Torrington Homes Ltd

Acacia Lodge

Inspection report

37-39 Torrington Park
London
N12 9TB

Tel: 02084451244
Website: www.acacialodgeuk.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 26 June and 3 July 2018. Acacia Lodge is a 'care home'. People in care homes receive accommodation and 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.

Acacia Lodge is registered to provide accommodation for up to 32 people who require personal care. The home also provides a respite service. The service supports older people, many of whom have dementia. There were 28 people living at the home at the time of our inspection.

We last inspected this service on 11 July 2016 and the service was rated good. Since the last inspection there has been a change in the provider's company name. This means the home has been registered as a new service but there is a clear link between the old location and provider and the one currently registered.

There was a registered manager at the service, who was on leave at the time of the inspection. The service manager was providing day to day management of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe and enjoyed living at the service and we saw staff were kind and caring.

We found a number of issues with fire safety including one fire exit door which had the key pad code changed but not all staff knew the new code to enable a quick exit. This issue was resolved subsequent to the inspection.

We found there were comprehensive care plans and risk assessments in place for people living at the service. People received good quality care.

The service was clean throughout, and staff used effective controls to minimise the spread of infection.

We could see quality audits took place on a regular basis. However, we found the service did not always ensure all building related matters were safely managed. We also found the service had recently moved people to different rooms without the necessary consultation and impact assessments taking place.

Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. The service was not always recording accidents and incidents thoroughly. The service have updated their processes subsequent to the inspection.

Whilst the majority of safety checks had taken place related to the building and facilities, for example, fire

safety equipment and hoists. We found the gas cooker had not been serviced annually to ensure it was functioning safely since installation in 2016. Subsequent to the inspection this has now taken place.

All necessary checks took place prior to staff starting work; so staff were considered safe to work with vulnerable adults. We found staff were not rushed when providing care, but we have asked for staffing levels to be reviewed to accommodate all safety concerns around people who have behaviours that challenge, and the risk they pose to other people.

Medicines were safely stored and administered, and people told us they received medicines on time.

Staff undertook training in key areas and supervision and appraisal took place regularly. Staff told us they felt supported and enjoyed working as part of the team.

The service had been awarded five stars for food hygiene, and people told us they enjoyed the food.

We found a breach of the regulations related to safe care and treatment of people due to poor fire safety at the premises. We have made a recommendation in relation to staffing levels.

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 consistently safe. Fire safety was compromised at the service.

Risk assessments were in place to cover and mitigate all identified risks.

Staff recruitment practices were safe and all checks were in place prior to people starting work at the service.

Medicines were safely stored and administered.

Is the service effective?

Good

The service was effective. Supervision, appraisal and training were taking place on a regular basis.

People enjoyed a balanced diet and were supported to eat healthily.

Health professionals told us staff worked in partnership with them to support people to achieve good health.

Is the service caring?

Good

The service was caring. People told us staff were kind and we witnessed positive interactions between staff and people using the service.

People's cultural needs were met.

People were encouraged to be independent and this was documented on their care plan.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive, up to date and gave a detailed account of people's needs and abilities.

There were activities taking place at the service.

Complaints were dealt with and family members told us they found the service responsive.

Is the service well-led?

Requires Improvement

The service was not always well led. Fire safety had been compromised at the service. Accident and incident forms did not capture sufficient detail to show learning.

The majority of family members told us they were happy with the care of their relatives.

Staff worked effectively as part of a team and audits took place in a number of key areas.

Acacia Lodge

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.

We undertook an unannounced comprehensive inspection of the service on 26 June and 3 July 2018. The inspection team consisted of one inspector, a specialist advisor who is a qualified nurse and two experts-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 the inspection we reviewed information we held about the service in our records. This included information sent to us by the provider through the Provider Information Return. We also reviewed safeguarding alerts and notifications of important events at the service.

As part of the inspection we looked at three staff recruitment records, three supervision records for staff and the training matrix for the team. We spoke with the service manager, the nominated individual representing the provider, the HR manager, three care staff, the activities worker and the chef. As the registered manager was on leave the service manager was 'acting manager' at the time of the inspection and is referred to in this role throughout the report.
On the day of the inspection we also spoke with a social worker from the local authority and a health professional, both of whom were visiting the service. We spoke with 10 people who used the service and two family visitors to the service. We spent time watching two activities taking place, care provided in the communal areas, and support to people during lunch.

