

Meridian Healthcare Limited

Acacia Court

Inspection report

Crawshall Hill
Pudsey
Leeds
West Yorkshire
LS28 7BW

Tel: 01132559933

Date of inspection visit:
07 February 2019
08 February 2019

Date of publication:
01 March 2019

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 Court Care Home is a residential care home that was providing personal care to 32 people aged 65 and over at the time of the inspection.

People's experience of using this service: People and their relatives gave positive feedback about the care they received, and their experience of the service. Staff showed genuine dedication to deliver care in a person-centred way, based on people's preferences.

The provider ensured robust recruitment procedures were in place and followed. Staff had received appropriate training and support to enable them to carry out their roles effectively and safely. Staff received supervision and appraisal of their work performance. There were enough staff to meet people's needs and people's rights, privacy and dignity were maintained at all times.

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. Lessons were learnt about accidents and incidents and these were shared with staff, to reduce the risk of further occurrences.

Medicines were managed safely. People were supported and encouraged to manage their medication independently.

Care plans described the support people needed. These included information and guidance from external healthcare professionals. People's dietary needs and preferences were met. People were positive about the food at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Complaints were managed in line with the provider's policy. People and their relatives were provided with information on how to complain.

People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

Rating at last inspection: The service was last rated Good (published 10 August 2016). For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Good. If any concerning information is received 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 Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The service was inspected by one inspector.

Service and service type: Acacia Court is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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: The inspection was unannounced on the first day. We told the registered manager we would be returning for the second day.

What we did: Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents occurred. We also reviewed information sent to us from other stakeholders for example the local authority, members of the public and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people and one relative during our inspection. We also spoke with three staff, the activity coordinator, the cook, the administrator and the registered manager. We received feedback from one health and social care professional. Following our visit, we spoke with one person's relative by telephone.

We reviewed three people's care records. We looked at the medication administration records (MARs) for all people who used the service. We also looked at documentation relating to the management of the service which included, policies and procedures, training records and staff recruitment records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe. One person told us, "I have never worried about safety here; the staff look after me very well. I know I am safe and I feel safe." People's relative's told us their family member was safe at Acacia Court. Comments included, "The staff do everything to make sure people are safe. My relative is a lot safer here than they were at home."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Staff completed assessments of people's needs to identify any hazards. Care plans and risk assessments had information to guide staff on how to minimise risk to people without being overly restrictive.
- Risk assessments were kept under review and updated when required.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.
- Staff described the importance of the management and prevention of infection within the service and records showed they had completed appropriate training.
- Staff had access to personal protective equipment which included disposable gloves and aprons used when undertaking personal care tasks.

Staffing and recruitment.

- The provider used a formal tool to assess how many staff were required based on people's needs.
- Staff told us there were enough staff to meet people's needs. They said they didn't feel rushed and had time to spend with people. Our observations were that there was enough staff to meet people's needs. People and relatives we spoke with confirmed this.
- Safe recruitment processes were in place and followed.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed when they were no longer required.
- People were encouraged to manage their own medicines where they had the ability to do so.
- People told us they were happy with the support they received to take their medicines.
- Audits and checks were carried out by the registered manager. Action was taken when errors were found.

Learning lessons when things go wrong.

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence.

- The registered manager responded appropriately when things went wrong and used any incidents as a learning opportunity.

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.

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

- Comprehensive assessments of people's needs were carried out before people began using the service.
- People's diverse needs were detailed in their care plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices, diet and gender preferences for staff support. For example, one person requested that they only receive personal care from the same gender of staff. The registered manager had accommodated this request.
- People were involved in making every day decisions and choices about how they wanted to live their lives.
- The premises and environment met the needs of people who used the service. People's bedrooms were furnished and decorated as they wished. People and their relatives told us they found the premises to be well maintained and comfortable. Comments included, "It's like a hotel. The dining room feels like a lovely restaurant" and "My family member's room is perfect for them."

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff completed an induction before they started working with people. A full package of training was completed by staff during their induction and then refreshed annually. Supervision and appraisals were completed in line with the provider's policy.
- Staff told us they felt confident in their roles. They gave positive feedback about the training they completed. Feedback from a recent staff survey showed staff had expressed concerns at not always having enough time to complete online training. Staff said they were now encouraged and paid to complete online training in their own time.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet.

- Staff liaised with other professionals and informed them when people's needs changed to ensure they received effective care and support. Guidance provided had been followed.
- Visits from health care professionals were clearly recorded with any instructions for care and treatment which staff had followed.
- One healthcare professional gave positive feedback about the service. They told us the registered manager was consistent and staff were good at ensuring records were kept up to date. They also said communication was good within the staff team and people always appeared well cared for.
- Staff supported people to meet their nutritional needs. This included assisting people to eat and drink whenever this was required. People told us they enjoyed the meals. A relative told us, "The food is lovely, and the baking is out of this world. My family member has definitely put weight on since coming here. It's so

good to see them enjoying the meals."

