

# Ramos Healthcare Limited

# Acacia Court

## 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

Acacia Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Acacia Court provides personal care and accommodation for up to 27 people, many living with dementia.

There were 27 people in residence at the time of the inspection.

The home was last inspected in March 2018 and was rated 'Requires improvement'. The inspection had been a 'focused' inspection which looked at a previous breach of regulations concerning safe management of medicines. We found the provider still required further improvements and remained in breach as medicine processes were still not being safely followed. We found a further breach of regulations as we were concerned that appropriate person-centred care was not always being provided; some people living with dementia were not being suitably supported.

On this inspection we found standards and improvements had been made in both areas and the service was now meeting the regulations of the Health and Social Care Act 2008 [HSCA]. We have rated the service as Good.

At the last inspection we found the environment needed to be more stimulating for the people who were living with dementia. On this inspection we found that some improvements had been made, such as easier access to the garden via an external lift, more signage and more easily accessible information on display to help orientate people living with dementia. There was more homely arrangements of furniture to aid social interaction and help people to be more comfortable in their living environment. We found there could be further improvements and we discussed these.

We saw written care plans were formulated and reviewed regularly. We saw that people and their relatives were involved in the care planning and reviews were held. This evidenced individualised care for people.

We found the failings regarding medication administration had been addressed. We now found medicines were administered safely. Medication administration records (MARs) were clear and met best practice. People received their medicines consistently.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found management and overall governance was stable. The registered manager was a consistent and positive lead in the home and had been effective in building a positive staff team and ensuring a consistent

approach to care.

Staffing numbers ensured people's care needs were consistently met. Feedback from staff, people using the service and visitors was positive in that staffing levels were consistently maintained to ensure safe standards of care.

People's nutritional intake was supported appropriately. Meal times were seen to be a relaxed and enjoyable experience for people. People's nutritional state was very well monitored.

Staff told us there were good systems in place to support them in their work such as training and supervision.

Observations and feedback from people and their relatives evidenced people's dignity was protected and maintained.

Staff were motivated to provide meaningful activities and a consistent programme of social activities continued to be developed. These included external entertainers and therapists on a regular basis.

People's risks regarding their health care were being adequately assessed and monitored. There was good referral and liaison with community health care professionals who worked with the home to help ensure people's health care needs were met. The feedback we received from visiting professionals was positive.

We looked at how staff were recruited and the processes to ensure staff were suitable to work in the home. We saw checks had been made so that staff employed were suitable to work with vulnerable people.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. All the staff we spoke with were clear about the need to report any concerns they had.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and decisions made in the person's best interest.

There were people being supported on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found these were being monitored by the registered manager of the home.

We observed staff interacting with the people they supported. We saw how staff communicated and supported people. People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the right care.

A complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. There were records of complaints made and the provider or registered manager had provided a response to these.

The management structure within the home was clear and supported the home with clear lines of accountability and responsibility.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

The registered manager was aware of their responsibility to notify us [CQC] of any notifiable incidents in the home.

## 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.

Medicines were administered safely and in line with the provider's policies and procedures. This was an improvement.

There were enough staff on duty to help ensure people's care needs were consistently met.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Risks regarding people's health care were adequately assessed and monitored.

Staff knew how to recognise abuse and the action they should take to ensure actual or potential harm was reported.

There was good monitoring of the environment to ensure it was safely maintained.

### Is the service effective?

Good ●

The service was mostly effective.

There had been developments to the environment to support people living with dementia. This was an improvement from the last inspection.

We found the home supported people to access support for their health care needs.

People were supported appropriately so their nutrition and hydration needs were met.

There were support systems for staff such as training and supervision.

When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed and people were assessed and reviewed appropriately.

### Is the service caring?

Good ●

The service was caring.

People's dignity was protected and maintained.

Staff showed a caring nature with appropriate interventions to support people.

There were opportunities for people and their relatives to provide feedback and get involved in their care and the running of the home.

### Is the service responsive?

Good ●

The service was responsive.

There were planned social activities for people to engage in.

Care planning showed evidence that people and families had been involved in their care. Care plans were in place and regularly reviewed.

