

Torrington Homes Ltd

Acacia Lodge

Inspection report

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09 December 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acacia Lodge is a residential care home providing accommodation and personal care to 17 people at the time of the inspection. The service can support up to 32 people. The home also provides a respite service. The service supports a range of people, some of whom have dementia or mental health needs as well as physical health needs.

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

People and their relatives told us that people were safe, staff were kind and that their relatives received good care and support. Health and social care professionals spoke highly of the new registered manager and the work of the staff and management team.

Recruitment processes and procedures were safe. Essential checks on staff had taken place on staff before they started working for the service

People received their medicines safely and as prescribed.

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed and documented. Staff had clear guidance on how to minimise the identified risk to keep people safe.

There were enough staff to meet people's needs.

The home was clean and odour free. There were increased infection control measures, including daily audits, in response to the coronavirus outbreak.

Staff received the training and support to carry out their role effectively through a mixture of online and face to face training. Care staff told us that they felt that the management team was very supportive, and in particular, praised the new registered manager for their support and guidance.

Relatives confirmed that they received regular updates and feedback about their family members.

We found significant improvements at the service since our last inspection. There was a positive culture that focused on providing care that was personalised, and systems were established which supported good care. A new electronic care management system enabled both care and management tasks to be effectively carried out.

The management team were aware of their regulatory responsibilities associated with their role.

Rating at last inspection

At the last inspection we rated this service Requires Improvement. The report was published on 6 September 2019.

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

Why we inspected

We carried out a focused inspection of this service on 9 December 2020. This report only covers our findings in relation to the Key Questions safe, effective, and well led as we were mindful of the impact and added pressures of Covid-19 pandemic on the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 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 carried out 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. The expert by experience contacted the service to speak with people living there, and people's relatives by phone to request feedback. These calls took place on 16 December 2020.

Service and service type

Acacia Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 carried out the inspection visit on 9 December 2020. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information

about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, and two care assistants. We also spoke with one relative on the phone on the day of the inspection. We looked at three care records and three staff files; we looked at various documents relating to the management of the service which included medicine administration records, staff training, supervision records, infection control and quality assurance records.

After the inspection we spoke to five relatives and three people at the service by telephone.

Three health professionals provided positive feedback on the service.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we were concerned that risk assessments did not always provide sufficient information for staff in how to keep people safe.
- We found significant improvements in risk assessments at this inspection. Staff had the information they needed to support people safely. The risk assessments covered a broad range of risks including: preventing falls, moving and handling, nutrition, epilepsy, mental health well-being and skin integrity.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. Equipment was safely stored and all recommendations in relation to fire safety had been implemented.
- There was a maintenance member of staff available to address any building issues that arose.

Staffing and recruitment

- We saw there was enough competent staff on duty. Staff told us "I feel relaxed not stressed. We have had more staff recently we don't use agency." Care staff told us that there were no concerns around staffing arrangements and that whenever staff called in sick or were unable to attend their shift, the managers made every effort to cover the shifts.
- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.
- Relatives told us "The staff are fantastic and very kind, there are always plenty of staff about when I visited" and "The staff are always very busy so more staff would be good."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. One person told us "I feel safe in the home because there's plenty of staff and other people around."
- Comments from relatives included "My [relative] was wandering so I can now go home and rest because I know she cannot get out of the building; I now have peace of mind."
- Staff received training on safeguarding adults and were able to tell us the signs and types of abuse. "It's to protect adults from abuse physical, any financial concern, I would report it all to the manager."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns since the last inspection.

Using medicines safely

- The service had suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were managed safely, and people received their medication when they should. Medication

Administration Records (MARs) had photos of people, their allergies and how to support them with medicines.

- Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Only senior staff were permitted to administer medicines and only did so once they were trained to do so. This included regular refresher training and competency checks to ensure they had the suitable skills to carry out the task safely.
- We checked boxed medicines and found all medicines accounted for. Audits took place regularly to ensure medicines were accurately accounted for.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection. The registered manager carried out a daily audit in relation to COVID-19 safety.
- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment (PPE) such as masks, gloves and aprons and the service was clean. The service provided a laundry service for the staff uniforms in response to the infection control issues raised by the pandemic.
- Staff had received regular and more frequent training on infection prevention and control and the effective use of PPE.
- Throughout the service there were hand-sanitising dispensers, and staff had full access to PPE and sanitiser to carry out their role safely.
- Relatives told us "In the pandemic they have kept in contact from the home with us and we have visited through a window."

