

Contemplation Homes Limited

Acacia House Nursing Home

Inspection report

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28 April 2016

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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

The inspection took place on the 27 and 28 April 2016 and was unannounced.

The home 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 also managed another service close to Acacia House Nursing Home and shared their time between both services.

There were sufficient numbers of staff deployed to meet the needs of people who used the service. Staff had appropriate skills and knowledge to support people.

People told us they felt safe living at the home. Staff were knowledgeable about reporting any harm. Recruitment procedures ensured that only suitable staff were employed.

Medicines were stored and secured appropriately. People told us that they received their medicines on time.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When people were assessed as unable to make decisions for themselves the MCA process had been followed. DoLS are put in place to protect people where their freedom of movement is restricted to prevent them from possible harm. The registered manager had taken appropriate action for people who needed their movement restricted.

People were supported to eat and drink enough to keep them healthy and were offered choices at mealtimes. Staff were aware of people's individual dietary needs and how to support people. People were supported to access a variety of healthcare professionals to ensure their health care needs were met and were assisted to see their GP as and when required.

People were supported to maintain relationships. People living at the home and their relatives told us that they felt the staff were kind and caring.

People living at the home all thought that the home was well-led. They all spoke positively about the registered manager and the staff group.

There were a number of quality audits in place to assist the provider in assessing and reviewing the delivery of care 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.

People told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse.

There was a robust recruitment process in place to ensure people were suitable to be employed. We found there were enough staff deployed to meet people's needs.

Medicines were managed safely and administered as prescribed. This kept people safe from the risks associated with them.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were cared for by staff who had the knowledge and skills to carry out their roles and responsibilities.

People were supported to have enough to eat and drink and have a balanced diet.

People were supported to have their healthcare needs met appropriately.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people with kindness and compassion.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were regularly assessed planned and reviewed.

People were encouraged to maintain relationships that were important to them. The provider did not place any restrictions on when family or friends could visit people living at the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

The service was well led.

Staff had access to appropriate leadership and support. Staff, the provider and the registered manager worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

Good ●

Acacia House Nursing 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.

This inspection took place on the 27 and 28 April 2016 and was unannounced. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This 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. We also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

We spoke with five people living at the home, four relatives, the registered manager, the clinical lead, five members of care staff, the chef, and a visiting health care professional. We also spoke with representatives from the local authority. We looked at the records of six people, four staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

The service was last inspected in July 2013 and was compliant with the regulations it was inspected against at the time.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm quite safe here and the staff look after me." Another said, "I feel very safe the staff know me well." A relative told us, "I am quite happy with my relative being here. I trust the staff." We saw when needed people had specialist equipment provided for them. For example, we saw people using pressure relieving equipment in line with their care plans. When people needed equipment to transfer or mobilise we saw staff using this equipment in a safe way. This demonstrated people were supported in a safe way.

We saw that the provider had policies and procedures in place to keep people safe such as safeguarding and whistleblowing procedures. These were accessible to staff to ensure they had up to date information and guidance. Staff knew how to recognise and report potential abuse. The staff understood their responsibilities to report any concerns and could describe clearly the steps they would take if required. For example, one staff member told us, "If I had a concern I would report to the nurse on duty or manager straight away who would then alert the safeguarding team." Another said, "I would make sure the person was safe first and then report it straight away." All staff had up to date safeguarding training.

Risk assessments had been carried out to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example staff evaluated the risks to people of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence.

There were enough suitably skilled staff deployed to support and meet the needs of the people living in the home. We saw during the inspection that call bells were answered promptly and staff were visible in communal areas. People told us there were enough staff to effectively support them. One person told us, "If I use the call bell staff come quickly enough, I never wait very long." The registered manager told us they deploy staff depending on the needs of the people living in the home and regularly review individuals level of dependency to ensure adequate staffing.

The provider had a robust recruitment process. Checks had been carried out with the disclosure and barring service (DBS) before staff were employed to confirm whether applicants had a criminal record or were barred from working with vulnerable people. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. When qualified nurses were recruited the provider carried out checks with the nursing and midwifery council (NMC) to ensure they were properly registered or that there were no restrictions on their practice that would affect their ability to be employed. We saw the provider monitored the renewal of qualified nurses registration.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as

adapted baths, hoists and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. A personal emergency evacuation plan (PEEP) had been developed for each person, which detailed the action to be taken to keep them safe in the event of a fire.

