Metro Care Homes Limited

Acacia Lodge - Staines

Inspection report

Rookery Road
Staines
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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

About the service:
Acacia Lodge – Staines is a care home with nursing and is registered to provide accommodation and support for a maximum of 36 people. At the time of the inspection there were 10 people living at the service. People living at Acacia Lodge -Staines were older people, the majority living with frailty or dementia. The service is a large building set over three floors with a lift to access rooms above the ground floor.
People's experience of using this service:

People told us Acacia Lodge - Staines was a good place to live. We saw good practice during the inspection, when people were supported well by staff. Visitors were full of praise for the service.

There was established leadership at the service. Quality assurance systems and regular audits were in place to assess, monitor and improve the quality and safety of the service provided. Some areas of the service would benefit from redecoration or refurbishment.

Risks to people from living with long term health conditions were assessed, along with other risks such as from falls, choking, poor nutrition or pressure ulcers, and actions taken to mitigate risks where possible. The service learned from incidents to prevent a re-occurrence.

Systems were in place to safeguard people from abuse, and the service responded to any concerns or complaints about people's wellbeing. People's rights were being respected. Where people were not able to make choices themselves, we saw decisions had been made and recorded in people's best interests. The service respected and supported individual people's equality and diversity.

There was a recruitment process in place that checked potential staff were safe to work with people who may be vulnerable. Enough staff were in place to meet people's needs, and staff received the training and support they needed to carry out their role.

Care plans were based on up to date assessments of people's needs. They contained details about people's wishes and guided staff on how the person's care should be delivered. We saw people's care plans were being followed in practice. Staff knew people well.

People received their medicines as prescribed, and there were safe systems in place to manage the storage, administration and disposal of medicines.

People told us they ate well, and enjoyed the meals served. We saw people had a daily choice, tailored to meet wishes, religious or dietary needs and preferences, such as Asian food and Halal meats.

Staff told us this was a happy place to work, and we saw staff working well as a team to support people. The building was older and in need of some cosmetic work. People told us "I am always concerned that because

the place needs a lick of paint, on first impressions visitors would think that it reflects on the care given here, but it definitely does not ……the care is excellent."

More information is in the full report

Rating at last inspection: This service was last inspected on 20 July 2016, when it was rated as good in all areas and as an overall rating.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service remained well led.

Details are in our well led findings below.

Acacia Lodge - Staines

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one 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, in this case, care services for older people.

Service and service type: Acacia Lodge -Staines is a care home with nursing. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, registered with CQC. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced and started at 07:20am. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:
Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us.

During the inspection we spoke with 5 people living at the service, the registered manager, clinical lead nurse, five relatives, a member of the housekeeping team, the chef, two registered nurses and five care staff.

We also received positive information from a GP who visited the service.

We looked at the care records for three people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at two staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as good. This has been maintained.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment
•□People felt safe and some understood how to raise any concerns over their safety. Other people were living with dementia and were not always able to raise concerns directly. Care plans contained information about people's behaviours when they were unhappy about something. Staff understood how to interpret people's behaviours.
•□People's feedback told us they felt safe. One person said, "I feel very safe, especially at night because I am not alone" and a visitor told us "I never leave thinking, will (name of person) be alright because I know they definitely will be because the staff are so caring."
•□Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff said they understood how to raise concerns and would feel confident in reporting concerns to the registered manager or deputy. Policies were in place to guide staff on actions to take.
•□Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work. Checks were also made on the NMC PIN number for registered nurses, to ensure they were registered to practice.
•□There were enough staff to ensure people had access to the care that met their needs and protected them from risks. Registered nurses were on duty 24 hours a day.

Assessing risk, safety monitoring and management
•□People were protected from risks associated with their care needs. On the inspection we identified people living with long-term health conditions such as diabetes or Parkinson's disease had clear care plans on how risks associated with these conditions were being mitigated. These guided staff on what actions were needed to keep people safe.
•□ Other risk assessments were in place, to help identify people at risk from pressure damage, falls and poor nutrition. Guidance had been provided from the Speech and Language Therapy service (SALT) to support people with swallowing difficulties and from the neurological team and palliative care service for other people.
•□Where people were living with dementia or behaviours that presented risks to themselves or others the registered manager had sought appropriate support from community mental health professionals to help reduce any risks.
•□Systems were in place to check equipment including bed rails, pressure mattresses and wheelchairs to ensure they were safe, clean and hygienic.