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence. We saw lessons learnt were recorded on documents.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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. At this inspection, this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we were concerned that staff were not always receiving supervision in line with the provider's policy and had not been trained in supporting people with epilepsy.
- At this inspection we were confident staff were provided with training and experience to carry out their role. From speaking with staff we were aware they were knowledgeable and supported in their role.
- Staff received a comprehensive induction and completed the Care Certificate on starting work with the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us, and we could see from the training matrix that staff received training in key areas such as moving and handling, safeguarding and infection control through a mixture of face to face and online training.
- Staff received regular supervision and were able to holistically develop their skills through training and education, including numeracy and literacy skills.
- Staff told us they felt really supported by the management team, and in particular the registered manager. One staff member told us "The manager is very good, pleasant, and very approachable," and another said, "I love it here, the manager is brilliant."
- We received positive feedback on staff skills and experience. One person told us, "I am looked after perfectly; the staff are excellent."
- Relatives told us, "Care is excellent for him [relative]; I get lots of information about him. Acacia Lodge has been great for him. He can be agitated but they care for him well."
- A health professional told us "I can praise staff."

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

- At the last inspection we were concerned that everyone had been put on a food and fluid chart despite not needing to be. The requirement to complete these had impacted on staff ability to carry out other administrative tasks.
- At this inspection we found only those people who needed had their food and fluid levels monitored.
- People received the assistance they required to keep hydrated and fed. Feedback included "The food is very good, and I eat well. I have no worries" and "There always seems plenty of snacks and drinks being handed around when I visit."
- "At the beginning of COVID-19 [relative] wasn't well and stopped eating. They have now started to blend her food and [relative] is beginning to eat better."

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

- The registered manager worked to deliver care in line with best practice standards and the law.
- The registered manager assessed potential new referrals to ensure people's care needs could be met by the service. The registered manager met with people and their family, and together with reports from health professionals assessed their needs and recorded people's preferences and routines. We saw care records were personalised in line with best practice and integrated the views of the person, family and professionals who were familiar with the care needs of the person.
- They also risk assessed the person's health and well-being and the fire risk to the person.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- Care records showed the involvement of other health professionals, and the service worked with local health professionals to support people's health and well-being.
- One health and social care professional told us "[Registered manager] is very good in recognising equipment needs for client. They follow all the advice I give."

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 so that they can 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service had a log of when people's DoLS were due for renewal so people's rights were protected. Staff knew to ask consent before providing care, and understood the need for consent for the use of bedrails and other restrictive practices.
- A relative told us "The staff always ask permission even if it is just guiding her back to the lounge" and another said "They are very good and persist and know the way to get around her, so she co-operates. Staff are very well trained in dementia and they diffuse situations very well."
- Care plans noted people's capacity to make decisions.

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 improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found a breach of the regulations in relation to the management of the service as audits did not always accurately reflect the management tasks undertaken. We were not confident the service was evidencing providing good quality care.
- At this inspection we had no concerns regarding the management of the service. We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that had been completed on either a daily, weekly, monthly or quarterly basis
- The provider had installed an electronic care system which also assisted with management tasks including care plan reviews and supervisions.
- The new registered manager worked co-operatively with existing members of the management team to provide good leadership to the staff team and understood and what was needed to provide good quality care.
- The management team understood regulatory requirements, for example, timely statutory notifications to CQC were received following any notifiable events at the service.

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

- The registered manager, management team and senior care staff worked together to promote team work, continuous learning and development throughout the entire team.
- Staff had individual risk assessments to accommodate their health requirements in relation to COVID-19.
- Staff were very positive, "Now we have a very good manager. She listens to us and implements what we say" and "She has made many improvements and makes a good atmosphere to build a team."
- Staff meetings were held monthly and were used to share good practice to continually raise standards.
- Relatives told us that "There's been very good communication since the new manager started, I even get a newsletter by e mail keeping me informed about what's going on."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- Staff were happy in their work and the environment was positive and friendly, with high staff morale.

- Due to COVID-19 internal reviews only were undertaken and minutes sent to the local authority. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- A relative told us "Management changed, and they are 100% better" and "I feel that the new manager is doing well, and the staff seem happier with her. If the staff are happy the residents are happy, so I am happy."
- All six relatives we spoke with told us they would recommend the home to other people. Comments included "I would recommend this home to everyone. The quality of care is excellent. It is a small home, and they treat the residents like family" and "I would recommend because of the excellent staff."
- The service worked closely with a range of external health and social care professionals, to ensure the best outcomes for people were achieved. We received excellent feedback from professionals regarding the new manager and the management team. One professional told us they observed "The staff team are happy and well lead since [registered manager] has started they really appreciate everything she does for the residents and the staff."
- In order to support staff working at the service, two rooms were available on the top floor for staff to sleep in, if this made it easier for them during the pandemic.

Continuous learning and improving care; Working in partnership with others

- The management team kept themselves updated with new initiatives and guidance. This was particularly important during the pandemic as best practice in the management of COVID-19 changed regularly.
- The service worked well with the local authority care team and the community nursing service as well as social workers, dieticians, tissue viability nurses and GPs to ensure relevant information is passed on and there was continuity of care.
- We received positive feedback on the new registered manager who worked in partnership with health and social care professionals. One health professional told us "[Registered manager] is proactive and quick at implementing changes and recommendations." Another health and social care professional told us "[Registered manager] seems willing and listens to advice provided."

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.

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong.