Ms Julie Coombs

Acacia Care Home

Inspection report

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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

This inspection took place on 11 April 2016 and was unannounced. The home provides accommodation and personal care for up to 12 older people, including some people living with dementia. There were 11 people living at the home when we visited.

The provider was in day to day charge of the home. As the registered person they had legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a homely environment and were treated with kindness and compassion. We observed supportive positive interactions between people, staff and the provider. There was an open, trusting relationship; it was clear they knew each other well.

People felt safe at Acacia Care Home. The provider and staff had received appropriate training in a range of subjects, including how to protect people from the risk of abuse and meet their individual needs. The home was meeting the requirements of legislation designed to protect people's rights.
Staff were available when people required them.

People's needs were met effectively and they were supported to make their own decisions.
The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. People were involved as far as possible in planning the care and support they received.

There were suitable systems in place to ensure the safe storage and administration of medicines.
Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

People enjoyed their meals and received a choice of suitably nutritious home cooked meals based on their needs and preferences. People were supported to engage in a range of planned and ad hoc group and individual activities of their choosing.

People were happy with the way the service was run. The provider sought informal feedback from people and had a process in place to deal with any complaints or concerns.

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.

People felt they were safe and staff were aware of their responsibilities to safeguard people. Risks to people and the environment had been assessed.

People received their medicines at the right time and in the right way to meet their needs. There were enough staff to meet people's needs and recruitment procedures ensured all necessary pre-employment checks were completed.

Arrangements were in place to manage emergency situations.

Is the service effective?

Good

The service was effective.

People's rights and freedom were protected. The provider and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS).

People were supported to have enough to eat and drink. Their health and well-being were monitored effectively and they were supported to have their medical needs met.

Staff received appropriate training and support to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring, and positive relationships with people and treated them individually and with dignity and respect.

Staff understood the importance of respecting people's choices and privacy. People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that met their individual needs. People were supported to make choices about how they lived their lives.

Care plans and activities were personalised and focussed on individual needs and preferences.

There were formal processes in place to manage complaints.

Is the service well-led?

Good

The service was well-led.

People, external professionals and staff felt the home was run well. The provider was in day to day charge of the home.

Formal and informal quality assurance systems were in place to monitor and ensure the service people received. Policies and procedures had been reviewed and were available for staff. The provider understood the responsibilities of their role.

The provider stated they aimed to provide a homely environment where people could be happy and as independent as possible. These values were understood and accepted by staff.

Acacia 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 the 11 April 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a
Provider Information Return (PIR). This 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.

We spoke with seven people living at the home and three visitors. We observed care and staff interactions with people in communal areas. We spoke with the provider and three care staff on duty. We also spoke with two health care professionals who had regular involvement with the home. We looked at care plans and associated records for four people, staff duty records, staff recruitment and training files, records of accidents and incidents, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Safe? Oh Yes. Very". Another person told us, "Yes I feel safe here; the staff are always around and know what help I need". They went on to tell us the actions the provider had taken to reduce the risk of other people accidently entering their room. They told us that a previous problem with people walking into their room had been solved when staff placed a notice on their door reminding people it was a bedroom door and they should not enter. Other people and visitors also responded that they felt the service was safe. One visitor said "I have no worries; they always call if there is a problem so I don't need to worry".

One person was at risk of pressure injuries and was being assisted to reposition regularly when they were in bed. An airflow mattress had been provided and was being used correctly. However, staff were not following safe procedures when repositioning at night as they were not using a slide sheet and one staff member was repositioning the person on their own. Slide sheets are equipment used for repositioning people that reduce the risks to people of injuries. Slide sheets were available in the home and the provider ensured one was placed in the person's room and that staff were made aware of the need to always use these. The provider reviewed the person's pressure area care plan with a health care professional and changes were made to ensure the safety of the person and staff.

Risk assessments were relevant to the person and actions required to reduce the risk had been completed. These included the risk of people falling, nutrition, use of stair lifts and support with moving around the home. Risk assessments had been regularly reviewed and were individualised to each person. When correctly followed these procedures helped ensure people were safe from avoidable harm. Where people had fallen, assessments were completed of all known risk factors and additional measures put in place to protect them where necessary. We observed equipment, such as pressure relieving devices, being used safely and in accordance with people's risk assessments.