Using medicines safely

•□Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed.
•□Systems were in place to audit medicines, and registered nurses' competency was assessed regularly. Records for medicines administration were completed well. Clear protocols were in place to guide staff on the administration of 'as required' medicines.
•□People received their medicines when they needed them, including regular pain relief.

Preventing and controlling infection
•□Good infection control practice was in place, and the service did not have any significant malodour.
•□Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections. Laundry areas and housekeeping services had good systems in place to manage any potential infection risks.
•□The service had no identified specific infection risks and appropriate arrangements were in place for the management of clinical waste.

Learning lessons when things go wrong
•□Where incidents had occurred, action had been taken to minimise the risks of reoccurrence. The manager audited incidents and accidents to ensure changes could be implemented to reduce risks and to identify any trends.

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as good. This has been maintained.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs
•Acacia Lodge- Staines is an older adapted building set over three floors, with a passenger lift accessing the upper floors.
•Most people living at the service spent their time in bed due to choice or frailty. People had their call bells close to them and told us that staff regularly checked they were comfortable. One person said, "I press this, and the girls come straight away."
•The service had a variety of communal areas, including a computer room and two lounges. The registered manager told us space had always been offered to relatives who wanted to stay near a relation at the end of their lives.
•Adapted bathrooms, shower rooms and toilet facilities were provided to meet people's needs.
•Some of the accommodation at the service needed redecoration or repair, although we did not identify any areas that presented risks to people. In one bedroom the ceiling had been subject to water intrusion. The registered manager told us this area was not currently in use for people.
•Peoples' rooms had been personalised where they wanted this. One person said, "I love my room it is so nice and comfortable." A relative said "We asked if we could move the furniture about so that (name of person) would be able to see out into the garden from the bed. This did not cause a problem and the manager was more than happy for us to move things about because she said it was important to make sure the person was happy."

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

•Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a guide for the person's plan of care.
•People's needs were regularly reviewed and where changes had occurred their care plans were updated.
• People or their relatives had been involved in their care planning and reviews where this was possible. Some people's care files contained information about people's life history prior to moving to the home. A staff member told us about one person, their life and family. This information helps staff understand the person in the context of the life they have lived.
•Care plans were person centred, detailed and in line with good practice. Plans included people's strengths and positive personal qualities, as well as areas of support needed.

Staff support: Induction, training, skills and experience.

•□The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction training and support, and revalidation support for the registered nurses. Staff all told us they received the training they needed to carry out their role. Nursing staff were aware of the need to maintain their professional competencies, for example with regard to the use of syringe drivers.
•□Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals carried out by the registered manager. Staff told us if they had concerns at any time they could speak with the deputy or registered manager for support.

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

•□People told us "the food is very good but if I fancy something else the staff get it for me" and "I like the food and they know I like toast and marmite for breakfast, so they bring me that in the morning."
•□ Where advised by the speech and language therapy team specialist dietary textures were provided to assist people with swallowing difficulties. Where people were at risk of malnutrition people had been prescribed supplements. The service's chef told us people enjoyed their meals and ate well. We saw food was prepared that met people's cultural and religious needs, as well as choices.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
•□We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place.
•□People were asked for their consent for care. Where people lacked capacity to consent, for example to admission to the home, we saw best interest decisions had been made on their behalf . Best interest decisions were also made in relation to known cultural wishes and beliefs, such as for care after death in line with people's practicing religion.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as good. This has been maintained.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
•□We found people's privacy and dignity were respected. Personal care was delivered in private.
•□People's independence was encouraged where they wished this – for example with carrying out areas of personal care.
•□We saw staff knocking on doors and waiting to be allowed access to the person's room. Staff spoke about people respectfully, and this was continued in recording in the notes.
•□One person said, "the staff are really nice, and nothing is too much trouble for them". Another said, "the staff always help me as I am quite disabled".

Ensuring people are well treated and supported

•□People and relatives said people were well supported. Comments ranged from "they take such good care of (person's name)", "the staff are always very caring and pleasant to (person's name). Nothing is too much trouble for them" to "(person's name) choses to stay in bed but she has never had a bed sore or anything which I know could develop. I am sure this is down to how well the staff know what they are doing and that they know exactly how to care for her".
•□We heard of how the service had attempted to support people to communicate with distant relatives and friends through online resources, which had not always been successful.
•□People felt cared for. One person said, "I stay in my room but one of the girls comes in to make sure I am ok, so I know they worry about me – which is nice".
•□People's special events were celebrated. One person had their birthday the day before the inspection and had a cake, which their friends told us they were hoping to finish off with them.

