

# London Residential Healthcare Limited

## Acacia Care Centre

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Acacia Care Centre is a care home providing personal and nursing care to 35 people at the time of the inspection. The service can support up to 62 people. Acacia Care Centre is a purpose built care home arranged over four floors. The service provides support to people with nursing needs including adults with complex health needs, and people living with dementia.

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

Since our last inspection there had been a number of improvements made to ensure people remained safe. Risk assessments and risk management plans had been reviewed and updated. Care records contained information about the risks to people's safety and how these were to be managed. Staff were able to tell us in detail the risks to people's safety and how they were to be cared for. Medicines management arrangements had been reviewed and there was now a daily medicines audit to monitor improvements. There were sufficient staff to meet people's needs and the staff worked well together. Safe recruitment practices were followed to ensure appropriate staff were employed. Incidents were regularly reviewed to ensure lessons were learned and practices improved to minimise the risk of recurrence.

People's care assessments took account of best practice guidance and staff assessed people's needs using recognised tools. Staff liaised with other healthcare professionals when required to ensure they had the specialist advice they required to meet people's needs. 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.

People and their relatives were involved in the care planning process and the development of their care plans. Care plans clearly identified people's support needs and how they wished to be cared for. Staff knew the people they were supporting and were able to describe people's support needs as well as provide information about the person, such as their family history, their likes and interests. Where appropriate, people had end of life care plans in place and relatives confirmed they were involved in discussions about people's end of life needs to ensure people received a dignified death in line with their wishes.

Since our last inspection a new registered manager was in post. They had made a significant number of changes to the service to improve the quality of care provision, improve staff morale and team working. The registered manager had comprehensive processes in place to review the quality of service provision, including a range of audits. There was greater involvement and engagement with people and their relatives, through regular meetings and surveys. The registered manager was aware of their responsibilities including in relation to the submission of CQC statutory notifications about key events that occur and the duty of candour.

Despite the improvements made since our last inspection, it was too early to judge yet whether these could be maintained and sustained. Some of the improvements relating to medicines management had not yet

been fully embedded. This meant at the time of this inspection there was not yet enough evidence of consistent good practice over time.

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

The last rating for this service was requires improvement (published January 2020). The service remains rated requires improvement.

#### Why we inspected

We undertook this focused inspection of the key questions Safe and Well-led to check they had followed their action plan and to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 issued at our previous inspection.

We also undertook a targeted inspection for the key questions Effective and Responsive to check whether the provider had addressed the breaches of Regulation 9 (Person-Centred Care) and Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified at our previous inspection.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acacia Care Centre 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 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our effective findings below.

### Is the service responsive?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Acacia 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.

This was a focused and targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as well as breaches of Regulation 9 (Person-Centred Care) and Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified at our previous inspection.

#### Inspection team

This inspection was undertaken by two inspectors and an Expert by Experience. 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

Acacia 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

We announced this inspection on the morning of our site visit due to the COVID-19 pandemic, to assess the risks to the inspection team and enable the team to wear appropriate Personal Protective Equipment (PPE) during the inspection.

#### What we did before the inspection

We reviewed the information we held about the service including statutory notifications received about key events that occurred at the service and the provider's action plan following our previous inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, regional manager, registered manager, deputy manager, nurses, care workers, domestic and administrative staff. We undertook general observations of the environment and interactions between staff and people using the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 inadequate. At this inspection this key question has now improved 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

At our previous inspection in November 2019 we identified the provider was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risks to people's safety had not been adequately identified or managed. Care records did not provide sufficient detail about how to support a person safely and at times care records had not been updated in line with people's changing needs.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

- A relative told us, "[Their family member] is really happy, very safe, she doesn't feel afraid of anything... staff are very good at communication, discussed the COVID vaccine with us and the staff always phone me about anything."
- Risk assessments had been reviewed and we saw they were regularly updated in line with changes in people's needs. Staff were knowledgeable about the risks to people's safety and how to care for people to minimise those risks. Risk management plans included detailed information about how to support people so all staff had access to this information.
- On the whole a safe environment was provided. Equipment was regularly serviced and in good working order. However, we noticed that a cupboard which housed electrical equipment had not been kept locked. We brought this to staff's attention and they immediately rectified it.

