Salvero Healthcare Limited

Acacia Lodge

Inspection report

Peveril Court
Sandham Lane
Ripley
Derbyshire
DE5 3NR

Tel: 01773570248
Website: www.acacialodge.org.uk

Date of inspection visit:
25 February 2020

Date of publication:
17 March 2020

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

Summary of findings

Overall summary

About the service
Acacia is a care home and was registered to provide accommodation for up to 18 people. People who used the service had physical health needs and/or enduring mental health needs. At the time of our inspection 17 people were using the service.

The accommodation was on one level. There were bedrooms with ensuite facilities, communal bathrooms and social spaces which included a lounge, dining area and activity space. There was also a secure garden with a separate smoking area.

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

People were supported by staff who understood how to protect people from the risk of harm or infection. Information was shared with people, so they knew how to access support when needed. Risks were identified and measures put in place following the least restrictive practice. There was enough staff to support people's needs and this arrangement was flexible to support changes in care needs. Medicine was managed safety. People received regular reviews and any changes were recorded and monitored. Lessons were learnt when things went wrong and shared with staff.

Staff had received training for their roles and continued development was promoted. Information and best practice was shared with staff and training supporting this area to improve staff knowledge. People enjoyed nutritional meals and were part of the decision making. Health care was monitored, and relationships had been established with professionals who provided support and guidance. The home was on one level and supported people's mobility and any personal reflections for their own spaces.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Relationships had been established with staff and they supported people to make choices or follow their goals. There was an understanding about peoples cultural or equality needs. Privacy and choices were respected, and people liked the security of the CCTV.

The care plans were detailed and included people's life history and current choices and preferences. They were regularly reviewed and shared with staff to support the current care needs required. When people expressed behaviours which were challenging, staff had completed a planned approach with professionals to support the best approach for that person.

Communication was shared with people through written information and on the notice boards. There was an opportunity to engage in activities to support people's interests and hobbies, and these were discussed and agreed.

There was an open culture within the home and people and relatives felt able to raise any concerns. Staff felt listened to and were able to share ideas and any changes were supported. The home was well managed by a supportive governance system which reflected provider oversight and ongoing learning and improvement. Audits were completed and supported this approach.

People's views were sought from meetings and questionnaires and their suggestions responded to and shared through written information. Partnerships had been established with health and social care professionals to support the people who use the service and the staff in their role.

The registered manager understood their role and sent us notifications of incidents and displayed their current rating at the home and on the website.

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

Rating at last inspection: The last rating for this service was Good (published 30 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below

Is the service caring?

Good

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Acacia Lodge

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.

Inspection team
The inspection was completed by one inspector.

Service and service type
Acacia 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications the provider had sent us and spoke to local commissioners. We used all of this information to plan our inspection.

During the inspection-
We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the operations manager, the training manager, support workers, the activities co-ordinator and the chef. We also spoke with one visiting professional to gain their feedback. We reviewed a range of records. These included four people's care records and multiple medication records. We looked at a variety of records relating to the management

of the service.

After the inspection –
We asked the provider to send us further information related to staff training and information in relation to the quality tools used at the home.

Good

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

- Staff had received regular training and understood the types and symptoms of potential abuse. They were aware of how to report any concerns and felt confident they would be addressed.
- Safeguarding was a regular item on the meetings held for people who used the service, providing people with opportunities to raise concerns if they felt unsafe or at risk of harm. One person told us, "Staff are nice and treat you kindly." Relatives we spoke with had no concerns as to the safety of people.
- We saw any safeguards raised had been investigated and there was a process to learn from the incidents. Any learning had been shared with the staff and the providers other locations.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed and regularly reviewed. One relative told us, "They manage the risks here, taking measures to reduce the opportunity of them reoccurring." Another commented on how settled [name] had become since moving to this home.
- We saw risks were assessed on an individual basis. Risks related to the environment, when accessing support outside the home or when using equipment. Each had a risk indicator which linked to guidance for staff of how to reduce the risk in the least restrictive way.
- Emergency plans were individual and accessible should there be an emergency, for example a fire.
- The home was maintained, with regular checks completed in line with best practice and legislation in relation to the building and any equipment.
- the provider took an individual view when considering risk. for example, one person was assessed to be safe to have drinks making facilities in their room. Family commented, "they looked to see if the option was possible and considered the risk."

