

GCH (Acton) Limited

Acton Care Centre

Inspection report

48 Gunnersbury Lane
Acton
London
W3 8EF

Tel: 02088965600

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Acton Care Centre is a care home with nursing for up to 125 people. There were 95 people living at the home at the time of our inspection. The majority of people were older adults. The home is divided into five units. Some units specialised in the care of people living with the experience of dementia, some were for people with complex health conditions and some were for people being cared for at the end of their lives.

The service is managed by Gold Care Homes Group, an organisation with 22 care homes within the UK.

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

People were well supported and cared for. People and their relatives felt safe and trusted the staff. Their care was personalised and met their individual needs and preferences. They had good relationships with the staff, who knew them well.

There were enough suitable staff, who were trained and supported. They had the information they needed to care for people safely and meet their needs. There were appropriate systems for recruiting staff.

People's care had been planned for. Plans included assessments of their individual needs and any risks they were exposed to. There was clear information to show the staff how to support people. The records of care showed these plans were followed. The staff worked closely with external professionals when providing care and support for people.

During the COVID-19 pandemic, visitors had been restricted and people's normal experience of care had been affected by temporary changes, which included spending more time in their bedrooms or individual units, rather than socialising with others. The staff had tried to compensate for this, by providing individual and small group social activities, and by supporting people to stay in touch with their loved ones.

The provider had effective systems to manage infection prevention and control. These had been updated and changed to reflect the risks associated with the COVID-19 pandemic. Staff had a good awareness about these and wore personal protective equipment (PPE) to help keep people safe. The provider had worked with the health care professionals to monitor how they were managing the home and also to start a programme of vaccinations to protect people living at the home and staff from COVID-19.

The provider's systems for dealing with complaints, incidents, accidents and safeguarding alerts were suitable. They carried out thorough investigations, worked with others to protect people and learnt from things that went wrong so improvements could be made to the service.

There was an experienced and committed management team, led by the registered manager. They worked alongside staff and knew the service well. Staff felt supported and respected the managers. There were effective systems for monitoring and improving quality at the service, which included a range of audits,

regular communication with staff and asking people using the service and their representatives for feedback about their experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating for this service from the last inspection was good (Published 23 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, infection prevention and control and how people's needs were being met. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and remains good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acton Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Acton Care Centre

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place.

Inspection team

The inspection was conducted by two inspectors, a nurse specialist advisor and a member of the CQC medicines inspection team. An Expert by Experience carried out phone calls to relatives to ask for their feedback about the service. 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

Acton Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included notifications of significant events and safeguarding information. We contacted representatives of the London Borough of Ealing who had raised concerns about the service.

During the inspection

We spoke with two people who used the service. We also observed how people were being cared for and supported. We were not able to spend as much time observing care as we normally do, and we were not able to speak with as many people as we would have liked. This was because some people were isolating in their rooms, and some units in the home had restricted access due to the COVID-19.

We spoke with staff on duty, who included six care workers, four nurses, the activities coordinator, the clinical lead, the business manager and the registered manager. We also met the regional director who was visiting the home on the day of the inspection. We met one visiting healthcare professional.

We looked at the care plans, and associated records for eight people. We also looked at additional medicines records for 10 others and looked at how medicines were being managed. We conducted a partial tour of the building, looking specifically at how infection prevention and control was being managed.

We looked at other records used by the provider for managing the service. These included audits, meeting minutes, policies and procedures, records of complaints, accidents and safeguarding alerts and the recruitment files for eight members of staff.

