Acacia Lodge Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Acacia Lodge Care Home is a nursing home providing accommodation, nursing and personal care for up to 40 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 25 people using the service.

People's experience of using this service and what we found
There was a lack of effective monitoring in place and this had resulted in poor outcomes for people using the service. There was a lack of management and leadership within the home.

The provider did not always ensure there was staff deployed who were knowledgeable about people and the home to meet people's needs. Staff had not had all the required training to meet people's needs, for example training to meet people's needs who were living with dementia. High numbers of agency care and nursing staff were deployed, who were not always familiar with the people they were caring for and the health and safety procedures of the home. The provider placed both staff and people at risk.

People experienced task led care which resulted in their dignity not being promoted or protected. People were not always supported to maintain their independence and have the opportunity to take part in activities and access the local community.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice.

People's communication needs were recorded, and staff understood people's preferred communication. There was some evidence that people had been involved in making decisions about their care. However, people also told us they felt isolated and did not have the opportunity to be involved in activities in the home or local community.

Medicines were well managed. The home was clean and tidy, and measures had been taken to reduce the risk of the spread of Covid-19. Learning from accidents and incidents took place to prevent recurrence.

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimize risks. people accessed other health care professionals as and when required.

The provider was open and transparent and developed an action plan to mitigate the concerns found on the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service under the previous provider was requires improvement (published on 8 January 2021). We also undertook an infection prevention control inspection (published 21 January 2022)

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is requires improvement.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'all reports' link for Acacia Lodge Care Home on our website at www.cqc.org.uk

Enforcement
We have identified breaches in relation to safe care and treatment, person-centred care and governance and leadership at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Acacia Lodge Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors.

Service and service type
Acacia Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acacia Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 6 February 2023 and ended on 9 February 2023. We visited the location on 6 and 7 February 2023.

What we did before the inspection
We reviewed information we had received about the service and sought feedback from local authority commissioners who work with this service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to share this information during this inspection.

During the inspection
Some people found it difficult to communicate with us about their experiences of support due to their complex support needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 6 people and 5 relatives of people who used the service about their experience of the care provided. We spoke with 15 members of staff including care assistants, nurses, kitchen staff, housekeeping staff, maintenance staff, administrative staff, operations manager, a representative of the provider and the provider. We observed the lunchtime meal to understand people's dining experience. We reviewed care plans and records for 6 people. We also reviewed a sample of people's medicine records, various records relating to the day to day management of the service, quality assurance and key policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always provided with safe care. Staff were not always knowledgeable about people and the day to day operational procedures of the home. The provider placed both staff and people at risk.
- People received inappropriate support to eat; this placed people at risk of harm. We observed staff attempting to support a person to eat in a horizontal position. The person was distressed. The inspector was required to intervene and suggest repositioning the person to eat in a more upright position. This person's care plan identified they required support to eat while being positioned at a 45 degree angle.
- Shift leaders were not familiar with the fire operating system in place, how many people were currently living at the service and were unable to give the appropriate details about people to other health professionals. The provider placed both staff and people at risk in the event of an emergency.

The provider failed to ensure service users received safe care and treatment. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks such as water safety, fire safety and falls from height had been consistently been monitored and managed to mitigate risk.

Staffing and recruitment

- We received mixed feedback from staff about whether there was enough staff on shift to meet people's needs. One member of staff told us, "It isn't unsafe, but we can only get the absolute basic's done." Another member of staff told us, "We haven't been listened to, I don't know how much further they can stretch us before something goes wrong."
- The provider used a recognised dependency tool to ascertain how many staff were required to safely meet the needs of people; however, consideration had not been given to the high use of agency staff, some of whom did not know people or the home well. Staff told us this sometimes meant people did not always receive care in a timely manner.
- The provider followed safe recruitment processes through relevant pre-employment screening and checks. This included completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider was actively recruiting all grades of staff at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

● People were safeguarded from the risk of abuse. Systems in place showed appropriate actions were taken to keep people safe. Agency staff felt confident in contacting the on-call person if they had concerns about people's safety.
● Not all staff had received training in safeguarding; however, they knew what actions to take if they suspected abuse. This included raising concerns with the provider or an external agency. Staff had acquired this knowledge from previous employments.
● Staff liaised with external agencies and made appropriate notifications which helped to ensure timely action was taken to keep people safe.

Using medicines safely
● Medicines were safely managed. People received the medicines they needed in a consistent and safe way.
● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medicine administration records (MAR) were completed and signed appropriately. Medicine records contained relevant information including any allergies, how, when, why and the dosage of people's medicines.
● When people needed medicines on an 'as needed' basis, protocols for staff to follow were in place.

