assisted people to eat.

People's healthcare needs were met. Nursing staff monitored people's well-being by taking their clinical observations regularly, such as blood pressure. Where people required closer observations such as on return from hospital, the nurses carried out regular clinical observations and understood when to report any abnormal readings to the GP or hospital. People told us that if they needed to see the doctor they told a member of staff and this was arranged for them.

Is the service caring?

Our findings

People told us that they were treated kindly and they had no complaints about the care they received. One relative told us that they would recommend the home to anyone, they said “all the staff are kind, when we ask for help we always get it”. We saw that staff had a good knowledge about people’s lives and backgrounds which helped them to relate to people. We observed staff assisting people to maintain friendships by ensuring that people had the opportunity to spend time with their friends.

People’s dignity and right to privacy was protected by staff. People’s needs were discreetly met by staff so that they received the support they needed in a dignified manner, for example we saw staff adjust people’s clothes if they were unable to adjust their clothing themselves. One person told us that staff were quick to assist them if they spilled food or drink on their clothes and needed to get changed. People received their care and support from staff that were compassionate, friendly and respectful. One person said, “the girls [staff] are good, very nice, everybody helps you”.

Staff were skilled in communicating with people even when people were unable to communicate verbally. We saw that staff responded to people’s body language and took care to ensure that people could understand what they were communicating. We observed that people were asked in a dignified manner if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves.

People were involved in the planning of their care and support. Staff took into account people’s individuality and their diverse needs. We observed that whenever people experienced anxiety they received reassurance from staff. For example on one occasion we heard staff use a soothing voice to offer reassurance and they gently touched the person’s arm to help calm them; the actions corresponded to the care plan where staff had recorded the person often responded to touch whenever they were anxious.

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs change.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of people's assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans such as the way they were helped to move. Staff we spoke with had a good knowledge of people's needs.

People had been involved in planning and reviewing their care when they wanted to. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and choices.

People's care plans were individualised and contained information that was relevant to them including their life

histories, interests and activities. One person enjoyed spending time outdoors; we observed the person being supported to help feed the birds and look after the plants in the garden. Some people had been identified as preferring to spend time in their own rooms; these people received one-to-one time with the Activities Co-Ordinator who provided individualised care such as providing a hand massage. Staff were able to tell us about people's interests and their backgrounds and this information enabled them to understand and support people with diverse needs.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. There had not been any written complaints in the last year, however, the manager had responded in writing to verbal complaints. One relative told us that when they had raised questions or concerns they felt they were responded to effectively and they were happy with the action that had been taken. The manager demonstrated how actions had been taken to rectify situations to prevent them happening again. A complaints procedure was available for people who used the service explaining how they could make a complaint. People said they were provided with the information they needed about what to do if they had a complaint.

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. Staff told us they were proud to work at the home as they believed they were providing good care

There was a registered manager in post since September 2014. The manager had the knowledge and experience to motivate staff to do a good job and was supported by the provider on a daily basis. The provider ensured that the manager was supported in their role by being involved in shared learning with other nursing home managers with the same provider. Staff said the manager was approachable and provided valuable guidance and fed back to staff constructively about how to improve care. They said the manager or provider were always available if they needed advice.

The management promoted a positive culture that was open and inclusive. Staff were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Staff said that the manager respected them and valued their efforts to provide people with a safe, comfortable living environment.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by the manager and by the provider. The manager used the audits to improve the service and feedback to staff where improvements were required. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.