A process for managing complaints was in place and people we spoke with knew how to complain. Complaints made had been addressed.

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### Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place. The registered manager provided a positive focus and leadership.

Management and governance systems were consistently applied and helped to monitor standards in the home. The management structure within the home was clear and supported the home with clear lines of accountability and responsibility.

We found there was a positive and responsive culture in the home and the quality assurance system in place included consultation and feedback from people living at Acacia Court and their relatives.

# Acacia Court

## 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 checked 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 was an unannounced inspection which took place over two days. The inspection team consisted of an adult social care inspector and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the Provider Information Return (PIR) before the inspection. The PIR 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.

Prior to the inspection we spoke with commissioners such as social services and health care commissioners. They told us there had been no issues with Acacia Court since our last inspection.

During the visit we were able to meet and speak with eight of the people who lived at the home and five visiting family members. We spoke with the registered manager and five staff including nursing staff, care/support staff and kitchen staff.

We looked at the care records for four people as well as medication records, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives.

We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining and lounge areas.

We carried out a SOFI observation. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and

understand whether people who use services are receiving good quality care that meets their individual needs.



# Is the service safe?

## Our findings

All the people living at Acacia Court, who could comment, said they felt safe. Our observations were that people were relaxed in the home and in the company of staff. We sat by people in the main lounge at different times of the day and we saw they were 'at home' and interacted comfortably. One person commented, "Yes, it's very safe here; staff always about." We observed the checking in and out system for all visitors to the home which ensures safe access always. The high visibility of staff in day areas helped ensure people at risk were quickly supported. For example, we saw one person who overbalanced and nearly fell at one point but a staff member was close by and able to support them.

At the last inspection of the service in March 2018 we had found the home in breach of regulations because improvements were needed to ensure medicines were administered safely. On this inspection we found safe systems in place and people were receiving their medicines in a safe way; the breach was now met.

We viewed a copy of a recent internal audits which reviewed all aspects of medication administration and storage. The audit evidenced compliance in terms of medicine management. Minor recommendations had been addressed with an 'action plan' and fed back to staff.

There was evidence of good practice in relation to the use of covert medicines [medicines given to people without their knowledge in their 'best interest']. For one person we saw that relevant professionals had been consulted and a 'best-interests' decision had been recorded with input from the person's relatives; this included an assessment of the person's mental capacity. Advice had been sought from the pharmacist to establish the safest and least intrusive way in which to covertly administer each of the person's medicines.

People had a plan of care which set out their support needs for their medicines, including 'as required' (PRN) medicines. We checked medicine administration records (MARs) and found staff had signed to say they had administered the medicines.

There were records to track whether people had been administered topical preparations (creams), thickening agents added to drinks for one person who had difficulty swallowing and were at risk of choking. With regards to the application of creams, we saw a body map which recorded the areas of the body the cream was to be applied to. We saw that records of creams applied were clear and up to date showing clearly which staff had administered the cream.

At the time of the inspection some of the night staff care team needed to train to administer medicines so that there was always a carer available to perform this duty. We were reassured that staff training would be completed [booked] over the subsequent few weeks. There were arrangements in place in case people needed urgent medicines at night with the managers being 'on call'.

There were enough staff to ensure people were cared for safely. For 27 people at the time of our inspection the daily staff numbers were a minimum of five care staff during the morning staff and four in the afternoon with the manager in addition to these number. These staffing levels were consistently met. A staff member

told us, "Staffing is good and very settled. We all know the residents well which helps a lot." Another staff told us, "We have a staff overlapping both early morning and evening to give a hand at these times." The service also employed ancillary staff such as kitchen, laundry and domestic staff. One relative stated that they liked that the staff were "Quick and attentive" when people needed support.

We checked how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at three staff files and asked the manager and administrator for copies of applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people. We commented that one staff file did not contain a reference for the staff members last employer in a care situation [although two other references were on file]. The registered manager was able to acquire this before the end of the inspection and told us they would endeavour to check this is was completed for all future staff recruited.