After the inspection

We received feedback from two external health care and three external social care professionals who worked with the service. We spoke with the relatives of 11 people who used the service over the phone. The registered manager sent us some additional information which we reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes helped to safeguard people from abuse. People using the service and their relatives told us they felt safe and trusted the staff. Some of their comments included, "It's a safe and secure environment. I am happy that [person] is there" and "It gives us peace of mind that [person] is there."
- There were suitable policies and procedures for dealing with suspected abuse and safeguarding people. The staff received training about these. The managers also discussed safeguarding with staff during individual and team meetings to test their knowledge and provide them with the information they needed. The staff were able to tell us what they would do if they suspected someone was being abused. Information about how to report abuse was displayed for people using the service, visitors and staff to see.
- Following allegations of suspected abuse, the provider had responded well. They had worked with external agencies to investigate what had happened and to protect people from further harm. The provider had taken steps to learn from any safeguarding alerts and talked with the staff team to make sure they also learnt from these. Where necessary the provider had taken appropriate action, such as retraining staff or following their disciplinary procedures.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed, monitored and managed. We observed people being supported. The staff did this in a safe way, using equipment appropriately and making sure people felt safe and secure.
- The staff completed assessments of individual risks for people. These included risks associated with their mental and physical health, nutrition, moving safely, equipment they used and skin integrity. The assessments were regularly reviewed and updated following changes in people's needs. There was clear guidance for staff about how to care for people safely. Healthcare professionals explained the assessments were suitable and included the required information.
- Following falls and accidents, the registered manager assessed what had happened and made recommendations for changes to people's care. These included referrals to external professionals when needed.
- The staff made checks on equipment to make sure it was safe to use. The checks were recorded, and we saw appropriate action was taken when something was not working correctly, or at risk of not working.
- The environment was safe and well-maintained. The provider employed staff who checked the building and repaired any damage. There were checks on fire, water and electrical safety and the provider had responded where faults were identified. The staff received training in fire safety and there were regular fire drills to test their knowledge.

Staffing and recruitment

- There were enough staff to care for people and keep them safe. During the COVID-19 pandemic there had been occasions when several staff had been off work because of isolation or shielding. The provider had sourced staff from a recruitment agency to support the existing staff team. They had used the same regular workers to ensure consistency. The management team had also worked alongside staff providing direct care and support to people using the service.
- There were effective systems for recruiting new staff to make sure they were suitable. These included formal interviews and checks on their identity, eligibility to work in the United Kingdom and any criminal records. The provider also asked for references from previous employers.
- New staff completed inductions, which included shadowing experienced workers, a range of training and assessments of their competency and knowledge. These systems and processes helped to make sure the staff had the skills they needed to care for people in a safe way.

Using medicines safely

- Medicines were managed safely. There were systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. There were appropriate facilities to store medicines safely, and records were appropriate.
- Since the last inspection, the provider had introduced a new system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, a dual audit by the registered manager and clinical lead were carried out periodically to ensure medicines were up to date and appropriate for people.
- We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again.
- People received their medicines as prescribed, including Controlled Drugs and those on covert administration. We looked at 10 medicines administration record (MAR) charts and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that clients were receiving their medicines safely, consistently and as prescribed.
- There were separate charts for people who had medicines such as topical patches (such as pain relief patches), ointments and creams prescribed to them, and these were filled in appropriately by nurses.

Preventing and controlling infection

- The provider's processes helped to prevent and control infection. People using the service and their relatives confirmed the staff wore personal protective equipment (PPE) and they felt the home was clean. External professionals also told us this. Their comments included, "Infection control procedure are always adhered to", "The manager has a good understanding of infection prevention and control and will seek clarification when needed" and "Whenever I have visited, I have been extremely happy with the cleanliness."
- The provider had suitable procedures regarding infection prevention and control. These had been updated to include additional processes since the outbreak of the COVID-19 pandemic and included following best practice guidance and legislation.
- Staff were provided with enough PPE and they confirmed they had received training about how to wear and dispose of this, around infection control and COVID-19. The management team regularly assessed the staff to make sure they had good hand hygiene and followed infection control processes.
- There were appropriate systems for the disposal of clinical waste, laundry and cleaning, including deep cleaning. The management team carried out audits to make sure the systems were working. Where problems were identified, they had made the necessary improvements. Throughout the building there was appropriate signage relating to social distancing and infection control. The furniture in communal rooms was arranged to support social distancing. There were plenty of areas for staff to doff and don PPE and

sanitise their hands within each unit.

- The provider carried out regular COVID-19 tests for all staff, visitor and people living at the service. They had worked with local healthcare teams to arrange for people and staff who wanted to receive COVID-19 and influenza vaccinations.
- At the time of our inspection, only essential visits were taking place. Visitors were required to wear PPE and follow the provider's procedures. There were visiting areas, which were used when the home was open to other visitors. These areas included screens to protect people from cross infection.
- Therefore, we were assured the provider's systems for preventing and controlling infection were being operated effectively in order to help keep people safe.