Staffing and recruitment

- There were enough staff to support peoples needs. We observed people receiving support when requested or in line with their commissioned service. Relatives said, "There are always staff present and you can have time with them to discuss if needed."
- The registered manager completed a monthly review of the staffing levels. These could be flexible dependent on people's needs, which meant if an emergency occurred additional staff could be deployed quickly to meet the need and reduce any potential risks. One staff member said, "Now we have regular agency plus our close team it makes for a good place to work."
- Agency staff were used to support the staff team, prior to them commencing any shifts the required checks were completed in relation to recruitment and training.
- The provider had safe recruitment processes for new staff. One member of staff told us how references

and police checks had been completed before they started their employment.

Using medicines safely

● Medicines were managed safely. One person told us, "I get my medicine every day, the nurse makes sure of that." Some people felt anxious about receiving their medicines, so it was introduced the nurses would wear their uniform. This provided assurances to people that they were receiving their medicine from a recognised professional for that task.

● We saw how daily checks had been completed to ensure the temperatures were in line with required storage of the medicines. Stock checks had taken place and daily counts to ensure quantities of medicine for the prescribed needs.

● Medicine was administered by nurses, who had their competency checked on a regular basis.

● When people required medicine for pain relief or anxiety there was a detailed protocol in place to guide staff when they should be administered.

Preventing and controlling infection

● The home was clean and hygienic which reduced the risk of infection.

● Cleaning schedules were in place and along with domestic staff, people were encouraged to keep their personal spaces clean.

● Staff understood the importance of wearing protective clothing and this was observed for meals and personal care.

● The kitchen and food preparation area was well maintained. The home had recently achieved a continued five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Learning lessons when things go wrong

● There were systems in place to review and analyse when things went wrong

● The registered manager told us how they had introduced some new seating. Staff were able to sit with people in these areas and this had reduced the incidents of people entering other people's rooms uninvited as they had a clearer visual presence, within a social setting.

● Other examples were provided following incidents or events, which showed the provider and registered manager reflected on events to drive improvements.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Current evidence based best practice guidance, standards and legislations were used to review how people received their support. Staff had requested additional training on mental health conditions, and this had been provided by a linked professional.
- People's care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs. They included guidance to support staff; for example, information on blood sugar levels, depression or aspects of anxiety which could impact on the persons well-being.

Staff support: induction, training, skills and experience

- Staff told us they felt the training was effective in equipping them for their roles. The training ranged from E- learning to face to face. One staff reflected on the training know as Nappi (Non-Abusive Psychological and Physical Intervention) they said, "This is really useful, and gets you to look at other options to support people."
- The registered manager kept a matrix to record when training had been received or when it was due to ensure staff kept up to date with their skills and knowledge.
- New staff received a planned induction of 12 weeks, this included the care certificate or aspects of the certificate dependent on care experience and knowledge. There was an option of E learning or workbooks. Where English was not the persons first language, support was available with an option to translate the material into the staff member's preferred language for learning.
- The provider was working in partnership with the local authority and Health education England to introduce nurse associate roles. Three places had been agreed and their training was due to commence shortly. One staff member taking on this training said, "It's exciting, if a little scary, but I am looking forward to the challenges and new experiences."

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

- People told us they enjoyed the meals and had a choice. We saw there was a four-weekly menu on display. There was an opportunity to contribute to the menu planning or request items.
- Some people required support with their meal to reduce their risk of the choking and we saw this was provided.
- The chef was aware of people's dietary needs and the food was prepared to meet this. For example, in a different consistency or reduced sugar.
- Staff had supported some people to expand on their choice of food. One person initially would only eat an establish set of meals. After a lot of encouragement and trying new items they now ate a wider variety.