Care records contained a range of risk assessments including; dependency, falls, nutrition, continence, moving and handling, pressure relief, use of bed rails and generic risk. Assessed risk showed evidence of monthly review in each record we reviewed. One person was administering their own medication [cream]; a risk assessment had been completed evidencing the person was capable and safe. This helped maintain the person's independence.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training. All the staff we spoke with were clear about the need to report any concerns they had. Contact numbers for the local authority safeguarding team were available.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. This was helped by a system of electronic monitoring where maintenance jobs were photographed, risk rated and sent through to maintenance; these were followed up accordingly and could be clearly audited. We walked around the home and did not see any obvious hazards.

A 'fire risk assessment' had been carried out and updated at intervals. We saw personal emergency evacuation plans (PEEP's) were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. Plans were kept electronically as well as hard copies in a locked red fire box in the main porch entrance to the home. The PEEPs were individualised to each person's care needs for means of a safe evacuation.

# Is the service effective?

## Our findings

At the previous inspections we found the service in breach of regulations regarding person centred care because the environment needed further adaptation to support people living with dementia. People living with dementia perceive their surroundings differently. People need to be supported by an environment which has been especially adapted and reasonably adjusted as a measure of providing person centred and tailored care.

On this inspection we found improvements had been made. We saw coloured handrails up the stair wells to make it more identifiable for people and increase independent mobility. There was dementia friendly signage around the home to enable residents to orientate more easily. We saw that the furniture in the main lounge had been arranged to help people interact socially and there had been some décor carried out including the introduction of a fire place surround to create a homelier focus for people.

We found some of the orientation boards, such as one in the lounge, were out of date and the menu information displayed in the dining area was also incorrect. We received some feedback following a local authority inspection in July 2018 which noted the environment was generally well maintained but further improvements could be made to make the home more dementia friendly. The local authority had recommended some sources for good guidance information and quality audits. We looked at the quality audit currently being used to review the environment and discussed how this could be improved to provide an effective analysis for further improvements. The registered manager told us they would endeavour to further develop best practice in this area.

We looked if the home was working within the legal framework of the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making 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.

People can only be deprived of their liberty so that they can 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).

People who lacked capacity to make certain decisions were being assessed. For example, we looked at one person who was being administered their medications 'covertly'. This meant without their knowledge. We saw that the person had been carefully assessed using the appropriate assessment tool regarding their capacity to consent to their medication administration and assessments had also included input from the family and GP. It was felt the people needed the medicine in their 'best interest' to ensure their health was maintained. This process showed a good understanding of the principals of the MCA and how they should be applied to ensure people's rights are protected.

Other assessments did not always follow the principals of the MCA in that assessments recorded multiple

key decisions. We discussed the need to ensure all key decisions were assessed and recorded separately as people's ability to make specific decisions could vary. We saw that these were reviewed before we completed our inspection.

People we spoke with and relatives told us that staff had the skills and approach needed to ensure people were receiving the right care with respect to maintaining their health. One relative commented, "They know what they are doing. They are very proactive and get the doctor out very quickly if they need to." Another relative said, "I've got confidence they will do the job right."

The registered manager informed us that mandatory and other training to all staff helped ensure staff were supported. Mandatory training was through a blend of e-learning [mainly] and other training aligned with the Care Certificate for new staff.

The PIR stated, 'Staff who are new to care and do not hold an NVQ will be enrolled onto the Care Certificate. Once this is completed, staff are enrolled on to their NVQ [and diploma] courses. Staff complete a 12-week company induction programme which educates on the company ethos and values'. The Care Certificate is the government's recommended blue print for staff induction. Staff we spoke with told us the support and training were good. One staff commented, "We've come through a difficult time but since [registered manager] has arrived things are more organised. We've all been trained and are up to date."

We saw the latest training statistics [training matrix] for the service and found staff attendance at training updates was up to date. A senior manager for the company monitors the training and ensures all staff are supported. Staff also attended some training around dementia [on line course]. Staff told us the training provided a good background to care and had helped them with their job role.

The registered manager informed us that some care staff had a qualification in care such as QCF (Qualifications Credits Framework). At the time of the inspection 66% of staff had such a qualification. CQF qualifications evidence a good base knowledge for care staff to carry out and maintain their care role.