Learning lessons when things go wrong

- There were appropriate systems for learning from things that went wrong and making improvements. All accidents, incidents, safeguarding alerts and complaints were recorded, investigated and responded to. The registered manager shared information with senior managers so they could offer advice and support when needed. The registered manager also took part in local authority and provider forums which enabled learning between different care homes.
- Records of adverse events were detailed and included evidence about how improvements were made. The management team involved the staff team so they could learn from these. Improvements had been made to the service, staffing, and individual care plans and risk assessments following various incidents.
- The staff had clear guidance about how to respond to different accidents and deterioration in people's health, including the indicators that emergency medical assistance was needed. We saw the staff had followed this guidance and sought the help people needed when they needed this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. They confirmed this. Relatives also told us this, stating they had been involved in people's assessments and reviews. Some relatives told us they felt people would benefit from more physiotherapy input, which had stopped during the COVID-19 pandemic. We discussed this with the registered manager, and they told us external physiotherapists were not visiting the service at that time. All the relatives we spoke with felt people received good care. One relative commented, "The carers know [person] and are helpful. I can relax, knowing that they look after [them] very well. The lead nurse goes the extra mile."
- We observed staff were kind, caring and respectful towards the people who they were supporting. They offered them choices and respected these. They also made sure they communicated effectively with people so they could be understood. The staff knew people well and were able to tell us about their needs and preferences.
- External professionals explained they felt the provider offered a personalised service. One external healthcare professional told us, "[Staff] know their patients very well and we [healthcare professionals] get a good handover of information and timely referrals."
- The staff had completed care plans which outlined people's needs and preferences. There was clear guidance for the staff about how to meet these needs, what people could do for themselves and any problems there may be in delivering care. Records of care provided showed that care plans had been followed and people's needs were being monitored and met. When people's health or well-being had deteriorated, the staff responded appropriately.
- The staff told us about how they cared for people with comments which included, "We check their preferences, evaluate if they are happy and try and do everything the way they prefer" and "I read the care plan to see how I can address and deal with any issues to look after people and give care which is tailored made for that individual."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs, and how these should be met, were assessed and recorded in care plans. The staff spoke a range of different languages so they could communicate with people using their preferred language.
- Communication plans included information about any challenges people may have understanding or

expressing their needs, so the staff could support them with this.

- Information about the service was available in different formats and staff explained people's care plans to them to help them understand these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider helped support people to develop and maintain relationships and to pursue activities which interested them. People using the service told us they had the support they needed with social activities. One person explained they had enjoyed helping in the garden. The provider employed two activity coordinators who planned and facilitated different activities and events. Since the outbreak of the COVID-19 pandemic, there had been changes and large group activities no longer took place indoors. During the summer there had been some visiting entertainers in the garden, but most social activities were organised on an individual basis at the time of our visit.
- Activity coordinators explained they created life stories and individual social plans for each person. They tried to support them to access activities they enjoyed, and spent time talking with them, providing individualised care and supporting them to make video calls to families and friends. Family members told us they appreciated this and looked forward to being able to visit again in the future.
- The staff accessed on line religious services which people could join if they wanted. The staff we spoke with recognised the past year had been difficult for people being isolated from friends and family. One member of staff said, "We're stepping into a new role, offering comfort when people cannot see their families."
- The care home had links with the local community, with some schools writing letters and sending gifts. Local shops and other businesses had also done this, and external volunteers offered a pen-pal service for people who wanted to write to them.

End of life care and support

- People being cared for at the end of their lives were given the support and care they needed. The staff were trained to understand the special care people needed at this time. They worked closely with palliative care teams to make sure people were comfortable and pain free.
- There were no restrictions for visitors to people who were very unwell and dying. Visitors were able to stay at the home overnight with their loved one if this is what people and their family wanted. Care plans included details about any preferences or religious needs people had for the time of, and following, their death.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint and felt these would be responded to appropriately. Those who had raised concerns said these had been dealt with. Information about the complaints' procedure was shared with stakeholders and staff were trained so they could respond appropriately when concerns were raised with them.
- The registered manager investigated all complaints and concerns. They responded to complainants, apologising and explaining what they had done to investigate these and put things right. Records of complaints showed the staff had learnt from these to improve care at the service.

