Devaglade Limited

Two Acres Care Home

Inspection report

212-216 Fakenham Road
Taverham
Norwich
NR8 6QN
Tel: 01603 867600
Website: www.twoacres.co.uk

Date of inspection visit: 9 & 21 July 2015
Date of publication: 18/09/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Two Acres is registered to provide accommodation and nursing care for up to 115 people some of whom may be living with dementia or mental health problems. There are four units on the site; Rose, Lily, Fern and Iris. There were 96 people living in the home at the time of the inspection.

This unannounced inspection took place on 09 and 21 July 2015. The previous inspection was undertaken on 23 April 2014 and we found that the provider was meeting all the legal requirements that we assessed at that time.

The current manager had been in post managing the service since December 2013 and was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The provider's recruitment process had not always been followed to ensure that people were only employed after satisfactory checks had been carried out.

The quality of care plans varied and didn't always give staff the information they required to meet people's needs. Not all care plans had been reviewed effectively to ensure that when people's needs had changed the care plan reflected this.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being followed. This meant that where people were being restricted from leaving the home on their own to ensure their safety, this had been done in line with the legal requirements. However, not all staff had an understanding of the Mental Capacity Act 2005 (MCA) or how this should be applied.

People received their medicines as prescribed and safe practices had been followed in the storage, administration and recording of medicines. When there had been any errors in the administration of medicines these had been recorded and dealt with appropriately.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way.

There were enough staff available to meet people's needs. Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed. Special diets were catered for.

There was a complaints procedure in place and relatives of people living in the home felt confident to raise any concerns either with the staff or the registered manager.

The manager obtained the views from people that lived in the home, their relatives and staff about the quality of the service and action was taken if any improvements were needed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

The risk of people suffering harm was reduced because staff were aware of the signs to look for and the actions to take to prevent harm occurring. Staff were aware of the procedures to follow to report any concerns.

There were risk assessment systems in place to reduce the risks to people's safety.

Staff were sometimes employed before satisfactory pre-employment checks had been obtained. There were sufficient staff to meet people's needs safely.

Is the service effective?

Requires improvement

The service was not always effective.

People received care from staff who were well trained. Staff hadn't always received regular supervisions or the annual appraisal on time.

People's rights to make decisions about their care were respected. Not all staff were aware of the principles of the Mental Capacity Act 2005. When people had been prevented from leaving the home unsupervised to ensure their safety this had been done in way that ensured it was in line with legal requirements.

People's health and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's individual dietary needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People's rights to privacy and dignity were valued.

Is the service responsive?

Requires improvement

The service was not always responsive.

People were encouraged to maintain hobbies and interests and to access the local community to promote social inclusion. However, there were minimal activities in the home for people to be involved in.

The quality of people's care plans varied in the quality of content and detail. Information had not always been updated as people's needs changed.

People's views were listened to and acted on. Where possible people, and their relatives, were involved in their care assessments and reviews.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The manager was well respected by staff. Staff felt valued and well supported.

Quality assurance audits had not always been effective in ensuring that improvements were made in a timely manner.

Notifications that the home is required to send to the Commission had not always been submitted in a timely manner.

Requires improvement

Two Acres Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 and 21 July 2015 and was unannounced. The inspection was carried out by four 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

Before our inspection we reviewed the information we held about the service including notifications. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners to obtain their views about the service.

During our inspection we spoke with eight people living at the home, two relatives, three nurses, eleven care assistants, a visiting GP, the manager, the training manager and the provider. We looked at the care records for nine people. We also looked at records that related to health and safety. We looked at medication administration records (MARs). We also observed how the staff supported people. Throughout the inspection we observed how the staff interacted with people who lived in the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

Staff told us that when they had been recruited they had completed an application form and attended an interview. One application form that we looked at contained gaps in the history of employment. The provider told us that these had been explored at interview but as there were not records of the interviews this could not be verified. The records showed that appropriate checks had been carried out and staff were assessed as suitable to work in the home although this had not always been completed before staff were employed and commenced working in the home. Employing staff before all of the necessary checks had been completed could result in unsuitable people being employed. This could place people at risk of harm.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person, when asked if they felt safe, replied, “Of course I do”. A relative of one person when asked if she thought her family member was safe replied, “Oh yes”.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm.

