HC-One Oval Limited

Acacia Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 10 September 2018 and was unannounced.

This was our first inspection of the service since they registered with us.

Acacia Lodge Care Home 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 Lodge Care Home can accommodate up to 40 people in one adapted building. It provides a service to older people, some of whom have nursing or dementia related care needs. At the time of this inspection, 35 people were living in the home.

Care planning and risk assessments were personalised and mentioned the specific care each person required, including their likes and dislikes. However, most of the staff we spoke with had not read people's care plans. This meant they could not evidence they were fully informed and up to date with any changes to people's care.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. People told us they felt in control of their care and were listened to by staff.

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

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, and actions were taken to reduce risk where possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager.

Staffing levels were adequate to meet people's current needs, and rotas showed that staffing was consistent.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to

shadow more experienced staff giving care. Staff told us that they were able to update their mandatory training with short refresher courses.

Nursing staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health professionals when required. All aspects of people's health was documented within their files and updated regularly.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.
The people we spoke with knew how to use it.

Quality monitoring systems and processes were in place and comprehensive audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure quality of care across all levels.
Communication was open and honest, and improvements were highlighted and worked upon as required.

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

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Staff were trained in infection control, and people were protected from the spread of infection

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions, spot checks and observations.

People could make choices about their food and drink and were provided with the support they required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

Is the service caring?

Good

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Most of the staff we spoke with had not read people's care plans, and could not be sure of being up to date with people's information and plan of care.

Staff had developed good relationships with people and were responsive to their needs.

A complaints system was in place and was effective.

People who required it, received end of life care.

Is the service well-led?

Good

The service was well led.

Quality monitoring systems were in place, and comprehensive audits of the service took place to identify any areas for improvements.

People knew the manager and senior team, and were able to see them when required.

People were asked for, and gave, feedback which was acted on

Acacia Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including the notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection.

We used a range of different methods to help us understand people's experience of the service. We looked at care records for five people to check they were receiving their care as planned. We looked at how people were supported with their medicines, the quality of the care provided as well as records relating to the management of the service. These included five staff recruitment files, staff training records, duty rotas and quality assurance audits. We spoke with nine people who used the service, six relatives of people using the service, the registered manager, the regional quality officer, five care staff, one nurse, and the activities coordinator.

Good

Is the service safe?

Our findings

People felt safe living in the service. One person told us, "I do feel safe with staff because they know what they are doing." Another person said, "They all look after me. I feel safe because everyone looks after me."

Staff received training in safeguarding and demonstrated a good understanding of how to keep people safe. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. One staff member told us, "We are all trained, I would record everything, speak with the management, or take it to the local safeguarding team if needed." The provider's safeguarding policy and procedure provided staff with information and guidance to follow if they suspected a person was at risk of abuse or harm. The provider had a whistleblowing policy and procedure which supported staff to raise concerns about potential issues in the service with external agencies.

Detailed risk assessments were in place to cover every activity and environment that a person may be involved in, and included the potential behaviours and risks that may be present. Each person's assessment was personalised to them and the risks that were associated to them. The support required to manage many risks for people was based upon the training that staff had received. Where risks had been identified, care plans included measures staff needed to take to reduce the risk of harm for people. For example, when using hoists or other equipment for people's care. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

There were enough staff to meet people's needs. Most people we spoke with felt that staffing levels were sufficient. One person told us, "If I push the buzzer then the staff will come in a reasonable amount of time." A relative said, "The staffing has improved since a while back." One other person said, "There could be more staff but everyone would say that." The registered manager told us that agency staff were used to cover shifts within the service, but new permanent staff had recently been recruited to reduce the need for agency staff. We looked at rotas which showed that consistent amount of care staff and nursing staff were used across the two floors within the service. The registered manager and the quality manager told us they would be developing a dependency tool to monitor the level of staff required in the service, against the needs of the people living there. During our inspection we found there to be a sufficient amount of staff to support people and respond to their calls promptly.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. All the staff we spoke with confirmed that these checks took place and they were not able to start work until the results had come back clear.

The service safely supported people with the administration of medicines. The nursing staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used. Temperature checks on the medication storage room were in place, but some entries were missing. We spoke with the registered manager who told us they would address this within the staff team and increase the monitoring of this task

immediately. We looked at stock levels of several medicines, and saw they were accurate.