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 inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider involved people using the service and other stakeholders and fully considered their equality characteristics. Some relatives we spoke with told us they would like to have more regular contact from the provider during the COVID-19 pandemic. They told us that since regular visiting had been restricted, they were contacted if their relative was unwell and by video calls with their relative, but were not routinely contacted for updates by staff. Relatives understood the staff resources for this may be limited. We fed this back to the registered manager. Through our discussions with the management team, they demonstrated a good understanding of the negative impact of the pandemic for relatives, as well as people using the service and staff.
- Relatives and professional visitors explained the staff were engaging and friendly. They told us care staff and nurses were kind and that other staff were friendly and accommodating, with several stakeholders praising the reception staff. They also told us staff were knowledgeable and skilled.
- People using the service, staff and other stakeholders had opportunities to feedback about the service and we saw their opinions were valued with the management team looking at ways they could make improvements following feedback.
- The provider had introduced rainbow lanyards for staff to show the service recognised and promoted LGBT+ (Lesbian, Gay, Bisexual and Transgender) rights and awareness. They told us they had reviewed their procedures in respect of this and tried to make sure people felt comfortable and valued when expressing their identity by updating their literature, admission and assessment procedures and providing staff with appropriate training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person-centred and inclusive culture. People using the service, their relatives and other stakeholders confirmed this. Some of their comments included, "[All the staff] have been very helpful", "Staff are very friendly and caring, they know [person] well", "I can't fault the service, they are accommodating and compassionate", "The nurses are excellent" and "The culture of care is good."
- External professionals gave positive feedback about the service, explaining how the staff advocated for people and made sure their rights were respected and their individual needs were met.

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

- The registered manager, staff and provider's representatives had a good understanding of their legal responsibilities under duty of candour. They responded appropriately to complaints, concerns and other adverse events, investigating these, apologising when things went wrong and learning from these to improve the service. One relative we spoke with confirmed the provider had done this following a concern they had made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was a registered nurse and had worked at the service for a long time. They were supported by a team of other experienced managers. Stakeholders and staff told us they felt the management team was good. Their comments included, "The management team have been amazing", "They listen and give solutions to problems", "They are really encouraging" and "[Registered manager] is kind and a good leader, they are approachable and we feel supported."
- The registered manager understood their responsibilities and demonstrated a good knowledge of individual needs of people who lived and worked at the service. They understood how to make improvements and wanted to support the staff to provide good care.
- There were a range of policies and procedures which were created in line with legislation and good practice guidance. These were regularly reviewed and updated.

Continuous learning and improving care

- The provider operated effective systems to monitor and improve the quality of the service. These included audits and checks by staff, managers and senior managers representing the provider. These were thorough and identified when something had gone wrong. There were clear action plans to state how improvements would be made, these were regularly reviewed.
- The provider had a good overview of the service. The management team completed trackers of all events affecting individual people and the service in general. For example, they tracked changes in weight, wounds, falls, hospital admissions and specific healthcare conditions. This data was continuously updated, and the provider's senior management team had live access to this. The registered manager said they regularly discussed this information and any changes they needed to make with their line managers and the provider's quality team.
- Stakeholders told us they felt the service was continually improving. One external professional told us they felt care plans had improved. Another professional explained, "The service has coped well with the changes. I have been visiting for several years and it is always clean, the staff always give attention to patients and they work well with me."

Working in partnership with others

- The staff worked in partnership with others. They made referrals for health and social care support in a timely way and followed these up, working with the external professionals. Some of the comments from other professionals included, "They have great communication skills, the nurses always escalate any concerns", "The management are always happy to take a call from me or at the very least call me back the same day which is really helpful" and "During our joint assessments, the staff always treat patients with great care and dignity." One professional told us they found it difficult to find the right staff member to speak with on the phone and were frustrated when staff were too busy to speak with them. We discussed this with the registered manager, who explained they had asked professionals to make appointments and calls to nurses at specific times to avoid the busier times of each shift, but this has not always happened, and therefore some professionals were raising this issue. The registered manager told us they would talk with these professionals again about this to find a mutually agreeable solution.
- The GP surgery held twice weekly virtual doctors' rounds to assess people who the nurses had identified

as needing medical assessment. They carried out visits if necessary, but the nurses worked closely with them following their instructions to minimise the number of visits and reduce the risks associated with visits during the COVID-19 pandemic. The registered manager explained this worked well.

- The registered manager attended forums organised by the local authority with other care home providers and regular meetings with other managers for Gold Care Homes Group. They told us these meetings were useful for sharing ideas, learning from one another and offering peer support.