We saw in people’s care records that the provider had used established risk assessment systems to ensure that risks to people were identified and managed effectively. This included people's dependency levels, risk of malnutrition and risk of developing pressure ulcers. Records demonstrated that people's weight was monitored and recorded on a monthly basis to monitor the risk of malnutrition. Moving and handling risk assessments were in place, which explained how people were to be transferred between different environments and what equipment was required to do this safely. The risk assessments had been reviewed on a monthly basis.

We saw that there was a sufficient number of staff working on shift. A relative told us, “There are enough staff.” The provider stated that if people’s needs increased then the staffing levels would be increased and this would be monitored daily. The manager stated that she regularly discussed the needs of the people living in each area of the home with the nurses in charge of the particular areas to ensure that staffing levels were sufficient to meet peoples assessed needs. There were several care assistants who were allocated to provide one-to-one care for people whose needs were more complex and required continuous assistance. Through our observations we noted that these people were always supported by a staff member in order to meet their assessed needs. Other staff cared for the other people. The shifts were well organised and staff were clear about what they were expected to do. Four of the five staff we spoke with on one unit said it would be nice if there was an additional care assistant to assist with the people who did not require one-to-one care, so that more activities could be carried out with people. Although they said they did not think the existing staffing level was inadequate or unsafe.

People confirmed that they received their medication on time. Staff told us that they had completed administration of medication training. The manager stated that all of the nurses had been enrolled in e-learning for the administration of medication. However, neither the training manager or the manager could provide dates of when the nurses had completed their training or if they had completed refresher training. No competency assessments had been carried out to ensure that staff were following the correct procedures. However we observed the medication being administered and the correct procedures were followed. Any errors in the administration of medication or recording had been identified in a timely manner and the appropriate action had been taken to prevent them from reoccurring. Observations showed that the medication round was carried out appropriately. The nurse sought consent to administer medication, reminded people what tablets they were taking and checked that people had taken their medication before signing the administration record. Staff followed good hygiene practice with hand sanitisation. Each person’s record included their allergies, their preferred method of administration, such as with food. Where people required covert administration of their medication, (this is where the person is not aware they are taking their medication but it was in the person’s best interests to take their them) this had been authorised by the person’s GP. Medication trolleys were kept in staff’s view and were not left unattended The record of all medication held tallied with the quantities which had been administered.

Requires improvement

Is the service safe?

The manager stated that accidents and incidents were monitored monthly so that any patterns or trends could be identified and the necessary action taken to prevent them from reoccurring.

A personal evacuation plan was in place for each person, this included the support they needed should an emergency situation occur where people needed to vacate the building. Staff knew what the appropriate fire safety arrangements were including fire alarm test and assembly points. Fire fighting equipment had been regularly serviced. The fire risk assessment had not been reviewed since February 2014. Regular reviews should take place to ensure that the information is still current and no changes to the fire risk assessment are needed.

Requires improvement

Is the service effective?

Our findings

Although staff were not consistently able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards(DoLS) they were able to tell us how they sought consent and offered people choice. Observations showed staff treated people with empathy and respect and tried to involve them in decisions. Staff were able to tell us the decisions people could make for themselves or where people needed support. For example, when to go to the toilet, have a drink or which clothes to wear. However, mental capacity assessment forms used by staff had just been ticked. There was no supporting evidence on the specific decisions people could make or whether they could retain any information. In addition, the assessments did not include details of when people could or could not make decisions. Such as, in a morning or other times of day when people could be more aware of what they wanted to do. Staff told us that the forms for capacity assessments had just been introduced and that they had not yet had any training on them. The manager confirmed that the MCA forms had recently been updated and that she was spending time with staff explaining how the forms should be used.

The manager and nurses were knowledgeable about MCA & DoLS and we saw that applications for DoLS had been made to the local authority when required. In all care plans that we looked at we saw that a valid DoLS authorisation was in place. This was to lawfully deprive people of their rights and liberty. Where people were under constant supervision and were not free to leave staff supported people when they went out on trips. Key coded access to each unit was to prevent people gaining unauthorised access whilst also keeping people safe, this was done lawfully.

