

HC-One Oval Limited

# Acacia Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Acacia Lodge Care Home is a nursing home providing personal and nursing care for up to 40 people with dementia and physical disabilities. There were 22 people receiving care at the time of the inspection.

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

Records required improvement. We found gaps in the recording of people's care needs such as, repositioning, fluid management and safety checks.

Medicine management required improvement. We found concerns relating to the information and recording of medicines.

Health and safety checks were in place however, we found records of low water temperatures which increased the risk of Legionnaires disease.

People were not always safeguarded from the risk of abuse. Unexplained bruises had not always been investigated.

The provider and registered manager lacked oversight of the service. Audits completed did not identify the issues found on inspection.

Staff told us they did not always feel supported by the registered manager.

Staffing levels required reviewing. Staff rotas showed there was not always a consistent number of staff for each shift.

People were protected against infection. Staff wore appropriate personal protective equipment [PPE] and the home appeared clean.

People, staff and relatives were encouraged to feedback on the service. The registered manager and staff supported communication between people and their families throughout the pandemic.

Staff demonstrated that they knew people well including their likes, dislikes and personal preferences.

### Rating at last inspection

The last rating for this service was good (12 October 2018).

### Why we inspected

We received concerns in relation to safeguarding and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acacia Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Acacia Lodge Care Home

## 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 a specialist nurse advisor.

#### Service and service type

Acacia Lodge Care Home 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 gave the service 24 hours' notice of the inspection. This supported the service and us to manage any potential risks associated with Covid-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 used all this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including the area quality director, registered manager, deputy manager, nurse, care workers and housekeeper.

We reviewed a range of records. This included five people's care records, multiple care delivery records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and accident and incident records.

# 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 now deteriorated 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; Using medicines safely;

- Staff did not always follow people's care plans and risk assessments. One person's care plan detailed they were at high risk of choking and required staff support with eating. During the inspection, we saw this person eating without staff presence or support. We saw records that staff had checked people's settings for their specialist mattress however, the settings recorded on the charts did not correspond to the setting on the machine. This put people at risk of harm.
- People had individual risks assessed and strategies in place to mitigate the risks however, these were not always followed by staff. For example, we found gaps in records for people who required support to reposition due to risks of developing pressure sores. There were gaps in recording for people who required support with managing their continence. Fluid charts were in place for people at risk of dehydration however, fluid targets were not always met and we saw no evidence that any action had been taken.
- Checks were in place to monitor the safety of the environment. However, hot water temperatures had not always been at or above the required temperature to prevent legionnaires disease. During the inspection we found doors unlocked to rooms which housed prescribed medicines, the boiler and electrical box. This put people at risk of harm.
- Medicine administration record's (MAR) were in place however, staff had not always recorded the rationale for administering 'as required' medicines. Administration of prescribed thickener for drinks had not been consistently recorded by staff as being given with all fluids.
- Prescriptions had been handwritten by staff on the MAR charts. The handwritten entries had not been checked over by another member of staff and the handwriting was difficult to read. This put people at risk of not receiving their medicines as prescribed.
- Protocols were in place for staff to follow for 'as required' medicines. However, not all protocols had the correct information recorded. For example, one person's protocol did not contain the same dosage information as the MAR chart.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- We reviewed staffing levels and found the home had on occasions operated with five care staff in the mornings and evenings for 22 people. One person required 1:1 staff supervision and there were up to 11 people that required physical support to eat and drink. People also required support to mobilise, use the

hoist and have their personal care needs met. This meant people may not have always receive support as needed.

- Not all staff we spoke to felt there were enough staff on duty. One staff member said "We are very short staffed at times. There could be two of us [carers] downstairs looking after 14 residents. People have to wait". One person told us "I sometimes have to wait for the toilet".
- The provider used regular agency nurses to ensure consistency of care. Agency profiles were in place however, they contained out of date information such as training completion dates. The registered manager advised that these would be updated.
- Staff had been recruited safely. Pre employment checks had been completed such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We recommend that the registered manager and provider review the dependency tool and staffing levels, taking into consideration the layout of the building and peoples needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood the signs of abuse. However, not all staff felt the registered manager would take appropriate action if reported to them. A staff member told us of concerns that they had regarding a person's fluid intake and continence management. A safeguarding referral was raised by the inspector following the inspection.
- Systems and processes were in place to protect people from abuse. However, not all unexplained bruising had been investigated and monitored.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, cleaning of 'high touch areas' had not consistently been recorded.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken. This was reviewed to identify trends or patterns and to ensure lessons were learnt.



# 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 now deteriorated to requires improvement. 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

- The registered manager did not have systems in place to monitor the care delivered by staff and if this met people's needs. We saw evidence of gaps in recording on repositioning charts, food and fluid charts, bowel charts and safety checks. There were no recorded actions taken to evidence this had been identified previous to the inspection. This put people at risk of not receiving safe care.
- There was a 'resident of the day' system in place to review care plans. However, not all care plans provided the level of information required. For example; one person had not had a bowel movement for four days. We saw no evidence of what action had been taken. This person's care plan did not document how often they should have a bowel movement or what action staff should take should no bowel movement occur. We saw no evidence of care plans being audited.
- The registered manager had not completed audits on health and safety checks to ensure the environment was safe for people living at the home.
- The medication audit did not identify the concerns found during inspection in relation to transcribing and PRN administration and recording.

We found no evidence people had been harmed however, the provider failed to have sufficient systems to improve the quality and safety of care and maintain a good oversight. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the regulatory requirements to report incidents and events to CQC. Our records showed these had been submitted as required.

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

- Not all staff felt supported in their roles. One staff member said "[registered manager] is difficult to talk to and take on board what you are saying". Another staff member said "I enjoy my job. I love helping and supporting for the residents".
- People were supported to stay in contact with their family during the pandemic via social distanced visits, video and phone calls. However, relatives told us that communication regarding visits could be improved.
- Staff demonstrated that they knew people well including their likes, dislikes and personal preferences. One person told us "This is my home, I do like it here". A relative told us "They [staff] have learnt what

[person] likes and doesn't like. They [staff] have taken interest in [person]".

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

- Complaints were appropriately recorded and managed. Relatives told us that they would speak to staff or the registered manager if they had any concerns.
- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information

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

- People and their relatives were asked for feedback on the service via meetings and surveys. A recent survey completed by relatives showed positive feedback.
- The provider was able to provide information in a different format should it be needed such as easy read or in a different language.

Continuous learning and improving care; Working in partnership with others

- The registered manager was open and transparent with the inspectors and had identified that improvements were required.
- We saw evidence of referrals being made to external agencies including district nurses, dietitians and speech and language therapists.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems and processes had not ensured medicines, risks to people and risks in the environment were consistently identified and mitigated to protect people from potential risk of harm.

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of people, or have sufficient systems to improve the quality and safety of care.