### Using medicines safely

At our previous inspection in November 2019 we identified the provider was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because safe medicines management practices were not in place. There was insufficient information to staff about the administration of covert medicines and PRN 'when needed' medicines. We found some of the equipment used for medicine administration was dirty. We also found medicine administration records (MAR) were not kept up to date.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

- One person told us, "The nurse gives me my medicine every morning."
- Medicines were stored securely, at the correct temperature and all medicines management equipment was clean.
- Medicine administration records (MAR) were complete and on the whole we saw stocks of medicines were accurate. We found one medicine for one person had an additional tablet in stock than what was expected. We brought this to the management team's attention who were going to undertake a full investigation. After the inspection the person had been reviewed by the GP and there had been no ill effects on their health.
- PRN 'when needed' medicines had clear protocols in place about what medicines to administer, in what circumstances and at what dose. Safe processes had also been followed in regards to the administration of covert medicine.
- A daily medicines management audit had been introduced to quickly identify and address any concerns regarding people's medicines.

### Staffing and recruitment

At our previous inspection in November 2019 we found that staff did not always work well as a team which often left people waiting for assistance. People felt staff were rushed and task focused.

- At this inspection people told us there were sufficient staff to meet their needs. One person told us, "I have a call bell I press if I need the staff and they come quickly." We observed that call bells were responded to promptly.
- Staff also confirmed there were enough staff to undertake their duties and be able to spend time with people. One relative said, "[Their family member] likes the staff, they always talk to her."
- We observed staff working well together and staff confirmed there was good team working.
- A dependency tool was used to ensure there were sufficient staff, with an appropriate skill mix to meet people's needs.
- Safe recruitment practices were in place to ensure only suitable staff were employed. This included checking their knowledge and experience, obtaining references from previous employers, checking their eligibility to work in the UK and undertaking criminal record checks.

### Preventing and controlling infection

- One person told us, "The place is lovely and clean." Another person said, "The staff always wear masks and gloves and aprons, they always have them on."
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. At our last inspection we found there was a shared 'pool' of 'net knickers' for pads. At this inspection people had their own allocated stock of 'net knickers' to ensure good hygiene and prevent cross contamination.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

At our previous inspection in November 2019 we found there was an inconsistent approach to incident management and people's risk assessments and care plans were not always reviewed after an accident or



incident.

- At this inspection there was a clear incident reporting process in place. The management team reviewed all incidents that occurred to ensure appropriate action was taken to prevent recurrence. This included ensuring staff obtained additional training if required and people's care plans and risk management plans were reviewed and updated.
- From the registered manager's review of incidents they had identified a trend relating to medicine errors. They were taking appropriate action to address these concerns and reduce the number of medicine errors. There had been a change in pharmacy provision which had initially caused some disruptions and delays in obtaining prescribed medicines out of hours. The registered manager was working with the new pharmacy and the GP to discuss medicines management incidents and how to improve the process. The registered manager had also improved training and supervision of staff regarding medicines management and a daily medicines audit had been introduced to ensure sustained improvements.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe at the service and they felt able to speak with staff if they had concerns.
- Staff were aware of safeguarding procedures and the reporting process to follow if they had any concerns about a person's safety.
- We saw any safeguarding concerns were appropriately reported to the local authority and the management team reviewed these concerns to identify any lessons learned and how they could improve the service.

# 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 requires improvement. We have not changed the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and other breaches of regulation identified at our previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At our previous inspection in November 2019 we found the provider was in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not assessed all areas of a person's care and some of the assessments that had been carried out were generic and not tailored to the individual.

At this inspection improvements had been made and the provider was no longer in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care assessments had been undertaken to ensure staff understood and were able to support people with all aspects of their care and welfare. Care assessments were tailored to the individual and included information about how they wished to be supported.
- Where required, staff liaised with specialist community professionals to ensure they received detailed information about how to support people with any specific needs they had.
- Staff were aware of best practice guidance and ensured this was incorporated into their care assessments.

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

At our last two inspections in November 2018 and November 2019 we found the provider was in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff did not adhere to the principles of the Mental Capacity Act 2005 (MCA). Staff had not checked who had the legal authority to make decisions on a person's behalf and we found MCA capacity assessments were not always decision specific.

The 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. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person said, "They give me choice. I can decide what I want." Another person told us, "They listen to me... whatever I want they get."
- Staff were knowledgeable about the MCA and adhered to the principles within the Act. Staff were aware of what aspects of their life people had the capacity to consent to. Where people did not have the capacity to make decisions staff liaised with those that had the legal authority to make those decisions on the person's behalf.
- Where people needed to be deprived of the liberty to ensure their safety, staff appropriately applied to the local authority for authorisation to do so under the DoLS. The manager kept track of all DoLS approvals to ensure they were aware of when they expired and could apply for their renewal.