We looked at care records for four people living at the service. We looked at medicines storage facilities, documents relating to medicines administration, audits carried out by the service and we also inspected the building. Following the inspection we received feedback from two health and social care professionals and four additional family members responded to our request for feedback.

Requires Improvement

Is the service safe?

Our findings

People told us "The place makes me feel safe. My room is fine. I'll sit here [in the garden] all day long." "I feel safe. I don't feel any threats." A relative told us about their family member, "I feel that she is safe." One person told us due to an incident with another person living at the service they now felt they needed to keep their door shut but they told us despite this "I do feel safe here."

Staff were able to tell us about safeguarding adults from abuse and what they would do if they had any concerns. "I will report any abuse to my manager first and record it. If my manager does not do anything I can report it to the CQC."

Safeguarding was discussed at induction and staff undertook refresher training to ensure they remained knowledgeable about the issue. Staff understood the importance of whistleblowing and how to alert external organisations if they were concerned about the quality of care. During the period of the inspection a whistleblowing incident was being investigated by the local authority as it related to potential safeguarding incidents.

Accident and incident reports were in place for the majority of incidents. We were aware that whilst one incident in May 2017 was on a collated list of incidents, there was no detailed accident form in place. As a result we could not see what happened or how the registered manager dealt with the event. Also, on the existing forms, it was not always clear what action was taken by the management following incidents to minimise re-occurrence and maximise learning from incidents.

We discussed this with the acting manager who outlined for us the actions taken by the service for the majority of the incidents. They also undertook to update the form to include whether the local authority and CQC had been contacted, and detail of action taken including updating care records or medical attention sought. At the time of writing the report the acting manager had sent us an updated form and told us they had discussed the new forms and incident reporting process with the staff team.

Fire drills were taking place and fire safety equipment had been checked within the last 12 months but we were concerned to see that a bolt was located and used on one of the external fire escape doors that was not accessible for all staff due to its height. The key pad number on one of the fire exit doors had been changed in the previous three days and the acting manager was not aware of the new number. This meant the acting manager was not able to open the fire exit quickly, as they needed to get the new code from a second member of staff.

We also found that an external door, that was not a fire exit, but was another means of escape had a non-opening mechanism fitted despite having a key located near the door. This meant the door could not be opened.

These concerns were evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the acting manager. They ensured the bolt on the fire exit door and the mechanism on the additional escape route door was removed that day so all three doors could function as a fire exit. Within a week, we saw documentary evidence that work had been completed so the key pads to the two external fire exits were linked up the fire alarm system so in the event of a fire would no longer require a key code and open automatically. The acting manager told us and the local authority they had contacted the fire brigade to discuss fire safety at the service but the fire brigade did not intend to revisit the service at this time. The service had a fire risk assessment carried out in December 2017 with an action plan setting out further requirements to be undertaken within six months. The acting manager sent us information to show these had been actioned, although we had found one exit that was not usable as an exit at the inspection and the action plan had highlighted the need for all exits to be available in the action plan.

Cardboard boxes, which were a potential fire safety risk, which had contained fans and air conditioning units were stored in the basement on the first day of the inspection. The acting manager told us they would be removed the following day, and we saw they were no longer in the basement when we revisited the service eight days later.

At the inspection we found there were enough staff on duty and they were not rushed at busy periods such as lunchtime, providing care. One staff member told us "the people are safe we have enough staff to care for the people. We don't use agency and we plan ahead and we are very good at covering the shifts most of the time." However, we were aware there was one person who required additional supervision due to their potential for behaviours that can challenge putting other people at risk of assault. This person had assaulted another person within the last six months. We discussed this with the acting manager who told us they were checked on every thirty minutes by staff, but we saw a short period when people were left alone in the lounge with this person, without staff, due to them supporting people with personal care.

We recommend that the provider reviews staffing levels, considering the requirements of people with behaviours that can challenge the service.

We found the service had systems in place to minimise the spread of infection. The service was clean, and staff used aprons and gloves to provide personal care and serve food. One person told us "The place is clean they are always cleaning." The service had achieved five stars, the highest level for food hygiene from the Foods Standard Agency.

The majority of safety checks had taken place at the service including hoists, electrical systems and the lift. Whilst the boiler had been gas safety checked the gas cooker had not been checked since being installed in 2016. The acting manager provided evidence that the gas cooker had been checked in July 2018 following the inspection.