Staff told us they now had regular one to one supervision sessions with their line manager. We saw records to indicate this was now being met. One staff told us, "[The registered manager] is very open and we can speak to her. We also have regular one to one sessions to discuss things; I had one a few weeks ago." Staff reported regular meetings and we saw minutes of these. Staff we spoke with reported they were asked their opinions and felt the registered manager and deputy listened and acted on feedback they gave.

We found people were supported with meals and their general nutrition. Care documents contained routine assessments for any nutritional risks and we found that people who needed referral for extra professional assessment had these. For example, one person had difficulties with swallowing and had been referred to professionals for further assessment and had been prescribed thickening agents to assist with their fluids. Staff recorded daily food and fluid intake.

We carried out our SOFI observation over the dinner time. We saw very good support provided by staff. The meal time experience for people was positive and relaxed. Staff took time to support people positively; independence was encouraged whilst staff monitored carefully how much diet people had. One person was keen to tell us that the "Staff here are great, if you don't understand something they will explain it to you clearly and that's what I like about it here. If you didn't like what food they offer they don't mind if you ask for something else; they are very accommodating."

We reviewed the care of four people. Each person's care file included evidence of input by a full range of

health care professionals. If people had specific medical needs we saw these were well documented and followed through. Care records had been regularly reviewed and updated with reference to any external health support needed. We spoke with a visiting health professional who told us the staff were effective at monitoring people's health and were quick to liaise if needed. The person they were visiting was being supported well.

## Is the service caring?

### Our findings

We received universal positive feedback from relatives and visitors to the home regarding the general approach and caring culture within Acacia Court. Staff were described as being a 'pleasure'. One relative stated that staff are "Caring and compassionate." Further comments made described the people in the home as looking 'content' and when we made our observations we found this also. One relative described the Acacia Court as, 'It's not quite home but its near enough.'

The PIR for the service outlined the importance of good caring relationships between people living there, relatives and staff; 'We encourage families and friends to visit as this is important for mental health and well-being and stimulation and to enable the resident to feel at home'. We saw that relatives and visitors were made welcome and those we spoke with told us they were free to visit when they wished.

A relative spoke about how staff ensure key issues around dignity are always preserved, "Staff always ensure [person] is dressed right and is encouraged to look their best. I can't praise staff enough."

Our general observations included positive care interventions. We also carried out a specific period of observation in one of the lounges and over lunch time. The people involved in our observations all received support and positive interaction from staff. Staff were seen to be caring and courteous in their interactions with people. Staff displayed skilled interactions which promoted people's wellbeing.

The manager told us about resident / relative meetings that had been arranged. Relatives we spoke with said the meetings were positive and they were kept informed and could participate in the running of the home. Staff involved relatives in the care planning process. Relatives told us they had conversations around the care of their relative with the senior staff and found this to be useful in helping with their understanding of what was happening with their relative's care.

The PIR stated: 'We have a 'Life Story' document that we ask families to take part in if the resident is unable to tell us about themselves so that we can get to know them better and reassure them if they become anxious. We also ask for an email address so we can forward photographs of activities they have participated in'. Relatives we spoke with advised that this helped them feel more involved in the life of the home.

Another feedback format came from regular surveys for people to complete. We saw the results of the last survey given to residents in July 2018. Ten people had returned them and nearly all reported they were 'happy' or 'content' to be living at Acacia Court. All recorded a positive response when asked whether 'staff made them feel happy'. We saw the survey form had been designed in an attractive and easily accessible format for people which included pictures to promote understanding and completion.

## Is the service responsive?

### Our findings

People we spoke with and their relatives told us activities were provided to engage people and provided some focus to people's day. We saw there was a wide range of activities ranging from throwing balls onto a mat, singers, chair exercises, hand massage and beauty treatments. There was also BBQ's in the summer and events around Halloween and Christmas. During the inspection, whilst sitting in the lounge, we saw the care staff engaging with people in songs from yesteryear and dancing too; people were jolly, happy and willing to join in. Relatives commented that visiting entertainers were particularly welcome and were a regular feature [weekly]. One relative told us, "The musical entertainers are excellent and really get everybody to join in."