People's medicines were managed safely. People told us staff helped them to take their medicines at the right time and checked whether they required pain relief. One person told us, "I ask the nurse if I need any painkillers." All medicines were stored securely. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator. There were appropriate arrangements for the ordering and disposal of medicines. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked.

People had individual medicines profiles that contained information about the medicines they took, their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. These were regularly audited and checked to ensure medicines were given and recorded accurately.

Is the service effective?

Our findings

People told us staff knew them well and provided their care in the way they preferred. One person told us, "The staff always talk to me and check I am happy with what they are doing. They know what care I need." Another person said, "The staff always know what they are doing and they listen to me."

Staff were offered a range of training and professional opportunities to develop their skills and abilities. For example, staff attended mandatory training such as health and safety, infection control and safeguarding adults. Staff also received training specific to individual needs, such as dementia training and end of life care. The qualified nurses all told us the manager was supportive of the new revalidation process for nurses which has replaced nurses maintaining portfolios demonstrating continued professional development. The Nursing and Midwifery Council (NMC) has introduced revalidation for nurses to strengthen the three-yearly registration renewal process and increase professionalism.

New staff undertook a period of induction before they were assessed as competent to work on their own. Staff told us that their induction and mandatory training prepared them for their role. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "The provider is really good at training I feel knowledgeable enough to do my job."

Staff received regular supervision and an annual appraisal. All staff told us that they were a positive experience and they welcomed feedback on their performance. Staff received regular supervision. Supervision notes contained detailed discussions held and future supervisions were planned with a date set. We saw that annual appraisals were recorded for each staff member. One staff member said, "I have recently had my appraisal it is very much a two way process and a chance to review how I am doing with my work. We discuss my training needs and what I am doing well."

People told us that staff always asked them for permission before they received care. One person said, "They tell you what they are going to do. If I don't want the staff to do something I tell them." Staff understood their responsibilities for gaining consent before giving care or medicines. A member of care staff said, "Consent is important, if someone needs pain relief. I make sure they know what they are taking and give their consent before I administer their medicine."

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are 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 were being met. We found that the provider had followed the requirements in the DoLS and several applications had been submitted to the local authority and people were waiting to be assessed. The provider had properly trained and prepared their staff including the manager in understanding the requirements of the MCA and DoLS.

We saw that people had decision specific mental capacity assessments for areas such as care, health, finances and the administration of medicines. Relatives, staff and professionals had been involved in making best interest decision for people and these had been recorded.

We observed a lunchtime meal. We saw people were supported where needed and staff took their time in offering support while encouraging the person to be as independent as possible. One person told us, "I like the food there is enough and it is cooked well." People were provided with a well-balanced and nutritious diet. In addition, hot and cold drinks were provided throughout the day and bowls of fruit were available. We spoke with the provider who told us they had a five week menu which was changed on a seasonal basis. The provider told us that they catered for people with special dietary needs such as reduced sugar or sugar free and gluten free. Some dishes were fortified with butter, cream and syrup to support people at risk of weight loss. Care staff knew what action to take when a person was at risk of weight loss. One member of care staff said, "We record and monitor their intake of food, fluid and check their weight. We notify their GP in case they need supplements."

People were supported with their healthcare needs, regular health checks were carried out and appointments made with their GP if required. One person told us, "I see the GP when I need to." Information was available on people's physical health and medical histories. We spoke with a visiting healthcare professional who told us they had a good working relationship with the service and care staff would not hesitate to ring them for advice. They told us, "It is quite clear they know the needs of the people living here well and they know the planned interventions I have asked to be carried out."

Is the service caring?

Our findings

People told us that they were looked after by caring and compassionate staff. One person said, "The staff know me well and are so kind." Another person said, "I have settled in and the staff are all very caring. I am very happy." A relative told us, "It's a real home from home for my mum", "It's busy but staff always have time for you. I'm very satisfied."

