

Bupa Care Homes (CFChomes) Limited

Acacia Lodge Care Home

Inspection report

15 Wellingborough Road
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Wellingborough
Northamptonshire
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Tel: 01933651660

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 11 December 2017 and was unannounced.

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 is registered to accommodate up to 40 people in one adapted building. At the time of our inspection, 36 people were receiving care.

The service had a registered manager in post. 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.

Quality monitoring systems and processes were in place, but actions were not always identified and information was not always recorded accurately. Training audits showed that staff training was not up to date, and this was not acted upon quickly by management.

Staff knew about checking the settings on pressure relieving mattresses, but were not recording these checks so we could not be sure when or how often this was taking place.

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, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. 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, however records we looked at showed us that several staff were overdue their refresher training.

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.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment

to perform their roles safely. The service was clean and tidy, and regular cleaning took place to ensure the prevention of the spread of infection.

Staff were well supported by the manager and senior team, and had one to one supervisions and observations.

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 supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

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 appointments when necessary. Health professionals were involved with people's support as and when required.

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.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

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.

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 ●

The service was safe.

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.

Systems were in place for the safe management of medicines.

The service was clean, tidy, and people were protected from the spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had suitable induction training, but some refresher training was not up to date. Staff were supported with supervisions, spot checks and observations.

People could make choices about their food and drink and were provided with support if 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?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Good 

Is the service well-led?

The service was not always well led.

Quality monitoring systems were not always in place, and actions were not always created when faults were found.

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.

Requires Improvement 

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 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.

This inspection took place on 11 December 2017 and was unannounced.

The inspection was carried out by one 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.

Before our inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with nine people who used the service, three relatives of people that used the service, three support workers, a nurse and the registered manager. We reviewed six peoples care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us the service supported people in a safe manner. One person told us, "I've been here for several years now. I feel safe, I never feel unsafe at all. The staff are very good". A relative of a person told us, "He's been here three weeks, no concerns, the girls are lovely with him". We talked with the staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "Firstly I would report to the manager, and then the safeguarding team or Care Quality Commission if I needed to." All the staff we spoke with were confident that concerns were always followed up promptly by the registered manager.

Risk assessments were in place which provided staff with guidance about how to support people safely, across several areas of their life. Assessments for safe moving and handling, mobility, call bell use, bed rail use, dietary and fluid intake, skin care and falls, were all in place and regularly updated. The staff we spoke with told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported. We saw that staff were supporting people using pressure relieving mattresses. All the mattresses we looked at were on the correct settings, and the staff and nurses we spoke with told us they checked them regularly. There was no record of these mattress checks, so we could not be sure how often they were being checked. The registered manager told us they would implement this recording immediately. One staff member said, "I am confident in supporting people. We have nurses that do the medication and other nursing duties, and I know they always do a good job too."

There were enough staff to meet people's needs. One person told us, "They are very good, they are always around. I use my bell sometimes, I never have to wait long". The staff told us there were enough of them to make sure people were cared for safely, but acknowledged that recent changes had put pressure on the team, and a higher than usual amount of agency staff were required to cover shifts. The registered manager told us, "The provider is changing hands, and the service will be run by a new company. This has meant that several staffing changes have taken place, and agency use had been required to fill in the gaps." During our inspection we saw that people were responded to promptly, and there were enough staff to meet people's needs.

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. One person said, "I take pills, they (staff) give them to me. If I need it they give me pain killers." 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, and regular temperature checks took place within the storage area. We looked at stock levels of several medicines, and saw they were accurate.

People were well protected by the prevention and control of infection, and staff understood their responsibilities in this area. All the people we spoke with were happy that the service was kept clean and tidy. One person's told us, "The staff always wear their gloves when they are supposed to." During our inspection, we saw cleaning staff on duty, and all areas of the service were clean. All the staff we spoke with told us they had the appropriate personal protective equipment to carry out care safely, and they were happy the service was kept clean by the domestic cleaning staff and themselves. Audits on the environment within the service took place to make sure that it was regularly being cleaned and maintained well.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. The registered manager told us that during a review for a particular person, it was discovered that records were not being kept in relation to some of the persons behaviours. Once this was identified, actions were taken and the staff team were informed to record all relevant information in detail. Staff we spoke with confirmed this had taken place, and records we looked at showed that staff recorded daily notes in detail, and handed over information to staff when changing shifts.

Is the service effective?

Our findings

People received pre-admission assessments before receiving any care, to make sure that the staff were able to provide the correct care and fully understand their needs. We saw pre-admission assessment documentation which confirmed that all aspects of peoples' potential care needs were discussed along with a person's preferences. This formed the basis of a care plan which was then updated and added to as required. Care plans we looked at showed that care was being delivered in line with current legislation, and that people were being protected from discrimination. Staff we spoke with understood the differences in background that each person may have, and the need to respect people's choices.

People told us that the staff were skilled and were able to deliver care effectively. One person said, "They are very good, they know what they are doing." Another person said, "No complaints, they are all good."

All staff received induction training before starting work within the service. The staff we spoke with confirmed that this included basic mandatory training such as safeguarding adults, moving and handling, infection control, food hygiene and training in other key areas. One staff member told us, "I then shadowed more experienced staff for around two weeks, or basically until I was ready. I wasn't rushed. The training was good and made me confident to work with people." All the staff we spoke with told us they completed yearly refresher training courses to update their knowledge on mandatory subjects. We looked at training records which showed that whilst all staff had their initial training, the refresher courses were out of date for staff in several key areas such as safeguarding and infection control. Monthly training reports showed that these staff had been highlighted as requiring an update for several months, but no actions had been taken to complete these updates.