Environmental risks were managed appropriately. For example, the first floor fire exit was fitted with an alarm to alert staff that the door had been opened. The home did not have an electrical wiring safety certificate which is a check which should be completed to ensure electrical supplies are safe. The provider arranged for a company to complete this shortly after the inspection. Records showed essential checks on the environment such as fire detection, gas and equipment, such as the standaid, were regularly serviced and safe for use.

One staff member told us, "We all do safeguarding training and I would report any concerns to [name provider] or social services". The provider was also aware of safeguarding and what action they should take if they had any concerns or concerns were passed to them. There were appropriate policies and procedures in place to protect people from abuse. Staff had received training in safeguarding adults. They knew how to identify and report abuse, and how to contact external organisations for support if needed. Contact details including phone numbers were available in the main and care staff offices. Staff said they would have no hesitation in reporting abuse and were confident the provider would act on their concerns.

There were plans in place to deal with foreseeable emergencies. Staff had undertaken first aid and fire awareness training. They were aware of the action they should take in emergency situations. Personal evacuation plans were available for all people. These included individual detail of the support each person would need if they had to be evacuated. Systems were in place to ensure fire detection and fire safety equipment was regularly checked to ensure it should function correctly if required. Records viewed confirmed these checks were completed.

People received their medicines safely. People told us they received their medicines from staff and that they could request 'as required' medicines, such as paracetamol for a headache if needed. We saw in handover notes that a person had requested paracetamol at night and this had been provided. Medicines were administered by staff who had received appropriate training. We observed staff administering medicines and the procedure used ensured the safe administration of medicines. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Medicines were stored securely according to the manufacturer's instructions and there was an appropriate process for the ordering of repeat prescriptions and disposal of unwanted medicines.

People told us there were enough staff. One person said, "I have my call bell. If I use it, whatever the time, they always come quickly, I never really have to wait". Another person said of the staff, "They always seem to be around". A relative said "The staff are busy but they do have time for a quick chat with me and to make me a drink when I visit". Visiting health professionals said staff were always available to support them.

Staffing levels were determined by the provider who assessed people's needs and took account of feedback from people, relatives and staff. Two staff were on duty through the day and at night the awake staff member was supported when required by a sleep-in staff member. The provider or another senior staff member was also on duty in the mornings and covered some additional shifts and sleep-ins at night when required. Duty rosters showed that staff covered additional shifts when necessary ensuring staffing levels were maintained at a safe level. A staff member said, "It can get busy, especially as we are full at the moment. We get all the care done but sometimes we don't get things like the cleaning all completed". Another staff member said, "I'm happy to work extra shifts when needed". The provider said they offered overtime to care staff to complete additional cleaning. We saw staff had time to spend with people informally chatting and that at no time were people rushed or hurried by the care staff.

The process used to recruit staff helped ensure staff were suitable for their role. The home had a small long term staff team and had only recruited one new staff member since our previous inspection. A full work history and confirmation of the applicant's identity were available and a criminal history check and two references had been completed. The staff member confirmed the recruitment process and checks had been completed prior to them commencing employment.

Good

Is the service effective?

Our findings

Everyone was complementary about the meals provided. One person told us, "The food has improved 100 per cent. They have just got a new cook who is very good". They confirmed choices were available and that they were able to request hot drinks or snacks when they wanted them and "they bring them round often so I don't really have to ask". Another person said, "The food is good, I like it". We observed the lunch time meal which was a relaxed, informal social occasion. People were supported to the dining room and able to sit with people they enjoyed sitting with. Several people had their meals in their bedrooms at their request. People ate their meals and appeared to enjoy them.

People received appropriate support to eat and drink enough. Where needed, staff encouraged and assisted people to eat their meals. People were offered varied and nutritious meals, which were freshly prepared at the home. Choices were provided in a way to encourage people to make decisions. Catering and care staff were aware of people's preferences and dietary needs which were met. Pictures of various meal options had been obtained and those for the day of the inspection were seen on a notice board in the hall. Pictures act as a visual prompt and can help people living with dementia to make a more informed choice. Alternatives were offered if people did not like the menu options of the day. Hot and cold drinks were available throughout the day and staff prompted people to drink often. Staff monitored the food and fluid intake of people where necessary. One person had a poor appetite and was receiving a nutritional supplement.

People were happy with the personal and health care they received. One person said, "The staff always remember to cream my legs in the morning and evening". Another person also said they got the help they needed. People said they could decide when they received support. One person said "If I tell [care staff] I'm not ready to get up they just say let us know when you want to get up". Another person said they felt the care they received was good and their needs were met well. A visiting health professional commented that people always looked well cared for. People were observed to be appropriately dressed and with attention to hair and nails.