Staffing had been more consistent since the registered manager had been running the home and staff had time to socialise. People received a good level of individual attention. Relatives said they felt involved in the care in that staff asked them regularly how they felt and whether they were happy with the care or it needed changing in anyway.

People living at the home had individual care plans. These contained information and guidance for staff on people's health and social care needs, their preferred routine, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing. Care records we reviewed showed that people had limited or varied capacity to be meaningfully involved in the assessment process or planning of care. However, there was evidence that family members or advocates had been involved in the assessment process.

We saw care plans for areas of care which included mobility, nutrition, personal hygiene, falls, people's routine, medicines and continence management. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw, in the main, provided this assurance. Each of the care records we reviewed contained a good standard of person-centred information which detailed their personal, medical and care histories. One example of how people's communication difficulties were assessed and supported was one person who became agitated quickly if approached in the wrong way. The care plan identified this and described how staff should speak and approach the person to ensure their wellbeing.

The approach to care was also evidenced for people at the end of their lives. One person was under regular review involving the GP and district nurse team. We saw that an anticipatory care plan was in place. This included prescribed anticipatory medicines if needed for planned end of life care. The PIR told us, 'We liaise with the district nurses so that we have anticipatory medication available at all times to ensure that the person has a pain free and dignified death. We also contact the district nurses so that they can visit and complete a care plan individualised to that person'. We saw a letter from a relative of a person who had been cared for at the end of their life at Acacia Court which was very complimentary about the care received; 'During that time so many staff showed support to [us] and we will always be grateful'.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of

how they could complain. We saw the complaints policy was displayed in various areas of the home including people's bedrooms. We reviewed two, more recent complaints and saw these had been investigated and addressed with feedback to the complainant.

We discussed ways in which key information could be more accessible for people, including easier formats for people to access; this had been achieved with the display of information regarding activities as well as an easy read booklet covering the Mental Capacity Act 2005.



# Is the service well-led?

## Our findings

The registered manager had been registered with The Care Quality Commission in March 2018 and was seen by staff, relatives and health and social care professionals as being positive in developing and maintaining standards in the service. The registered manager was supported by a deputy manager and senior HR manager for the company.

We received positive feedback regarding the effectiveness of the registered manager. A staff member said, "The homes been through a difficult period with a few managers changing over but [registered manager] has settled things down and improved the home." Other staff commented that the home was now more stable overall and they felt better supported as the registered manager and deputy communicated well; another staff commented, "The managers are excellent and second to none."

The feeling on the inspection was a very positive and a caring culture was evident at all levels. The registered manager stated they felt there was a positive culture of learning at Acacia Court and any person was free to contribute ideas and have a say. The PIR, sent by the registered manager, prior to the inspection, stated: 'We promote open and effective communications to those who use our service to ensure that the care is person centred, open and empowering'.

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement. The registered manager could evidence a series of quality assurance processes and audits carried out internally and externally from senior managers in the organisation. These processes were seen to include daily audits and checks which focused on medicines, the environment, care charts and the general wellbeing of people living at Acacia Court. These were supported by weekly checks on cleanliness and infection control. A full audit by a senior manager was conducted quarterly. We saw the last audit dated 10 August 2018 which had been carried out over two days and covered care documentation, health and safety in the service and other key areas such as medicine management. There was a summary and action plan to address any issues and promote further service development.

We identified an ongoing need to further develop the environment for people living with dementia and how appropriate audit tools evidencing best practice could be accessed and used to make further improvements.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The external professional that we spoke with did not express any concerns about the quality and effectiveness of these relationships. Where concerns had been raised in the past, the service had been prompt in addressing these and informing us and the local authority of the actions taken to keep people safe.

Policies and procedures provided guidance to staff regarding expectations and performance in accordance with current legislation and best practice. We reviewed some of the provider's policies which included, safeguarding, recruitment and medicines management. Staff were aware of the range of different policies

told us how these were discussed at staff induction and on-going training as well as staff meetings.

Providers are required by law to notify CQC of particular incidents. The registered manager understood their responsibility to do this and notifications were sent appropriately.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The rating from the previous inspection for Acacia Court was displayed for people to see and was also on the provider's website.