We observed staff's interactions with people and saw that people and staff had a good rapport with each other. Staff approached people in a friendly and caring way. A member of care staff told us of the importance of getting to know people and said, "It is really important to get to know the person and build a good relationship. Always talk to people before you give them any care or support and find out what they need." We saw people were looked after in a caring and relaxed atmosphere. Staff took time to speak to people and check they were ok and see if they needed anything brought to them in their bedroom. We saw staff respond quickly to call bells and take time to reassure people and see to their needs. One person told us, " They are always helping me, they do a brilliant job."

We saw staff ensured people's privacy and dignity were respected. For example, asking people discreetly and quietly if they wanted to go to the toilet. we saw that bedroom doors were kept closed when people received personal care in their room.

The care records we looked at showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. We found life histories and information about people's personal preferences, interests and hobbies in the care records. A relative told us, "My [relative's name] is treated as a person and they always tell us what is going on when we visit. It feels like the whole family are involved."

We saw the bedrooms were individualised and personal effects such as photographs and ornaments were on display and had been looked after.

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at anytime of the day. One relative told us, "I can pop in when it is convenient to me and [person's name]. With work having the flexibility of when to visit and for how long is good." Another said, "We are always made welcome and offered refreshments."

Is the service responsive?

Our findings

We looked at six people's care files. Each person had received an initial assessment to ensure the home could meet their needs. Care plans had been regularly reviewed and updated to reflect any changes to people's care needs. The staff we spoke with told us they had access to care records and were informed when any changes had been made to a person's care plan, this enabled the staff to make sure they continued to meet people's needs in the way the person wanted. One person told us, "The staff know my needs but listen to what I say and do things to suit me at the time."

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. One person told us, "They always ask me how I am feeling and if I would like anything changed." A relative said, "Yes we all feel involved in my relative's care. We are able to have our say and do feel listened too."

People were encouraged to maintain relationships with family members and friends. People told us that they could see friends and family at any time.

There was a clear commitment from all staff to promote people's well-being and quality of life. The registered manager regularly used questionnaires to gain feedback from people living in the home, their relatives and health and social care professionals. The feedback supported the registered manager to monitor the quality of the care provided. For example, people had indicated that they would prefer a wet room. In response to this the provider had agreed to renovate an existing bathroom into a wet room allowing people greater choice. This work was due to commence within a week.

People told us they could choose what they did during the day. Some people preferred to spend time in their rooms and had access to both television or radio. People also spent time in the lounge. Where games, books and magazines were readily available. We saw that activities were arranged and a list of activities were posted on the notice board for people to participate in if they wished. For example, during the inspection there had been a talk on reptiles and snakes with people given the opportunity to hold various animals if they wished.

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would speak with the manager or nurse in charge. I know they would sort it out straight away." Another said, "I have never had to complain but yes I know there is a complaints process. I would speak to the nurse and if they did nothing speak to the manager." A copy of the organisations complaints procedure was placed on the notice board. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the registered manager for the service checked any complaints received as part of their regular quality audit.

Is the service well-led?

Our findings

People and relatives we spoke with knew the registered manager and told us they enjoyed talking to them. One person told us, "I feel the manager listens to what I have to say. They like to know I am ok." One relative told us, "The manager and staff have been great, they sort everything out for us."

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the clinical lead and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had defined roles and responsibilities and worked as part of a team. The registered manager told us how important it was that the people living at the home and staff felt they were working together. For example, staff told us they were happy to approach the registered manager with any ideas for improvements and they would always be listened to. A member of staff told us, "It is a very open culture we can all discuss things quite openly."

We saw minutes of regular staff meetings which gave the registered manager and staff the opportunity to communicate and discuss any information. Staff told us the registered manager, deputy manager and the clinical lead were always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the telephone.

The registered manager carried out a range of audits to ensure that the service provided people with safe care. These included risk areas such as checking bed rails, pressure care, infection control, falls, medicines, accidents, kitchen safety and training. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks. Lessons learned and reflections for future learning were recorded for staff discussion in meetings.

People had been surveyed for their views about their care. This had resulted in the home developing a plan to renovate the building and include a wet room for people to use. We saw plans that showed the renovation would commence shortly. Plans were in place to ensure people and relatives were kept updated about this.