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# Acacia Lodge - London

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection on 12 November 2015 under the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and found some improvements had been made. However, the provider remained in breach of regulations relating to; Safe care and treatment and Good governance. We took action and issued enforcement notices against the provider in relation to Safe care and treatment. We told the provider they must meet the requirements of these regulations by 31 January 2016.

Acacia Lodge is a privately run residential home for up to 25 older people, some of whom are living with dementia. The home also provides a respite service. There were 18 people living at the home at the time of our inspection.

The home manager appointed in October 2015 and is currently going through the registration process to become registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We undertook an unannounced focused inspection on 17 March 2016 to check that the service was now meeting legal requirements in relation to the enforcement notice served in December 2015. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acacia Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We did not inspect the other breach of regulation at this inspection and will do so when we return to carry out our next comprehensive inspection.

At our inspection in November 2015 we found inconsistencies to the way risk to individuals were managed. At our inspection in March 2016 we found that the provider had made a number of improvements. Staff had received training in fire safety procedures and the provider had made a number of improvements to the environment, this included the installation of new fire equipment and a fire alarm panel. Staff reported that there had been huge improvements and felt the newly introduced procedures helped them to effectively carry out their role in the event of a fire. A recent visit from the London Fire Brigade Authority showed that they were compliant with fire safety procedures. Risk assessments were in place and there had been some improvements to the way risks were managed.

People had their individual risks assessed and reviewed. However, further improvements were required to ensure that all risks were clearly documented. Although in the main staff knew what to do to manage areas of risk, such as people with pressure sores or people at risk of falls, staff knowledge of risk management was limited. Staff told us they felt they would benefit from further training to understand risk management and more involvement in the risk assessment process.

We judged that the provider had made improvements and in the main had met the requirements of this enforcement notice. Whilst improvements had been made we are unable to change the rating for safe. We will review the ratings for the service at our next comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People were safe because the provider had taken steps to improve the safety of the environment. The provider had taken action to improve safety. Staff had received training in fire safety procedures and the provider had made a number of improvements to the environment. And was now compliant with fire safety regulations.

There were improvements to the way individual risk and management of risk were assessed but further improvements were required to ensure that all factors had been considered. Most staff knew what to do to manage risks.

While improvements had been made we have not revised the rating for this key question. We will review our rating for safe at the next comprehensive inspection.

**Inadequate** ●

# Acacia Lodge - London

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of the service on 17 March 2016. This inspection was carried out to check that the provider had addressed the legal requirements of a warning notice served in December 2015 for breach of regulations relating to safe care and treatment for people who used the service.

The inspection team consisted of two inspectors. The team inspected the service against one of the five questions we asked about the service: Is the service safe?

Before the inspection we reviewed information we held about the service in our records. This included information sent to us by the provider relating to the management of risk. We also reviewed safeguarding alerts and notifications of important events at the service. We also spoke to the local authority quality team who worked closely with the service to improve the quality of the service.

We reviewed care records for eight people who used the service relating to risk management. We spoke with four staff members, including senior care staff and the manager. We contacted a number of healthcare professionals but have yet to receive feedback.

# Is the service safe?

## Our findings

At our last inspection in November 2015 we found risk assessments did not contain actions to mitigate risk, such as actions to take to prevent someone at risk of falls from having falls or risk of choking. We saw that people did not have their Malnutrition Universal Screening Tool (MUST) score correctly assessed, therefore their risk of malnutrition did not accurately reflect their level of risk. Personal evacuation plans were not person centred and lacked detail about people's individual circumstances. This put people at risk of unsafe or inappropriate care.

At this inspection we found the provider had made a number of improvements. Each person living at the home had a personal evacuation plan which had been updated and detailed risks to people according to their needs.

Fire drills were held and staff received recent fire training, evacuation plans were in place in the event of fire and emergency guidance was also available and on display for staff in the event of other major events that disrupted the operation of the service. Staff knew how to respond in emergencies and who or what agencies they should contact and how to protect people during evacuation. They were aware of where the emergency guidance pack was kept. Staff had received training and felt this had helped them to better understand how to keep people safe in the event of an emergency.

A fire risk assessment and evacuation plan was in place for the home, and we saw records of regular fire alarm testing, fire drills, and servicing of the home's fire safety equipment. The service had been inspected by the London Fire Brigade Authority (LFBA) to check that they were compliant with fire regulations following a fire at the home. The LFBA found the provider had met all the required standards, therefore the LFBA had removed the Enforcement Notice served on the premises in January 2016.

We saw risk assessments addressing a wide range of issues, including action to be taken in order to prevent falls, pressure sores, epilepsy and risks associated with diabetes. Most staff knew about people's individual risks, but felt they would benefit from more involvement in development and review of people's risk assessments. We saw that people at risk of malnutrition had their nutritional risks assessed using MUST and diet support plans along with instructions from their GP put in place. Copies of these plans were kept in a folder by the chef who knew people's dietary requirements.

We reviewed risk assessments for eight people using the service against information provided to us by the manager. We found information regarding risk was contained in a number of places in people's care records and some areas of risk inconsistently documented.

For example, one person with a number of health issues was seen by the district nurse to manage their risk of pressure sores. We saw that the necessary monitoring tools had been used to help staff to manage the risk of the pressure sore becoming worse and the necessary pressure relieving equipment in place. However, we noted that the diabetic risk assessment for this person had not been personalised and contained inaccurate information. Although this gave staff information about type 2 diabetes, this did not reflect the

actions to be carried out by staff. Therefore staff did not have accurate information to assist them with meeting this person's needs. Following our inspection the manager showed us a risk assessment for this person which she is currently in the process of reviewing, along with risk assessments for other people using the service.

Another person who had been talking about suicide did not have this documented in their risk management plan. At the same time we saw evidence that staff had been responsive in taking action in respect of this person, including working with the mental health team. Therefore further improvements were required to ensure that individual risk assessments reflected people's individual risks.

The above issues amounted to a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulation 2014.

The manager had introduced a new system for analysing and assessing incidents and accidents. These were recorded and the manager monitored these and discussed with staff if any changes were needed. We saw that following a recent incident involving a fire there had been significant changes to the way the service responded in an emergency. Staff reported that that they had learnt from this incident and felt more confident in keeping people safe in the event of a fire.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider failed to consistently assess the risks to the health and safety of service users of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p>