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

● Staff understood their responsibilities to monitor people's health on a daily basis and provide care to keep them well. We saw referrals had been made to a range of professionals to support people with their health care needs and general well-being. One relative said, "They manage their health needs well and always keep me informed."

● Relationships had been established and staff felt confident in approaching professionals for continued support and advice. For example, in respect of medicines reviews or changes and follow ups after changes had been made. A professional told us, "They discuss people's needs regularly. We have a good relationship and staff never leave things to get to crisis point.".

● People were supported to attend appropriate healthcare appointments or supported when they had reviews within the home.

● The provider had recognised the introduction of the new standards relating to oral health care. A champion had taken on the role of completing oral health assessments and there was oral care training planned for staff. One staff member told us, "These assessments have raised our awareness and enabled us to focus when supporting people with their teeth cleaning."

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

● The building was on one level and large enough for people to have their own space. People had their own bedrooms which they added personal touches to.

● Some bathrooms had been adapted to make them more accessible to people with mobility needs.

● Additional seating had been added to a wider space on one of the corridors, to create a quiet zone. This had been received well by people, especially those with a room adjacent to the seating.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had received training in MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.

● We saw records which reflected the variety of decisions which had been considered, which were decision specific to the individual.

● Where people were subject to DoLS, these were documented in care plans. Staff and the provider understood conditions on people's DoLS and adhered to these. The registered manager had a tracker they used to ensure the authorisation were kept up to date.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity
- People were supported with their mobility needs and supported with environmental awareness. For example, supporting people who were sight impaired with their mail or access and understanding their surroundings or tasks.
- People's relationships were established, and these were used to shape the care people received, through choice of staff linked to day to day care. One person said, "I like the staff they help me with my care, and they are kind." A relative said, "Staff are kind and show a real empathy and positive attitude in supporting people."
- The local church visited the home on a quarterly basis and some people had their own arrangements for spiritual support. One the day of the inspection the church visited. People enjoyed hymns and prayers. One person told us, "I enjoyed it, it was nice to have them come into the home."

Supporting people to express their views and be involved in making decisions about their care
- Kind and understanding relationships had been developed with people.
- Staff knew them well and were able to respond to possible needs or use their knowledge to engage or distract people One staff member said, "I really like it here, its small, you get to know people really well."
- People were encouraged to make decisions about their day, and these were supported by staff who knew their planned aims or long-term goals. For example, supporting people to budget.
- Many people were supported by family members. However, those without that contact or who wished to have an independent voice were supported to access an advocate. An independent advocate is a person who helps people speak up for themselves.
- Relatives were welcome to visit anytime, with the exception of meal times. These were protected to promote people to eat their food and generate a social atmosphere with those living together. One relative said, "I am always made to feel welcome when I visit."

Respecting and promoting people's privacy, dignity and independence
- People's dignity was respected. We saw staff took the time to talk with people and consider their needs. Ahead of entering rooms staff knocked and announced themselves.
- After lunch staff offered people to engage in a board game or quiz, however people felt they wished to let their meal settle. This was respected and the activity was offered again later.
- Some people preferred the privacy of their own room. People had their own key and were able to lock their bedroom.

● CCTV was in operation within the home's communal spaces. A professional told us how some people loved the security aspect of the cameras. People were informed of the cameras and the usage and storage of any footage. The footage had been used on two occasions to support incidents and assist in understanding the situation and support the outcome.

Good

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 had care plans which were personalised and detailed. People, family members and professionals had been included in the development of comprehensive plans.
- We reviewed several care plans which showed a person-centred approach, focusing on individual needs and aspirations. All the care plans had been reviewed on a regular basis or following a change in care needs.
- Positive behaviour support had been developed with the assistance of appropriate healthcare professionals. These provided staff with guidance and possible triggers to know how to de-escalate situations.

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.

- Information was provided on a verbal or written basis. We saw the notice board displayed some larger print items and pictures relating to food choices.
- The service user guide was provided in a written format, the registered manager told us they were reviewing how this was produced and different ways to share information in the future.