The service was clean and tidy. Staff were trained in infection control procedures and had sufficient access to the personal protective equipment they required such as gloves and aprons. One staff member said, "If I see anything wrong with the premises I report it straight away. Maintenance are very good. As soon as I mention it, it's usually done. As soon as I notice a loose toilet seat, leaky tap or a bulb not working, little things like that, they are done straight away."

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. For example, we saw that improvements were made to the lunch service to ensure that food stayed hot for people, by the purchase of a hot food trolley.

Good

Is the service effective?

Our findings

People received assessments of their needs before moving in to the service, to make sure that the staff were able to provide the correct care and fully understand their needs. This consisted of a full assessment of needs, and visits to the service to ensure they were happy, and that they could be supported effectively and in line with standards. People and relatives confirmed they had been involved in the assessment of their care needs and staff were knowledgeable about how people liked their care to be provided.

There was an induction programme in place for new staff and on-going development training. Staff told us they felt they had undertaken sufficient training to enable them to provide effective care. One staff member told us, "When I started I had several days of training followed by an opportunity to observe more experienced staff around the home. I felt confident at the end of it all to care for people and do the job." We looked at the training records for staff which showed that regular updates to training subjects took place, such as moving and handling, safeguarding, and infection control.

People were supported to eat and drink and maintain a healthy and balanced diet. One person told us, "The food is good and I can generally choose. I think they ask me, what I want. I had cornflakes this morning, in my room, I like that." We observed the lunch service take place, and saw that people were served food in a relaxed atmosphere, and were given the support they required to eat and drink. Jugs of water and fruit squash were readily available for people in their rooms, and records of people's food and fluid intake was monitored as required. Staff we spoke with were knowledgeable about any dietary requirements or preferences people had.

The service worked and communicated with other agencies and staff to enable effective care and support, and records were in place to ensure people received consistent person-centred care and support when they moved between different services such as the hospital. We saw that information was recorded and shared appropriately when people required hospital visits.

People had access to the health care support they needed. One relative told us, "They arrange for the chiropodist to come in and see (name of relative)." One staff member said, "It's easy to recognise the changes in a resident; if they are a bit off colour. Like (name), they are staying in their room today, the nurse will be seeing them, possibly a urinary tract infection." People's health care needs were documented within their files, and action was taken to ensure that people received access to the appropriate healthcare professionals as required. For example, we saw that one person with a health condition, had notes within their file documenting the care they had received from the doctor to support this.

The service had several communal areas including a dining room and lounges, that people were able to use. We saw that people had personalised their own rooms, and felt free to use any of the communal spaces as they wished. One person said, "I do go outside. I like to get out there most days. I have to ask for staff to help me to come downstairs and then outside. Just in the garden, no further."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they

were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS appropriately and as required.

Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff gave people choices wherever possible.

Good

Is the service caring?

Our findings

People told us they were treated with dignity and respect by a caring staff team. One person said, "All the staff are lovely." Another person said, "One of the staff noticed I was running out of talc and offered to pick some up for me. She popped in the shop next door on her way in the next day." A relative told us, "I come at different times of the day and have always found (name) well cared for. Sometimes I have arrived when staff are with them. Not always the same staff but they all talk and treat (name) with kindness and respect. (Name) has a special blanket that family made for them and I came once and it wasn't here. Staff knew straight away it had gone up to be washed and would be back same day, and it was. That meant a lot to me too. They know (name) likes his cups of tea – so they bring them two cups and have a little chat. They are very considerate; they even all know that (name) likes their big light on all the time, so it's always left on."

Care planning documented the way in which people wanted to receive care, and reflected people's wishes, and those of their family members when required. People were supported to be involved in planning their care and making decisions about how their needs were met. Their wishes and views were listened to during the initial assessment and on-going reviews. Care records showed the service provided to people was based on their individual needs. People we spoke with confirmed they felt in control of their own care, and that staff gave them the time they required to communicate their wishes. During our inspection we observed staff communicating with people without rushing them, and giving people the opportunity to have their voices heard.

People's privacy and dignity was respected at all times. One person told us, "The staff are very respectful. I haven't been here long, it's been hard adjusting to not having my own home anymore, but the staff have always been very good with me." Staff were thoughtful of people's dignity, and respectful in their communication. When personal care was taking place, staff made sure that people had the privacy that they required. Tasks within care plans prompted and reminded staff to be conscious of people's privacy and dignity at all times.

Copies of people's care plans were stored securely at the service. Staff were aware of the need for confidentiality and their responsibility to protect people's personal information in line with legal requirements.

Requires Improvement

Is the service responsive?