Medicines, including controlled drugs were safely stored within appropriate temperature range, recorded accurately and administered safely. Medicines given covertly were administered in line with good practice, and were reviewed regularly. PRN, as needed, medicines were in place with appropriate guidance so staff knew when to give people medicines. Medicine patches were recorded on body maps, with the date and site of administration recorded. Staff giving medicines had their competency assessed regularly.

Risk assessments were in place, were detailed and provided information for staff in managing risks. They covered a variety of risk areas including diabetes, falls, skin integrity, medicines and nutrition. They were person centred and gave details of potential triggers and recommendations for action if the risk occurred. For example, for one person who could have unpredictable behaviour staff were reminded that this person

was worried about wasting water and so this impacted on their desire for personal care. It was suggested staff who knew the person provided personal care and as the person liked football and music these could be used to assist with a calming environment.

Recruitment of staff was safe. Criminal records checks and references were in place prior to staff starting work. Proof of identity and address were on file. This meant staff were considered safe to work with people who used the service.

Good

Is the service effective?

Our findings

People told us they thought staff had the skills to look after them. One person told us "I called them once when I woke up sick. They came quickly and looked after me." Another said "I am a very demanding person and the staff step back when I get difficult. I find it fair. They are strong people. They deal with me well." Relatives told us they thought the staff had the skills to care for their family members. "I have always found the staff to be good." Another relative told us they were always welcome at the service and specifically turned up at different times which was a 'good test' of the care at the service, which they passed.

Staff undertook an induction which involved shadowing, on-line training and practical training in manual handling. Staff were trained in key areas such as dementia, fire safety, food hygiene, safeguarding and moving and handling, theory and practical. The service had a system for tracking when refresher courses were due and staff were up to date with training. We saw staff undertaking moving and handling of people and they used equipment safely.
All staff had had an appraisal in March 2018 and supervision had been taking place but not always with the regularity as set out by the provider's policy. The acting manager told us they now had a system in place to ensure three monthly supervision took place.

The majority of people praised the food at the service. They told us "The food is great" and "The food is quite nice. Nine times out of ten it is OK. I don't like pasta and the cook knows that. There's always a choice." "I would give them full marks for the food. I am a fussy eater. I like Irish stews and I can't always get what I want. I find it hard to eat in front of people and I can eat in my room." Only one person said "The food is awful. It repeats." When asked if there was enough variety, this person said 'No'.

One relative told us "He's always eating. I would come and live here." Other relatives told us they thought their family member was happy with the food. Only one relative told us they thought the service could bring in food this person liked more regularly from outside. Overall, we found people were happy with the food provided by the service.

At lunch, the diners were shown the plated food and asked to choose between two main courses. Portions were generous and the plated meals were attractively presented. We discussed pictorial menus and the service said they had tried these, but some people found them confusing. The acting manager told us they will have a range of options to show people food, pictures and sample meals.

We noted that there were no drinks left out for people despite it being a hot day. The acting manager told us that people poured drink from cups back into the jug if they left it out, so they routinely asked people if they were thirsty and brought around drinks on a regular basis. We saw people were offered drinks between meals.

We could see that the service worked with health professionals to ensure people had access to effective healthcare. People told us "If I needed a doctor they would call one." Relatives told us they were kept informed if there were any health issues with their family member.

One health and social care professional told us they found the service worked well with them to minimise pressure ulcers and staff were capable of providing effective care. There was good management of continence at the service. The absence of urinary tract infections for people with catheters showed good care in this area.

A health and social care professional also told us communication was good as staff knew people's care needs. Care records showed the involvement of health professionals including district nurses, dieticians, psychiatrists and chiropodists.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had systems in place to show us who was on DoLS and when they needed to be renewed. When asked about the MCA one staff member told us,"It's about how the service user makes choices about what they want. Everybody should be treated as if they have capacity. We must do everything to ensure that they understand their rights." They added "If somebody does not have capacity everything we do must be in their best interest and we must use the least restrictive measures." Staff understood about consent and the importance of asking before undertaking any care task.

The service was located in two adjoining terraced houses. There was a lift to access upper floors and there were communal, accessible bathrooms at the service. There was also a garden for use by people living at the service which both lounges looked onto, providing a pleasant view. On the day of the inspection several people were sitting out in the garden. The service had provided parasol cover from the sun as the weather had been exceptionally hot. They had also installed air conditioning units and fans in the communal areas so on the day of the inspection the service was moderately cool.