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

- People were encouraged to participate in activities and be part of the decision making in relation to things of interests or hobbies. A relative said, "Staff taken [name] out and do other activities so there are things to do."
- The activities staff member was using 'get to know me sessions' so they could be used to reflect on what activities were on offer. There was a planned programme of visiting artists and staff provided daily support and interaction along with the activities staff.
- We observed a team approach to activities. After the evening meal some people became restless and staff offered walks or a ride out to add some distraction. One staff member said, "Good team support here, help when you need it because we all understand people's needs."
- Activities were available through a varied programme. These were discussed with people to obtain their views. Awareness of times the activities took place or reviewing them once they were completed was part of the process for future planning.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy which was on display and was shared with people in their service user guide.

● A record was kept of any complaint, which were investigated. Any outcomes and lessons learned were shared with staff appropriately.

● We saw a recent complaint had been dealt with in line with the policy and responded to.

End of life care and support

● No one using the service required end of life support at this time. Some plans had been completed with family, however other people who had limited capacity did not have a plan in place. We discussed this with the registered manager, and they agreed to review this area of people's care.

● Some people had a DNACPR (Do Not Attempt Cardio-pulmonary Resuscitation) in place and staff were aware of what this meant for people's health.

Good

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.

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

- There was an open culture and all the staff we spoke with felt confident they would be listen to. There were opportunities for people and staff to have their thoughts and suggestions heard.
- The senior management commented, "The manager [name] gives the team a lot of freedom to initiate things and staff feel empowered."
- We saw how some staff had been given additional monitoring responsibilities which they had used to develop their skills and understand the processes. For example, the use of data to look at incidents and falls. One staff member said, "Really supportive, you can ask for support and I have received a lot doing the incident analysis."

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 provider used a range of methods to review incidents and events when they went wrong. Any actions or learning points were shared with staff.
- The registered manager ensured we received notifications about important events so we could check that appropriate action had been taken. They were transparent and open in sharing any concerns and explaining what actions had been taken to reduce the ongoing risk to people.
- The previous rating of the home was displayed in line with our requirements

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

- The registered manager felt supported in their role. they received weekly support from the operations manager to review the governance aspects of the home. Wider support was also offered by the provider from the regional manager, the quality team and managers meetings.
- The provider used external auditors to review the quality of the care on quarterly basis. Any aspects identified from the team were addressed. These were followed up with support telephone calls. This meant the registered manager had support to run the home with guided oversight.
- Audits and quality reviews were regularly completed, and these were effective in improving quality. We were provided with evidence which showed action had been taken when an issue had been identified. Any actions noted were completed and recorded.
- Medicine audits had been completed and any items identified were shared with the nurses in one of their regular meetings. We saw the introduction of date stickers following this being identified as an area

frequently missed and new guidance on how to record the date liquids when opened.
● There was an audit process which was followed up by senior management and linked into the providers other locations. This meant there was a shared approach to learning and continued development of the service.
● Regular documented meetings were held with the staff to support their understanding of the home and their role. Opportunities were given for staff to comment and guide any new initiatives, for example the oral health care work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● People who used the service had monthly meetings to discuss the home. Areas covered included, meals, activities, safety and any aspects people wished to discuss.
● Questionnaires were also completed on a six-monthly basis, the results of these were analysed and shared with people through a 'You said, we did' board. This showed the provider listened to people's views and acted on them.
● There was a clear focus on continuous learning and improving the lives of people at the home. Any suggestions were considered and trialled for example, additional seating area or toiletries baskets.
● Staff also completed a regular survey about their role. These were reviewed and actions shared with staff.

Working in partnership with others
● The registered manager had forged close working relationships with health and social care professionals. One said, "We have built a good rapport with the home and I speak highly of the service they provide."
● Health care professionals provided guidance to staff and listened to the feedback about the persons care. For example, following changes to medicines, staff record any changes and share these with the professional to support the best solution for the person based on up to date information.
● Links had been made with local services including entertainers and the local church.