People were able to access healthcare services and received the personal care they required. Everyone we spoke with told us they could see a doctor or other healthcare professionals when needed. One person told us they had "seen the optician" and "the chiropodist comes every couple of months". Care records contained information about people's previous known healthcare needs and treatment and what support they required with ongoing medical needs. Care records also showed people were referred to GPs, community nurses and other specialists when changes in their health were identified. Discussions with the provider showed they were aware of how to access medical advice and when this may be required. They described the action they were taking to seek medical advice for a person who had experienced several falls in the previous week. Two health care professionals said they had a positive relationship with staff and their recommendations and guidance were followed.

Care files included information about personal care needs and the support individual people required to ensure these needs were met. Care staff were able to describe the support people required. People received the level of support they needed but were encouraged to be as independent as possible to help maintain

current skills. Care records recorded the personal care people received such as repositioning (where required) and the provision of personal and continence care.

Staff showed an understanding of consent. Before providing care, they sought consent from people using simple questions and gave them time to respond. One staff member said, "If a person says that they don't want care at that time then we leave them and go back later".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). 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. Assessments and discussions with the provider and staff showed everyone was able to make day to day decisions and action had been taken, such as picture cards for meal options, to promote and support decision making.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was aware of when and how to make DoLs applications to the local authority. They had the contact details for the local MCA and DoLS lead and described situations where they had previously sought guidance. No-one living at the home was subject to a DoLS authorisation.

Staff were knowledgeable about the needs of older people and how to care for them effectively. People said they thought staff knew how to care for them. The care staff team had all worked at the home for several years and told us they regularly completed update and refresher training. All staff had achieved at least a level 2 care qualification with the majority having a level 3 care qualification. All training was provided via computer with a knowledge check at the end to check staff had understood the content and could apply it to their practice. Staff said although this training was good they would prefer some training such as first aid and moving and handling to be more practical. Records showed staff were up to date with essential training which was monitored by the provider and staff were reminded when updates were due. Due to the changing needs of people living at the home the provider had identified a need to add some additional courses such as end of life care and understanding behaviour.

People were cared for by staff who were supported to work to a high standard. Staff were supported appropriately in their role, felt valued and received regular formal and informal supervision. One staff member told us, "[The provider] is always available and works with us when needed." Another member of staff said, "[The provider] will keep an eye on the laundry when they are here as their office is next to it". The provider worked with care staff on a day to day basis and said this provided them with an opportunity to observe the care provided by staff. Formal supervisions, which provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs, were held every two months. The process used ensured topics such as training and areas for individual staff improvement were discussed. All staff had been provided with a copy of the staff handbook and the general social care council code of conduct for social care staff. These contained a range of essential information for staff which they could refer to when required.

Acacia Care Home is an older house and some areas were in need of essential maintenance work. We noted

a window frame in one bedroom which had significant wood damage and damp areas in the entrance porch. The provider stated they had identified a need for maintenance work which would be completed in the summer when the weather was more suited to external work. People told us they liked their bedrooms and the communal areas of the home. Adaptations had been made to the home to make it suitable for older people, such as assisted bathing facilities. The majority of the bedrooms were on the first floor which was accessed by a stair lift. Bedrooms were personalised with items important to their occupants and people could bring in personal items when they were admitted to the home. This helped people living with dementia to feel they were in a safe familiar place. A lounge and separate dining room were decorated and furnished in a homely style. There was access to the enclosed rear garden which was level and provided seating suitable for people.

Good

Is the service caring?

Our findings

All the people we spoke with said staff treated them in a very caring way. One person told us "The staff are wonderful, excellent, really kind and more like family." Another person said of the staff "They are all kind, I like them". Visitors were also positive about the staff. They commented that staff always welcomed them and appeared happy. Visitors and people said there was a consistent staff team who they had got to know. These views were echoed by two health professionals we spoke with.

Staff treated people with kindness and consideration. For example, when staff were serving meals they engaged people in conversations about the meal and ensured they had meals they liked. One person required encouragement with their meal. The care staff member encouraged them in a calm patient manner and reheated the meal which had gone cold. Another person was distressed and staff were patient and used distraction to divert the person. All members of staff spoke positively about people and knew them as individuals. However, we noted some negative terminology in the way some staff wrote in the handover book. For example, one person was recorded as being "little moody this morning". This was not a respectful way to describe someone and did not detail the behaviour or help other staff understand what may have been the issue.