Our findings

Care planning and risk assessments were personalised and mentioned the specific care each person required, including their preferences, likes and dislikes. However, most of the staff we spoke with had not read people's care plans. Staff we spoke with were knowledgeable about people's preferences and care needs, but this was largely learnt from talking to other staff, people using the service, and their relatives. This meant staff could not evidence they were fully informed and up to date with any changes to people's care that might take place. We spoke with the registered manager about this, and they told us that as a result of this feedback, they would be implementing a 'read and sign' sheet for each person's care plan and ensuring that all staff had the time to go through the care plans and read them.

People and relative's we spoke with told us that staff knew them well, and understood their needs. One relative of a person told us, "I can go home with no worries. In fact, I am so happy here and (name) sleeps a lot while I am here. I found myself wanting to help with the others. Especially with the drinks round, so the registered manager said I could be a volunteer. I had a DBS check and two references. So when (name) is sleeping or wandering, I can help others. I have got to know the residents over the years so that helps."

Care plans we looked at were personalised and contained information about people's likes, dislikes, preferences, lifestyle choices, religious beliefs, family and personal history. For example, one person's care plan stated their preference in clothing was jogging bottoms and t-shirts, so staff should support them to dress in these clothes as they were most comfortable this way.

People were able to take part in activities of their choice. A relative we spoke with said, "There are very good activities here; jigsaws, knitting, dancing, organ player and someone comes from church not for a formal service, more a general get together." Another relative said, "There are often activities. The best surprise for (name) was two Shetland ponies walking into their room. (Name) loved that. When the chap with a guitar comes he walks around and goes in some of the rooms and plays to the residents who don't get out of bed."

The registered manager was aware of the Accessible Information Standard (AIS) and these requirements. AIS is a framework put in place from August 2016 making a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. At the time of our inspection, there were no one who required information or alternative communication methods under the AIS.

The service had a complaints procedure which was accessible by people, their relatives and others interested in the service. People and their relatives told us they felt able to raise any concerns with staff or the office and understood they could make a complaint if something was not right. One person said, "I have not had any concerns or worries but I know to speak to staff straight away, and I would." We saw that any complaints had been followed up appropriately. For example, one complaint was about a person's belongings that had gone missing. We saw the registered manager had followed the complaints policy and responded formally to the person making the complaint and investigated the matter.

The service supported some people with end of life care. We saw that care plans clearly documented

people's decisions around the end of their life and the care they wanted to receive. Family members were included within this process and were able to input as required. People received the medicines they needed promptly when receiving end of life care. We saw a written comment from a relative of a person which said, 'Knowing that (name) final moments were spent with people who really cared about them, and have been supportive to us following their death, means so much.'

Good

Is the service well-led?

Our findings

The service had a registered manager 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. The registered manager was aware of the requirement to send in notifications to the Care Quality Commission when needed.

The service had a clear vision and strategy to provide positive care for people. The registered manager and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. We saw that the registered manager worked directly with people using the service and was visible and approachable to all.

All the staff we spoke with were happy the support they got from the registered manager was good. One person told us, "I do see the manager about often and she is very approachable." One staff member said, "The registered manager is better than previous managers. They are in most days including weekends and I think she knows all the residents. I feel supported because we are a good team." Another staff member said, "The registered manager has followed up on everything I have asked. Nothing has been missed."

During our inspection we saw that staff were comfortable speaking with the registered manager, so a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that daily 'flash' team meetings were held which covered a range of basic updates to ensure all staff had the information about people they required. Larger team meetings were held which offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally. We saw minutes of meetings held, and staff we spoke with confirmed they took place. One staff member said, "I'm not backwards in coming forward. I think everyone feels comfortable to speak up and input to meetings."

Quality assurance systems were in place to help the service continually learn and improve. Comprehensive audits were carried out by management. The regional manager also conducted a bi-monthly audit of the service which created actions for the registered manager to follow up. We saw that any areas for improvement were clearly identified and acted upon by the registered manager. Audits happened regularly within the service and we could see that improvements had been made when issues were raised. Staff confirmed they felt part of the process when it came to making improvements, and they worked together positively as a team to ensure improvements were sustained.

We saw that the service was transparent and open to all stakeholders and agencies. The service worked openly with the local authority and the local Clinical Commissioning Group (CCG). This included raising

safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. We saw that the service had been working closely with the CCG over several months to address concerns that had been raised in the past and drive improvement. We spoke with the CCG before our inspection and they reported that they were happy with the progress and improvements the service had made. We looked at action planning documents and saw that improvements to systems were now part of the service.