Learning lessons when things go wrong
● Improvements to the quality and safety of the service had already taken place since taking over as the new provider. For example, to ensure consistent recording and oversight of pressure area care, only permanent staff were responsible for recording and reviewing repositioning charts, food and fluid monitoring and the management of wounds.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were mostly assured that the provider's infection prevention and control policy was up to date. Training was out of date for many of the staff, however, we observed staff following best practice guidance.

Visiting in care homes
● The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to ensure suitably trained and supervised staff were deployed to meet people's needs.
- The provider had their own list of mandatory training which set out clearly the frequency of training. The providers updated training records evidenced staff had not received training in many of the providers mandatory course and essential to providing care in line with best practice. For example, 75% of staff had not completed 'dementia care', 53% of staff were not up to date with first aid awareness, 56% of staff were not up to date with infection control, 65% of staff were not up to date with pressure care and 44% of staff were not up to date with safeguarding adults training. The provider could not be assured staff were trained and competent to meet people's needs.
- Only 21% of staff had completed the Care Certificate. The Care Certificate provides staff with the fundamental skills required for working in adult social care. There was no evidence of staff being supported to obtain professional qualifications. For example, a diploma in social care of a national Vocational Qualification (NVQ).
- Since 1 July 2022, health and social care providers registered with CQC must ensure that their staff receive training on learning disabilities and autism appropriate to their role. No training had been provided to staff in learning disabilities and autism.
- Staff told us, and records showed, staff did not receive regular supervisions and did not always feel supported or listened to in their roles. Staff told us they didn't always feel valued in their role.

The provider failed to ensure staff were competent to provide safe and effective care. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People did not always have a positive mealtime experience. We observed a person being supported to eat for 45 minutes; throughout this time the meal was not reheated, and no specialist cookware was in place to keep the meal warm.
- People and their relatives gave mixed feedback the quality of meals and the choice of food and drinks offered. One person told us, "The food is good, I get lots of choice. If I have any special requests, the cook is good and makes it for me." Another person told us "The food is average, sometimes the meat is tough."
- Where people had specific dietary requirements, plans were put in place to meet these. We saw staff followed the guidance in these plans. The cook was aware of people's dietary needs including people who required their fluids thickened or foods fortified.
- Food and fluid intake charts were kept for people staff had concerns about. Referrals were made when

required to appropriate professionals. For example, Speech and Language Therapists (SaLT) who provided guidance and support with managing people's intake of food and fluids safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The service documented people's health conditions in their care plan. However, not all staff were familiar with people's care needs. We observed, and permanent staff told us, the high use of agency staff including nurses meant care staff and auxiliary staff were required to direct agency staff throughout their shifts. One staff member told us, "They [agency staff] cannot know service users health and care needs in a short space of time. It's impossible. They do their absolute best. Permanent staff take the weight of the shift, even when they are not shift leaders because we know the service user's needs. We have some regular agency staff who are getting to know service users well which does help."

● People's care plan had details of their GP and any other health professional's involvement. People were supported to attend annual health checks, screenings and primary care services.

● People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the shift leader for escalation and action.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed before they started receiving care and care plans were developed based on those assessments, which considered the views and preferences of people and their families. Staff used this information to develop personalised care plans.

● Care needs were kept under review and care plans updated accordingly. A relative told us, "They came to visit [person] at home before [relative] moved in.

● Staff understood peoples assessed needs. Staff followed the guidance in the electronic system which alerted staff to complete care for people. Staff were able to record what support people had in the system and this was checked daily by senior staff to ensure it was accurate. This was a new system in place which was in the process of being embedded.

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

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 MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People were supported using the principles of the MCA. Staff understood the principles of the MCA and we saw they asked for consent before supporting people.

● MCA assessments had been completed and best interests decisions had been taken and documented

where people lacked capacity to consent to their care.
● Where required a DoLS authorisation had been sought for people who were deprived of their liberty, we saw this was monitored and applied for appropriately.

Adapting service, design, decoration to meet people's needs
● People lived in an environment that was accessible and suitable for their needs. The home was clean, well-maintained and had a homely feel.
● People personalised their rooms and were included in decisions relating to the interior decoration.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with dignity and respect and their independence was not promoted.
- People's experience of care was affected by the insufficient deployment of trained staff who knew people's care needs and were familiar with the day to day operational requirements of the home. The provider had not taken account of staff and people's views, needs and preferences when allocating staffing levels.
- People experienced a task led mealtime experience which resulted in their dignity not being promoted or protected. Two people who required support to eat were being supported at the same time by one staff member. We observed people being supported to eat with a dessert spoon which staff overloaded. We observed one person being supported to eat a meal that had gone cold. We observed people being supported to eat in silence. At times, there was no conversation, encouragement or explanation of the care being provided.
- Observations showed people received care that was rushed, and task based. At times, the impact of people being rushed meant they were treated with a lack of dignity and respect.
- People and staff told us there was a lack of support for people to maintain their independence. One person told us they spent a lot of time in their room as there was nothing to do. Another person told us, "My wheelchair is no use to me now, I don't get the opportunity to be in it; I've lost all my independence."