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

•□Care plans included information about people's personal, cultural and religious beliefs. The registered manager told us the service respected people's diversity and was open to people of all faiths and belief systems or none. The service was for example able to serve Halal chicken. Statements were in the service's policies on the service's expectations about anti discriminatory practice.
•□The service had a clear understanding of people's cultural needs and wishes. For example, the registered manager told us about a religious event they had supported a person to attend, which they had found great

comfort and pleasure in.

• The registered manager told us "my door is always open" to people wanting to discuss anything. We saw one person came and sat in the office at times during the inspection and was welcomed and involved.

• Visitors were welcome to visit the service at any time. Relatives and visitors said, "I come almost every day and I am always warmly welcomed" and "I come and go whenever I want…… I have visited after 8 p.m. and it has never been a problem which I think is great".

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. This has been maintained.

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received care and support in a way that was responsive to their needs, Care plans contained detail about how people wanted their care to be delivered, and their personal wishes regarding their support where this was known.
•Most people living at the service stayed in their rooms, many in bed. People told us this was by their choice. People said, "I am happy and comfortable in bed although the girls ask me if I want to get up" and another relative said "they always ask if (person's name) wants to get up but she always says no thank you."
•Plans were regularly updated with updates and support from people or family members as appropriate and supplemented by daily records.
•All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager told us they could provide information to people in larger fonts if needed, and one person used to have talking books but had chosen not to now.
•The service did not have organised activities, but people told us they were happy with the level of activity they had. One person said "I love reading and the girls always bring me a new book to read". Another said, "the girls come and sit with me and we have a chat which I like". People's notes recorded the time staff spent with them and what activities they had enjoyed and discussed. Another person 's records showed they enjoyed watching TV, mostly sport.

Improving care quality in response to complaints or concerns

•People said they would feel able to raise concerns if they needed to. The service had a complaints policy and procedure available.
•Records were kept of investigations and outcomes in response to concerns or complaints.
•Relatives told us they would be able to raise any concerns or issues with the service. One said, "All the time (person's name) has been here I have never had a problem they have an open-door policy and the staff and management are very approachable and communication with them is very easy".

End of life care and support

•People's care wishes at the end of their lives were recorded in their care files where these were known.

Plans identified the person's wishes in case of a sudden deterioration in their health. This included wishes regarding resuscitation or medical treatment to prolong their life.

• No-one at the service was at the end of their life, but the registered manager told us the service was very proud of the palliative care they gave people. We saw numerous letters of thanks from people whose relatives had been supported while they had passed away at the service. The service followed the Gold Standards Framework which is good practice guidance in relation to end of life care.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated as good. This has been maintained.

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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff were clear about their roles and understanding quality performance.

•We saw well developed systems for effective communication amongst the staff team, including the registered manager joining in the morning handover via telephone. It was clear they had a good understanding of day to day issues at the service.
•Staff were well motivated and enthusiastic in their role and relationships with people. Staff told us it was a happy place to work. The service had a positive culture, where staff and people felt open to 'be themselves'. Staff were keen to tell us about the people they were supporting and their work. They were proud of their achievements.
•Systems were in place to assess and improve the quality and safety of services. There were systems in place to audit and analyse for example, care plans, incidents and accidents, medicines, and health and safety checklists.
•Audits were up to date and where actions were identified we saw these had been carried out or were on the services action plan.
•A relative told us "I am always concerned that because the place needs a lick of paint on first impressions visitors would think that it reflects on the care given here, but it definitely does not ……the care is excellent."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation. The registered manager told us they worked in an open and transparent way with other services and relatives.
•Staff said they felt supported by the management and had an input into the service.
•Although the service did not hold regular staff meetings we saw there was open sharing of information each day, with staff and people coming into the office and staff supporting other team members roles. In depth handovers were held, where people's welfare and wellbeing were discussed, not just their needs or medical conditions.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

• The manager sought views about the service from people and staff through a series of questionnaires. These were then used to compile overall results which were shared with people to show what changes were being made as a result, and any possible actions were taken to improve the service.

Continuous learning and improving care

• The registered manager could demonstrate they were continually working towards improvements. Nurses were maintaining their professional standards and competencies through regular updates and training. Staff were also able to peer review some practices and competencies to maintain their professional development.