Staff told us that they felt supported. However, the records showed that not all staff had received regular supervisions or an annual appraisal. The manager stated that they were aware of this issue and were looking at ways of ensuring that staff received regular supervisions. The manager had put in place a matrix to record supervision dates so that it could be monitored. They also stated that they regularly spent time on each unit and carried out informal supervisions so staff were able to discuss any concerns they might have.

Staff told us that the training programme equipped them for their roles. Staff members explained how new staff were formally inducted into the home. Each staff member had a general induction with the training manager and then a number of days of shadowing an experienced staff member before forming part of the official staff numbers. One care staff said, “I am progressing with my induction. If there is anything I am unsure about I just ask and the nurse in charge or more senior staff always offer support and encouragement.” The training manager showed us how they were implementing the new Care Certificate induction training for new staff. Team leaders observed staff to ensure that they had the necessary skills. The training record showed that most staff were up to date with their mandatory training, or this was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time such as: pressure ulcer management, team leading principles and more in depth caring for people living with dementia training. All care assistants were expected to undertake a healthcare qualification whilst working at the home. This meant that staff had the opportunity to complete essential training and were encouraged to develop their knowledge.

The home had recently changed the main cooked meal from lunchtime to the evening meal. It had been found that as people often had a cooked or late breakfast (at their request) they were not ready for a cooked lunchtime meal. This had been found to be successful in that people were eating more of their main meal. Lunch was pleasant, relaxed and managed efficiently. People were offered choices and enjoyed their food. During lunch staff interacted kindly with people and were attentive to their needs. Staff were seen supporting those people who were not able to eat independently. This was at a pace the person determined and was then comfortable with. Staff talked with people, reminded them what they were eating and let people eat each mouthful. Staff sat with the person throughout the whole meal. People were regularly offered additional drinks during their meal. However on one unit people were only offered drinks at specific times such as meal times and 10.30am to 11.00am. During the day we saw that people in their rooms or public areas did not have any drinks within reach. Staff told us that this was due to risks of people dropping drinks containers and spilling fluids which became a slip hazard. They had not considered providing a more suitable cup. One relative told

Requires improvement

Is the service effective?

us that staff had recognised that her family member had lost weight and had informed her that they had made a referral to the dietician and were providing high calorie supplements. One person told us that if they expressed that they were not happy with the food that they could have an alternative.

Records showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. A visiting GP said, "Whenever I visit there is always a qualified member of staff available and knowledgeable about each person's needs. This makes my job easier and not only do people get their health needs met, staff strive to improve people's quality of life." The GP gave us examples of where nursing staff had worked with them to identify people's underlying health conditions and where people's health had improved as a result. Records viewed confirmed referrals to Tissue Viability Nurse, Speech and Language Therapist and Chiropodists had been completed in a timely manner. The GP said, "Staff act on our advice and implement any guidance offered."

The home was well maintained and there were no unpleasant odours. We saw domestic and housekeeping staff working within the home and staff told us this was the case every day. The environment was fit for purpose and was fully accessible to people with severely reduced mobility and included specialist mobility equipment such as hoisting systems and a range of different assisted baths. Some areas, mainly on one unit, seemed quite bare and clinical and table settings at lunch time were very basic. The provider told us this was so it was easier to keep clean. The outdoor space was very well presented and this gave people the opportunity to enjoy spending time in the gardens.

Good

Is the service caring?

Our findings

One person told us, “Staff are kind when you don’t expect them to.” A relative told us, “Staff are brilliant” and that they, “Always tell the person what they are going to do.” One member of staff told us, “I like working here. I like helping people and making a difference.”