- Each person's care plan detailed any particular likes or dislikes and these were respected by staff who also understood the importance of offering people choice in what they had to eat and drink.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 registered manager and staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- We saw appropriate DoLS applications were in place and staff demonstrated a good understanding of the legislation.
- Staff had received training about the MCA. They understood the principles of the Act and how to support people to make decisions in their everyday lives. One staff member told us, "We always give people choices and we ask for people's permission before any aspect of care is undertaken. We respect people's rights."
- Records showed that people had signed to say they consented to their care.

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.

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

Ensuring people are well treated and supported; equality and diversity.

- Staff were kind and caring in their approach. Throughout the inspection, we saw many examples of staff approaching and responding to people in a kind and caring manner. Staff were warm and friendly in their interactions with people and displayed genuine affection for people. We observed lots of laughter, banter and people appeared relaxed in staff's company. Relatives were visiting people and the atmosphere was calm and relaxed.
- Relatives told us they were happy with the care their family member received. Comments included, "They have brought my relative back to life. They had no life until they came here. I cannot thank the staff enough for the wonders they have worked with my relative" and "They are an excellent bunch of staff; they really do care."
- People's equality, diversity and human rights were respected. People were supported to follow their faith by attending local services. A group from the local church also visited the service every two weeks to enable other people to attend services.

Supporting people to express their views and be involved in making decisions about their care.

- Relatives told us they felt very involved in their family member's care. Comments included, "Communication is very good. They have always included me in the reviews and they get in touch with me for everything" and "We have had meetings to see how things are going. I have always felt able to speak to the staff team should I need to."
- Information on how to access an advocacy service was available for people who wished to have additional support whilst making decisions about their care. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff treated them with dignity and respect. Comments included, "The staff will knock on my door and wait for me to say come in" and "Staff are very discreet when helping me in the bathroom." Relatives also gave positive feedback and told us they were confident that their family member was treated with dignity and respect by staff.
- People were supported to maintain relationships with those close to them. Relatives told us they felt welcomed and comfortable when they visited their family member.
- Staff understood people's abilities, and this was respected and promoted. People told us they received support from staff when they needed it. One person told us, "The staff know I can do most things for myself. They always ask, but I just say, 'I can do this for myself'. I have always been independent and intend to stay that way."
- Staff gave examples of how they promoted people's independence. One member of staff told us, "It is very

important to people that we enable them in all possible ways."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care was planned around people's individual needs. Care plans took account of people's likes, dislikes and preferences and were reviewed monthly and updated if required. One relative told us, "When my family member came to live at Acacia Court the staff made a point of asking me what interests and hobbies they had. With staff support and encouragement our family member now spends time doing knitting, or jigsaws which they always used to enjoy."
- The provider ensured that meaningful activities were available to all people who used the service.
- Monthly residents meetings were held and enabled people to express their views on activities they would like to see provided. This had led to a gardening group being established at the service, and a knit & natter group.
- People were supported to participate in activities within the service, to go on trips out with staff or with friends and relatives.
- People received support to be included in their local community. This included visits to a local dementia café, a church group and regular visits from children from a local nursery.
- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender; staff had completed training in equality and diversity.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure; this was displayed around the service.
- Staff understood how to manage complaints and said they reported any concerns to management.
- People and their relatives told us they knew how to make a complaint, and gave the names of people they would speak to if they had any concerns.

End of life care and support.

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- People had an end of life care plan in place which included any wishes they had in relation to their end of life care.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager had a visible presence in the home. They knew people, their needs and their relatives well. They led by example and it was clear they were committed to providing people with a good standard of care.
- The registered manager and staff understood their roles. There was a clear staff structure in place. Two wellbeing coordinators were employed to ensure meaningful activities were planned and facilitated for people.
- The registered manager had an open-door policy and regularly completed a daily walk around of the home.
- There was an open and transparent culture where people were empowered to raise concerns if they felt this was necessary. Staff told us they were always able to escalate any concerns or queries and found the registered manager to be approachable. Comments by staff included, "The manager is a lovely woman, nothing is too much trouble for her; she really loves this place" and "I have never had a manager like this one. I can go to her with anything, she is very supportive and treats staff fairly."
- Relatives spoke positively about the registered manager. Comments included, "The manager is very committed. They are very visible around the home; they don't just sit in the office. She is interested in us as a family and has really taken the time to get to know our family member which means a lot."
- People were asked for their views and opinions on how the service was run. Monthly resident meetings were held and well attended by people. Other feedback regarding the menus had been responded to and changes made where people had expressed their preferences.
- Resident of the day meetings were held which gave each person the opportunity to have their overall care reviewed. One person told us, "I think this is a great idea. It gives you the chance to raise anything you need to with the team. I once raised an issue about the laundry and from that time, I never had any more issues because they sorted it."

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

- The provider had a comprehensive quality assurance system in place. This enabled the registered manager to collate information on a daily basis to show how the service was performing. Information from the quality checks was used to inform changes and improvements to the quality of care people received.
- The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.

- The provider had made prompt notifications about events they were legally required to inform us of.

Continuous learning and improving care; Working in partnership with others.

- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people. Feedback from a visiting professional was positive. They said, "I have no worries about the care here; Acacia Court is a very good home. I would recommend it to anyone needing residential care."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.