The provider failed to ensure people were provided with appropriate person-centred care by trained staff that met their needs and preferences. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were positive about the kindness of individual staff. We also observed kind, encouraging and supportive conversations with people.

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

- We found some evidence that people had been involved in making decisions about their care. Where people were able, they contributed to regular discussions about their care.
- Some people's care plans included information on the way they would like their support to be provided and the activities they would like to take part in. However, staffing deployment reduced the ability of the service to respect the decisions people had made. For example, decisions about activities people wanted to do.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People did not always have the opportunity to take part in activities and access the local community. The service did not have an activities coordinator at the time of the inspection, however, this post had been recruited to, and pre-employment checks were in the process of being undertaken.
- The provider informed us there had been an additional staff member deployed on every shift to try and support with activities. However, staff told us this additional staff member was required to meet the basic care needs of people and activities were not regular. People's care records showed some people had 1 recorded activity in the previous 4 weeks, other people had none recorded. One person told us they were "bored".
- People's care plans included information about people's life history and their preferences and were reviewed regularly. We saw some staff used this information when supporting people. One staff member told us, "Staff [permanent] know people well, we have had the time to get to know them and read their care plans." We observed some staff have meaningful conversations with people about their family and current media events.

End of life care and support

- People had not developed their end of life care plans to record their wishes and preferences. The provider told us this was an area of development that had already been identified and an action plan was in place to address this.
- 67% of staff had not received training in end of life care.
- There was no one receiving end of life care at the time of our inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider and staff understood the accessible information standard. People's communication needs were identified and recorded in their care plans.
- Documents could be provided in alternative formats if required, such as large font or easy read.

Improving care quality in response to complaints or concerns

● The provider had policies and procedures in place to handle complaints. A relative told us the provider had responded positively to a concern that had been raised and the issue had been addressed promptly.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and staff. This put people at risk of harm.
- The provider failed to have effective systems in place to ensure staff were effectively deployed at the service. Shift leaders, who were responsible for the day to day operational running of the service in the absence of managerial staff being on site, did not have the appropriate knowledge about people and the health and safety operations of the home. Shift leaders did not know how many people were currently living at the service, were not familiar with the fire procedure and were unable to share accurate information with other health professionals involved with people's care. People were not always treated with dignity and respect.
- The provider failed to ensure people received personalised care that was responsive to their needs. We observed people's care was task focused and rushed. People did not have the opportunity to take part in activities or access the local community. There was a risk of people becoming isolated.
- Systems and processes to ensure staff had the skills, knowledge and training to meet people's needs was not effective. We found not all staff had training in dementia care, infection control, pressure care, safeguarding adults and end of life care. The provider could not be assured staff were trained and competent to meet people's needs.
- The provider failed to ensure staff received regular supervision and an appraisal of their performance. Staff were not supported to obtain qualifications relevant to their role.
- Audits were not effective in driving service improvement. A provider audit and audits undertaken by commissioners who work with the service had identified concerns in multiple areas of the service. However, the provider had failed to ensure actions had been taken in a timely manner to address the shortfalls identified. This placed people at risk of harm.

The provider failed to ensure the quality, safety and leadership of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Since the last inspection there has been a change in ownership of the service. There was not a registered manager in post, however, a new manager had been appointed and a start date had been confirmed.
- The provider was responsive to feedback throughout the inspection and acknowledged the lack of progress made on action plans in place. A new operations manager had been recently recruited and

evidenced some improvements that had already taken place including more robust auditing tools. These had not yet been embedded into the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People, relatives and staff were not consistently invited to share their views to contribute to the running of the home. Meetings were not scheduled on a regular basis. A quality assurance survey was in the process of being sent to relatives during the inspection. Some staff told us they felt confident in sharing their views with the provider.
- Some people's relatives told us communication from the home was not always good and they had difficulty gaining feedback about their loved one's wellbeing. This was due to staff not knowing about the person's care needs. However, other relatives told us they were kept up to date with their loved one's changing needs and felt confident to raise any concerns.
- The staff had developed working relationships and worked in partnership with other health professionals to benefit people. For example, social workers, community psychiatric nurses and doctors all visited people and the provider worked in partnership to meet people's needs.
- The provider was in the process of introducing new ways of working to drive improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour.
- Notifications were sent to relevant authorities in a timely manner and the provider responded promptly to any follow-up queries.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people were provided with appropriate person-centred care by trained staff that met their needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure service users received safe care and treatment to meet their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure the quality, safety and leadership of the service.