# 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 requires improvement. We have not changed the rating of this key question, as we only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and other breaches of regulation identified at our previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our previous inspection in November 2019 we found the provider was in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans were not personalised and we found people and/or their relatives were not always involved in their care planning. Care plans did not always capture all the information staff knew about a person and therefore there was a risk that not all staff would support a person safely or in line with their preferences.

At this inspection improvements had been made and the provider was no longer in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received personalised care that met their needs. One person told us, "Staff do know me and my needs well." A relative said, "[Their family member] is definitely treated with dignity and respect, she is washed every day and always has clean clothes. She says she "is more than happy with her care ""
- People's care plans had been reviewed and people and their relatives were involved in the development of them. One person told us, "I have a care plan. It is in my drawer. I do have meetings with the staff about my care plan."
- Staff were knowledgeable about the people they supported and their needs. They were able to describe to us in detail a person's support needs, as well as information about their personalities, their families, their likes and interests. Care plans provided detailed information about people's needs that was reviewed regularly and in line with any changes in people's health.

End of life care and support

At our previous inspection in November 2019 we found the provider was in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans did not provide sufficient information about people's end of life wishes and how staff were to care for them to ensure they had a compassionate and dignified death.

At this inspection improvements had been made and the provider was no longer in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives confirmed that staff had spoken to them about their family member's end of life wishes and how they would like to be cared for.
- People's care plans included information about their end of life wishes and what was important to them to ensure they had a dignified death.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our previous inspection in November 2019 we found the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst there was a programme of audits in place, we found these were not effective and had not identified the concerns we found during the inspection. This meant appropriate action had not been taken to address the concerns or learn from previous incidents. There was no focus on continuous improvement within the home.

Since our last inspection there had been a change in registered manager at the service. They had made significant changes to the service and the provider was no longer in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted, their latest CQC rating was clearly displayed and the registered manager was aware of and adhering to the duty of candour. We saw the registered manager wrote to people and their families when mistakes had been made and outlined what action had been taken to address these errors and minimise the risk of recurrence.
- Staff were also clear about their roles and their responsibilities. They said there was good communication amongst the team and staff reported any issues or concerns to their seniors.
- A relative said, "Staff are kind, caring and put their all into their work, especially during the pandemic. I have nothing but praise for the manager and staff, my relative is very happy."
- The registered manager had made a number of changes since our last inspection and there was a focus on improving the quality of care provided. The registered manager reviewed staff's performance and key information, through a programme of audits and quality checks, as well as engaging with staff, people and relatives. If any concerns were identified we saw prompt action was taken to address the concerns and improve practice.
- Despite the improvements made since our last inspection, it was too early to judge yet whether these could be maintained and sustained. Many of the changes made were relatively new and had not yet been embedded within service delivery. Therefore we did not have the evidence to show consistent good practice over time. We will continue to monitor the impact of the changes made at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since our last inspection there had been a greater focus on involving and engaging with people to ensure service delivery was in line with their wishes and preferences. This included a regular programme of surveys, meetings and engagement opportunities. There had been a particular focus on improving the menu and ensuring people were able to have input into the catering arrangements, as well as regular discussions about activity provision.
- One person said, "We have had a few chats about improvements...sometimes if we have an idea, we discuss it and they listen."
- The registered manager told us they made regular phone calls to relatives to ensure they also felt engaged with and involved in the service. A relative said, "Yes I know the Manager, very good and approachable; she would listen to any concerns." Another relative told us, "The manager is efficient and helpful, wouldn't like her changed, any worries I can talk to her, management always listen to me and would act on any problem."
- Staff also felt well supported by the new registered manager. They felt they were listened to and their views were incorporated into service delivery.

Continuous learning and improving care; working in partnership with others

- At this inspection there was a focus on quality and continuous improvement. Staff morale was high and they were proud of the work they did. They felt the team had become closer during the COVID pandemic and they felt this had improved their working environment and the quality of care provided to people.
- The registered manager was a registered nurse and spent some of her time 'on the floor' working with staff to get to know them and get to know the people they were caring for. They told us this also enabled them to observe care as it was being delivered to ensure it met people's needs and was in line with best practice guidance.
- Staff liaised with other health and social care professionals to ensure people's needs were met. This included in relation to people's health needs, transitions to and from hospital, as well as commissioning and social care arrangements. The registered manager told us they had a good working relationship with the local authority and were open and transparent in their conversations with the local authority quality and safeguarding teams.