Staff understood people's individual needs. One person said the staff "know me and what I like". Due to the size of the home and staff team people were cared for by staff who worked with them frequently and knew them as an individual. Staff were aware of people's preferences which were met. For example, staff were heard saying to a person "You choose the biscuits you want; I know there are some of your favourites on there [biscuit plate]". This showed staff encouraged people to make choices but knew their preferences. The provider has sourced picture cards of meals which were used to help inform people about the menu options. These could also be used to help people choose what they would like to eat. Pictures were also available to help inform people about planned activities. We observed staff supporting people gently when moving around the home by holding their hands and offering reassurance and guidance. When a person was unsettled staff were aware of the best responses to give to reassure the person about a family member they were concerned about. Staff encouraged people to move at their own pace and offered them choices, such as to where to sit in the lounge or dining room. When necessary staff knelt down to make eye contact with people to ensure they were listening when asking them questions.

People were encouraged to be as independent as possible and were involved in planning their own care. When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. One visitor said "[The provider] met with us and asked us lots of questions, you know like what [the person] liked to eat". People's preferences, likes and dislikes were known. Care files contained individual information about personal preferences such as those around food and drinks. Support was provided in accordance with people's wishes. Staff were clear that people were never made to get up unless they were awake and ready to rise. People told us they could remain in bed as long as they liked and spend time where they liked in the home. We saw some people chose to remain in their bedrooms and others spent time in communal rooms.

Staff ensured people's privacy was protected by speaking quietly and ensuring doors were closed when providing personal care. All bedrooms were for single occupancy. People stated that staff ensured their privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. One person told us how staff had acted to reduce the frequency of people mistakenly entering their bedroom. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

People were encouraged to express their views both formally and informally. Meetings were held with people. The minutes of these showed topics such as food and activities were discussed. Where people preferred to remain in their bedrooms the minutes showed they had also been consulted. This meant everyone had the opportunity to express their views and for these to be considered. We observed staff asking people informally for their views about day to day decisions such as what film to put on the television and if they had enjoyed their meal. This encouraged people to express their views and helped people retain control over their lives.

The provider had identified a need for staff to undertake additional training including end of life care. Once completed this would help staff to have the skills and understanding to provide end of life care in a sensitive and competent way.

Good

Is the service responsive?

Our findings

People received personalised care from staff who supported them to make choices and were responsive to their needs. Everyone we spoke with told us they were happy with the way they were looked after at Acacia Care Home. One person told us that they were "very happy here, no complaints". Another person described the staff as "really wonderful". Visitors were also positive about the way people were cared for, as were health professionals we spoke with. A health care professional commented that staff knew the people and were always able to answer their questions and help them during visits.

Initial assessments of people's needs were completed using information from a range of sources, including the person, their family and health or care professionals. The provider visited people prior to admission and sought relevant information to help ensure their needs could be met. Care plans provided adequate information about how people wished and needed to receive care and support. They each contained information of the individual care people required throughout the day and night covering needs such as washing, dressing, bathing, continence and nutrition. These detailed what people could do for themselves and how they needed to be supported. For example, care plan guidance for staff included the use of simple prompts and questions so as to enable the person to respond. This helped ensure people received consistent support and maintained their skills and independence levels.

The provider reviewed care plans monthly; however, this had not always ensured that care plans detailed how all aspects of a person's care were being provided. For example, the care plan for one person stated 'Ensure blood glucose check schedule is followed'. When we requested these records the provider explained that they were not testing the person's blood glucose levels but would contact the GP if they had any concerns. Some parts of other care plans also had limited detail. However, as the staff team was very consistent and were able to describe the care people required this was unlikely to have an impact on people.

Processes were in place to respond to people's changing needs and accidents and incidents. When these occurred staff completed an accident report which was then reviewed by the provider who detailed any action that was required to reduce the risk of recurrence. For example, one person had experienced six falls in the week prior to the inspection. The provider had contacted the person's GP with a view to determining if there may be a medical reason such as a urine infection. Action had also been taken by staff following each fall including seeking emergency medical treatment such as paramedics when required. Although the cause of the falls was not always known some had occurred due to the person rolling from their bed. A protective 'crash mat' had therefore been placed beside the bed to reduce injuries should this type of fall reoccur. Two health professionals told us the provider was responsive to people's needs and contacted them appropriately when people's needs changed.