Good

Is the service caring?

Our findings

People were unanimous in their praise of the staff. People told us "I need help with bathing and they are gentle with me. I like someone helping me and they do…I have everything I want." Another person told us "The staff are fantastic. They look after me. They are very nice. Everybody is wonderful." We were also told "They [the staff] are beautiful]; I like it here. I have no complaints."

A relative told us "He's looked after OK. The staff are very good. We have never had any complaints about anything. He can get stroppy and they know how to handle him. They have to have a lot of patience." Other family members told us they found the staff kind and caring. Another relative told us "I have always found the staff to be good, yes kind and caring."

People told us they were treated with dignity and respect. "I love being by myself. I don't sit in the lounge. They knock on the door to see if I want a cup of tea." Another person said, "I am alright here. I like it. I get on with the staff. They always knock before they come in." A relative told us, "They are respectful, she told me that they always knock before coming into her room."

We could see that people's individual preferences were respected. For example, we heard staff say to one person "Here you like this it's your favourite. Do you want some more?" One person told us "I am a lone wolf. I don't go into the lounge. I have made my room home. I have made it personal. The green outside is pretty to look at. With the TV, this is my world and I am alright with that. "Another person had recently moved into the service with a cat. We could see from meeting notes, the service had asked other people living there if they were happy with the prospect or had allergies. People were happy for the cat to move in. The cat lived mostly in the person's room and went in and out of their ground floor window, but other people told us they liked the cat being around.

We saw staff were gentle and caring with residents. They addressed them by name and were very familiar with them. Staff were attentive; at one point the manager noticed that a person had been sitting in the sun for some time and asked a member of staff to move them into the shade, with their permission. One person told us they had brain damage from suffering abuse from a relative and that they were anxious. To overcome this they walked around with a laminated sheet that reassured them that they were not going to die. This had been made for them by a member of staff, which they appreciated. We saw kind gestures between carers and people who lived at the service, a reassuring hand on the shoulder or squeeze of the arm.

We saw care records emphasised what people could do as well as their needs. People were encouraged to be as independent as they could be. One person told us "I have signed a care plan and they discussed with me what I want." The activities manager told me that they try to involve relatives and friends of residents in activities at the home. "The granddaughter-in-law of a resident said she would come in and sing. We try to engage the families to play a part in the home because it's good for the residents themselves. One resident likes to lay the table and another to fold the serviettes. A resident has said her son will help with the garden but it hasn't happened yet."

"It doesn't feel like home because I would like to be able to step into the kitchen when I want to make a sandwich and I would like to be able to play loud music. The staff are caring. I would recommend the place to other people. The care is very good. If I have visitors they ask if they want a cup of tea and a sandwich." Only one person told us was less positive about their care, but we could see that the staff were working with health professionals to address this person's multiple health needs in the most sensitive way.

People's cultural and religious needs were noted on care records, and were met by the service. One person told us "If I want to go to church they always take me." We heard one of the carers speaking to a person in Italian as they had reverted to their mother tongue, this was positive for the person and their family members.

A family member told us it had been difficult initially for their relative to settle at the service as they were in denial they had any memory problems, but the staff had worked hard to support this person to settle. This person was now relaxed at the service and this showed in their demeanour and expression.

Good

Is the service responsive?

Our findings

Care records were extensive, detailed and up to date. They covered a broad range of needs and provided good insight into the person, their needs and how best to meet them. The care records were person centred. For example, one care record noted a person may be low in mood and this contributed to their lack of motivation. In relation to mental health one care record noted "Staff to be aware I do not like busy or noisy environments." Care records were updated monthly or when a significant event occurred.

The service offered was person centred for the majority of people, for most of the time. For example, "One of the carers goes shopping for me. I have a fridge in my room." The activities manager told me that they shop for this person. "At first, he just wanted sweets, but he has increased his shopping list and I get him mature cheese and yoghourt."

However, one person told us "I don't get meals when I want them. Breakfast is at 8 and lunch is at 12 to 1pm. It's too early for me. The meals are too close together. They can't change that: it's fair. It's just me. I like to eat when I'm hungry. They will make me a sandwich if I'm hungry." The acting manager told us they worked with people to accommodate their needs and personal preferences and would ensure this was reinforced to people living at the service.