Throughout the day we saw that staff were attentive to people’s needs. One example was where a person required support after a fall. Staff spoke calmly with the person, checked their health and if they were experiencing any pain. One staff said, “Don’t worry [name of person] we will keep an eye on you and monitor you frequently.” Where people living with dementia were being supported by staff they engaged in conversation and if the person indicated that they wanted to sit down, go to their room or have a drink staff supported the person to do this. A relative said, “One good thing about Two Acres staff is that whenever I visit [family member] they are always dressed appropriately, look clean and have their [personal care] needs met. I can’t fault them at all.” One person living at the home was supported by staff to travel to Gt Yarmouth to have their haircut as they had always had their haircut there for the past 40 years. Although some people could not express their thoughts verbally, we observed a positive recognition of staff in their body language and facial expressions.

We observed kind and caring discussions between staff and people who lived at Two Acres. Staff addressed people courteously using first names and at eye level. Staff demonstrated an understanding of how to meet people’s needs. They spoke about and behaved with empathy towards people living with dementia. People recognised the staff and responded to them with smiles. One person told us it was their birthday and we saw staff supported the person to celebrate this with singing and conversation about what the person was going to do.

Although staff were busy they did not rush people and were polite and friendly. We saw that people felt happy to move freely around the home. One relative told us her family member loved music and had been dancing with a care assistant during an activity session.

Staff asked people their permission before moving any of their belongings such as a walking frame. Staff also explained to people what they were doing when they helped them with their mobility such as carefully guiding them to sit down in to a chair.

Three staff described how they had undertaken dementia training and training about dignity. This had involved putting themselves in the place of the person being cared for. They had experienced what it was like to sit in wet incontinence pads, been assisted to eat and had tried to drink some of the fortified drinks served to people to allow them to understand the consistency of what people were consuming. All staff said that aspects of this training had made them think hard about what it would be like to have to be cared for and had given them a greater sense of empathy and compassion for the people who lived at the home.

People were treated with dignity and respect. Staff told us that they closed doors when providing support with personal care and kept them covered up when possible. They also told us that they knocked on people’s bedroom doors before entering. We saw this happening on the day of the inspection.

Care plans had been written in a way that promoted people’s privacy, dignity and independence. Where possible people and their relatives had been encouraged to take part in making decisions about their care and support. Each person had an “About me” book which included people’s life story, likes, dislikes and information about tasks they could do independently. A relative said, “I like it here because my family member gets all their care they need by staff who genuinely care.”

Requires improvement

Is the service responsive?

Our findings

The quality of the care plan's varied between units. On one unit people's care records that we looked at were not very detailed. For example, one person's personal care guidance included, "Offer full support" without any further explanation of what this was. In addition, where people whose behaviours could challenge others were recorded, there was no guidance for staff on any antecedents for people's behaviours, what the calming measures were and what worked or what did not work so well to ensure people's support was as effective as it could have been. This was especially so for any agency nurses or care staff who would not know the person's needs as well as permanent staff. Although care plans had been reviewed on a monthly basis this had not always highlighted inconsistencies in the information contained in the care plan. For example, the snapshot of information for one person stated that they could eat and chew all foods including meat. However, their main nutrition care plan stated that they only had pureed foods. This meant that staff didn't always have access to information that would enable them to support people in line with their assessed people's needs. This could place people at risk of receiving care that wasn't appropriate or safe.

This was a breach of Regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, on another unit the care records were presented in a consistent and user-friendly format and contained a full assessment of people's needs and covered important areas of care such as personal care, mobility and dietary requirements. People's relatives with lasting power of attorney had signed their care plans to indicate they agreed with and had been consulted about their contents. We also saw that staff were aware of people's personal history and that this was taken into consideration when providing their care and support. For example, one person had always enjoyed going fishing so the activities coordinator organised and accompanied them on a fishing trip.

We saw that where people required additional equipment to meet their care needs, this had been provided. For example, profile beds, soft mats and assistive technology (sensors to detect when people got or fell out of bed). When needed people were given the extra support they needed. For example, we saw one person becoming slightly distressed as they wanted to "go home" and staff took the time to talk to them and remained with them until they seemed more settled and happier.