We saw staff followed the care plans and people received the care they required. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Care staff were able to describe the care individual people required and were aware of the information in care files which they had access to at all times. The provider was very 'hands on' and

covered some care shifts including sleep-ins at night. We saw them giving advice to staff and ensuring that all tasks were completed. Staff told us they received a handover from the previous staff team at the start of each shift. Records of care people had received and the staff handover book showed people were checked regularly at night and care such as repositioning was being provided.

People received mental and physical stimulation through a range of formal and ad hoc activities and were protected from the risks of social isolation and loneliness. One person who stayed in their bedroom said they were not lonely as "staff are always in and out, they chat and I enjoy my television". Each week an external activities organiser visited the home and undertook a variety of group and individual activities. These included music, craft and pampering sessions. On other days staff organised an activity each afternoon, although these were not well recorded and the provider could not evidence that they always occurred. On the afternoon of the inspection a film was being shown on the television. People told us they liked watching television. People were also provided with newspapers and individual activities. Throughout the inspection we saw staff initiating ad hoc discussions and interactions with people. Care files contained information about people's interests and preferred activities.

People were given opportunities to express their views about the service. The provider said they made a point of talking to people and visitors and felt this meant people could raise any issues in an informal way which could be quickly resolved. People knew how to complain or make comments about the service and the complaints procedure was displayed on the notice board in the hall. People told us they had not had reason to complain, but knew how to if necessary. The provider had formal systems in place for recording and investigating complaints should any be received.

Good

Is the service well-led?

Our findings

One person described Acacia Care Home as "like a home, like a family". Another person said, "The staff are wonderful, it's the same small team who are around when I need them". Visitors told us they always received a warm welcome and staff recognised and knew them. People said they liked the environment which they felt was homely and that staff were around to talk with them when needed.

Staff told us they enjoyed working at the home. Comments included: "I love working here, it's like a home from home" and "I love coming to work here". Most staff had worked at the home for many years. We spoke with two staff who had returned to work at the home having left due to geographic reasons. People, staff and the provider all used the term "family" when talking about the atmosphere and culture of the home. We observed staff worked well together which created a relaxed atmosphere and was reflected in people's care. We saw positive, open interactions between the provider, staff, and people who appeared comfortable discussing issues in an open and informal way. The provider regularly worked as a member of the care staff team and was aware of people's needs.

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. People and visitors said the provider was always around and they felt able to talk to them about any concerns. They were confident these would be sorted out. There was a close working relationship between management and staff who had the best interests of people at heart. Staff said they were able to raise issues or concerns with the provider and were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary. The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents and complied with the requirements of their registration.

Formal and informal systems were in place to monitor the quality of the service people received. The provider said that working with staff enabled them to informally monitor the way staff worked and thus monitor the quality of care provided. They also provided on call support and regularly covered sleep-in shifts at night. The provider said they also ensured the quality of the service provided by talking to people, relatives and staff. More formal quality assurance systems were also in place, including seeking the views of people about the service they received. Surveys had been sent to people, visitors, staff and external professionals. Additional surveys were left in the hallway should visitors wish to complete these. The surveys could be completed anonymously and those already completed showed everyone was happy with the service provided at Acacia Care Home.

The provider had purchased a provider care compliance system which they stated had helped direct them in ensuring the smooth running of the service. This covered all aspects of managing a care home and provided monthly updates and information to keep the provider up to date. The provider had completed the Provider Information Return (PIR) when it was requested. They stated completing the PIR had assisted them to undertake a full review of the service provided at Acacia Care Home and had identified a number of areas for improvement. We saw the plan the provider had made detailing the actions taken to address the

identified areas. For example, they had identified a need for a maximum/minimum thermometer for the medicines fridge and obtained one which we saw in use.

The provider had control over budgets within the home and were able to authorise expenditure. This meant there was no delay as they were able to directly contact external professionals and approve emergency repairs to ensure the safety of the environment and services provided. Urgent repairs were therefore completed quickly with limited impact on people. For example, we identified that the provider did not have a certificate to show the home's electric wiring and sockets were safe. They took immediate action to arrange for a company to assess the home. All other documentation relating to the safety of the home was in place.

There were a range of policies and procedures which were relevant to the home and service provided. These were reviewed internally by the provider and amended when required. Policies and procedures was available to all staff at all times. This ensured that staff had access to appropriate and up to date information about how the service should be run.