There were activities taking place at the service, and once monthly the service invited in musicians or other performers to the service. We saw there were activities in the lounge in the morning and afternoon. Activities include 'sitting netball', poetry, reading from the newspaper, board games and bingo. There was a summer barbeque and a winter pantomime. This summer the service planned a visit to a Christian Fellowship centre. We were not made aware of any other planned outings. There were also events around the calendar, such as Christmas, Easter and Valentine's Day celebrations. A hairdresser/manicurist visits about once a month or when needed.

The activities worker told us "What I try to do is to get residents talking to each other. Every day is different. I cannot plan: it depends how people react to what we are doing." The activities manager tried to find activities that interested the residents. For example, they had engaged one resident in the World Cup coverage, despite them originally saying that they were not interested. The activities co-ordinator also visited some people in their rooms if they were not willing to sit in the lounge, "when they allow me to talk to them".

The activities worker said that she could see progress among residents, for example in ball catching and in general knowledge as a result of the newspaper reading sessions. As the groups were targeting people who were more cognitively alert we asked how the activities were appropriate for people with significant cognitive impairments. The activities worker told us . "Even those who can't communicate can do something." For this group of people there was music and sitting netball.

The activities worker told us they attended sessions run by the local authority for activity managers. These had inspired activities. We discussed further training for this role with the acting manager who told us this

was planned.

The activities worker said that she could see progress among residents in ball catching and in general knowledge as a result of the newspaper reading sessions, and exercises or games which was positive.

People told us they could make a complaint if they needed to. "I would never have a problem complaining if there was something to complain about." Relatives told us the management team were approachable and they felt issues raised were dealt with quickly. "If I had a complaint it would be dealt with." Another family member said, "I have no complaints and if I did I would go and speak to the manager or someone in charge." One family member told us they had raised concerns regarding their family member's care and this was being addressed. There was a complaints policy in place. We could see that complaints were logged and dealt with by the service. The service also kept a log of compliments which we viewed.

There were 'DNAR' do not attempt resuscitation records on the front of files and these were signed by the relevant doctor and relatives. The acting manager told us they were committed to supporting people to remain at the service for as long as possible if they were terminally ill and worked with health professionals to achieve this wherever possible.

Requires Improvement

Is the service well-led?

Our findings

We found there were some areas in which the service was well led, but there were other areas which required improvement.

At this inspection we found issues of concern with fire safety and the recording of accidents and incidents. We were also aware that the service had not recently managed the movement of people between rooms in a person-centred way involving all stakeholders. Although family members had been notified, the provider could not evidence they had consulted all parties involved in the person's care, including the people themselves or the commissioners. There were no impact assessments in place to minimise harm to people arising from the move. However, at the time of writing this report the service had developed a protocol to ensure that any future moves were managed more effectively and consultation was evidenced. The people had also been returned to their original rooms.

There were other ways in which the service was well led. There were systems in place to monitor recruitment, training, DoLS and care records. There were audits taking place in key areas including medicines, care records, infection control, equipment, health and safety and laundry audits. People were emphatic in telling us that their laundry never went missing.

Staff were committed to the service and providing good care. People told us that staff turnover was minimal and the acting manager confirmed this was the case. Staff told us they were well supported in their roles and enjoyed working at the service. One long standing staff member told us "The registered manager has inspired me to do well and to progress. [name] is very kind and caring and helpful. This is a good team and we help each other." Another member of staff told us "They make you feel like you are important and part of the team."

We could see that staff meetings took place regularly and best practice issues were discussed as well as training, care records and data protection. Staff told us their views were listened to. Residents meetings also took place regularly. We saw food, activities, the cat, and feedback on the service were all discussed. One staff member told us "We want to know what would make their lives better and easier. Sometimes they don't want much."

Relatives told us "I would recommend this service" and "It's very well run." A health and social care professional told us they found the acting manager responsive and relatives told us they found the registered manager accessible and responsive.

It was noted by staff that there had been several managers in the last five years. The provider was aware that changes in management personnel presented challenges for the service, but told us they were developing systems to ensure information was stored and accessible to all management staff to minimise disruption as far as possible.

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 The provider did not ensure the premises were safe to use for their intended purpose as fire safety was compromised. Regulation 12 (1)(2)(d)