The home employed an activities coordinator, who organised events such as theatre trips, boat trips and other excursions outside of the home. These headline events, whilst positive, were not sufficiently supplemented by the moment-to-moment activities that were more suitable for people living with advanced stages of dementia. People were kept safe and were appropriately supervised although sometimes they were not sufficiently occupied and were left sitting in chairs sleeping for long periods of time. The training manager confirmed that items for activities for people living with dementia had been provided. For example, a rummage box of different items for people to look at and hold. However, not all staff understood that this was a meaningful activity for some people. We were told the rummage boxes had been put away in case anyone tripped over any of the items. This meant that for some people support to take part in meaningful hobbies and interests were not provided. Relatives told us they had not needed to complain. One relative said, "If there is anything that needs changing or improving I just ask [the staff] and whatever I ask for happens." Staff knew what the provider's complaints policy was. The process for complaining was clearly displayed in each unit. This was only in a written format and some people may benefit if alternative formats such as easy read, large print were available. The complaints record showed that any complaints received had been investigated and appropriate action had been taken in response to the findings.

Requires improvement

Is the service well-led?

Our findings

Regular staff meetings had not been held. The minutes from June 2014 showed that the intention was to have staff meetings on each unit. However, some of the units had not had a staff meeting since June 2014. This meant that the views of staff were not always sought in as many ways as possible and limited staff's opportunities to raise any concerns or suggestions.

Audits were in place although these hadn't always been completed regularly. Audits that had recently been completed included medicines, health and safety issues and care plans. The manager had found that although audits had been completed there was not always clear evidence to show that improvements had been made in response to the findings. The manager had recently determined that an action plan should be in place as a result of each audit. This was so that it was clear to see what improvements were needed, who was responsible and when they had been completed. However, audits had not always highlighted issues such as repositioning charts not being completed regularly or care plans containing conflicting information. This meant that people were at risk of receiving care that was not appropriate. As no one had identified conflicting information in care plans then staff could be following the wrong information and not meeting people's current needs. For example, one staff member might be aware that a person should have soft food to prevent choking but another member of staff might not be aware.

Notifications that the manager is required to send the Commission had not always been received in a timely manner. The manager stated that they had waited until they had as much information as possible before sending the notifications but they would ensure they were sent in a timely manner in the future. This limited the information provided to the Commission and could put people at risk if relevant organisations were not alerted to concerns in a timely manner.

There was a manager in post who had worked in the home since November 2013 who was very knowledgeable about the service and current best practice. The manager was applying to the Commission to become the registered manager. The manager had assessed all areas of the home when she commenced her role and had devised an action plan of improvements needed. The manager told us that she was aware of the concerns that we had raised where improvements were needed and was currently working through her action plan.

We were told by staff that the manager was approachable. All staff were complimentary about the support they received from the manager, senior care and nursing staff. One said, "I see [name of manager] most weeks I am on shift. They always ask if I am okay, if things are going well, or if there is anything or support I need." Another said, "Since I started working here the support has been very good."

There was a good atmosphere at Two Acres and staff took pride in their work. Staff understood their lines of accountability. All staff we spoke with knew the provider's values and beliefs about putting people first in everything. One said, "It's about people and ensuring their needs are met in the most dignified and respectful way." Staff told us they enjoyed working in the home and that they would be happy for a relative to live there.

The training manager told us she organised training that staff required. She then followed that up with an observation of their working practice once to ensure that they were working in line with the aims and philosophies of the home and best practice guidance. The training manager had devised a board game about the philosophies of the home to make the training more interesting and interactive for staff to complete.

The manager attended training and local meetings with other home managers to ensure they remained up to date with changing legislation.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy. We discussed the whistle blowing policy with the manager and they were able to evidence how this had worked effectively to ensure that people received the care that they required.

The first relatives meeting had been held in May 2015. The meeting had been informal and had discussed the reasons for having meetings and what subjects would be included

Requires improvement

Is the service well-led?

in future meetings. Questionnaires had recently been sent out to people and their relatives for feedback on the quality of the service. A report was to be made available once the questionnaires had been analysed.

There were links with the local community. People used local amenities such as shops, pubs, restaurants, a zoo and the garden centre. Religious leaders came into the home and conducted a service once a month.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Recruitment procedures had not been operated effectively to ensure that people were suitable before they commenced employment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care plans did not contain current information to ensure that people's needs were met.**