The registered manager told us that due to the imminent takeover of the service by a new provider, she would be handing over the training requirements to the new manager. Although staff had not attended formal training to refresh their knowledge our observations and feedback from people receiving care confirmed that staff were knowledgeable and had the skills they needed to care for people effectively.

People were supported to eat and drink and maintain a healthy and balanced diet. One person told us, "We get a choice of meals. The activities lady asks me in the morning. I'm a fussy eater, I enjoy the food." We saw that care plans contained information around people's individual likes and dislikes with food and drink, and any specialised diets were documented and catered for. During our inspection we observed the lunch period, and saw that the service created a comfortable environment to eat, with soft music playing and with flowers and menus on each table. People were given the support they required to eat and offered choice in what they had.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that the service had communicated with the appropriate health professionals to make sure the right care and training was in place for a person's on-going skin care. The registered manager told us that the person's needs had eventually become too high for the service to confidently support, so she was working alongside other professionals to make sure that the appropriate placement and support would be given.

People had access to the health care support they needed. One person said, "The doctor comes, the chiropodist came the day before yesterday. The optician comes here. I'm waiting to have my cataracts done. The dentist comes here as well." We saw that health requirements were recorded in detail in people's files, and the staff we spoke with had a good knowledge about the individual health conditions that people had, and how best to support them.

The service had several communal areas including dining rooms and lounges, which people were able to access and use. People told us they were able to personalise their own rooms, and felt free to use any of the communal spaces as they wished. The registered manager told us, "[Person's name] wanted a particular wallpaper for their room, so we went out and bought it. When we showed it to [person], [person] didn't like it, so picked a paint colour instead." Accessible outside space was available for people to use when they wanted to, and people could use any of the spaces within the service to sit with family or friends who were visiting. It was clear that people were comfortable and happy within the service, as it provided a welcoming and homely atmosphere.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications had been made by the service.

People told us that staff sought their consent before carrying out any care. One relative told us, "They ask [person's name] what [person] wants before doing anything." Consent forms had been signed and placed within people's files.

Is the service caring?

Our findings

Staff treated people with kindness, compassion and respect, and supported people with their emotional needs. One person told us, "They are so generous with their time. I wanted some wool for knitting. One of the girls (staff) bought it for me." Another person said, "Overall they do a very good job, it's riddled with loving affection." The relatives of people we spoke with also told us they were happy with the way their family members were treated. One relative said, "They (staff) are very caring. If [person] doesn't answer his phone when I ring they run upstairs and sort his mobile out so I can speak to (person)."

During our inspection we witnessed staff interact with people in a warm and friendly manner. Staff were checking with people that they were ok, making jokes with people, and giving everyone the time they needed to communicate. Care plans we looked at were centred on each individual's likes and dislikes, and provided staff with the detail required to deliver care that was positive and person centred.

People felt involved in their own care and support, and relatives of people were involved in people's care when they were not able to be themselves. Most of the people and relatives we spoke with were aware of the care planning and reviewing process, and told us they were happy with the content, were involved in the process, and felt in control. We saw that yearly reviews of people's care were held where people could comment, input and formally review their own care. Relatives were also involved when appropriate. Some people and their relatives told us that whilst they were happy with the care, they were not sure about what was in their care plans or where to find them. We raised this with the registered manager who told us that everyone or their relatives, would have been given a care plan and been involved where possible, but they would make sure people and relatives were given new copies or reminders of care plans where appropriate.

People's privacy and dignity was respected at all times. One person told us, "They (staff) always knock, they tell you why they have come." People we spoke with, and their relatives, were happy that staff understood how to respect privacy and dignity. One relative said, "They are excellent with [name], they are very respectful." During our inspection we saw that staff were thoughtful of people's dignity, and respectful in their communication. For example, during the lunch period, we saw that people were offered choices as to whether they wanted aprons on or not. Staff asked people individually what their preference was and supported them to put them on where required.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. One person said, "The staff helped me buy all my Christmas presents. The staff are marvellous, I'm perfectly comfortable with them." A relative of a person told us, "There's a nice atmosphere here, you can feel it when you come in. We looked at other homes in the area. We were lucky to get [Name] in here."

People had care plans in place which documented their care in a personalised way. This included information such as lifestyle choices and preferences, religious beliefs, family and personal history, and a log of all the recent activities people had joined in with and enjoyed.

During our inspection, we saw that staff knew people's likes and dislikes and were able to personalise their interactions with people. Staff clearly knew what things people liked to talk about, their preferred names, and things that they liked. One person told us, "I prefer a shower, they ask me if I want one. I have a man and a woman sometimes, too old to worry about those things."

An activities coordinator was employed by the service to run various activities during the week. On the day of the inspection, the activities coordinator was working as a carer due to staff shortages, but the people we spoke with told us there was usually something going on to take part in. We saw photos of different activities that had taken place.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, we saw the service had created a picture list with English to Polish translations to help staff communicate with a person whose English language was limited when they first started using the service.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person told us, "I haven't made any complaints. I would just call somebody." We saw that the service had a complaints procedure and policy that was used to record and respond to all complaints. Complaints that were made, were recorded, and responses were documented with any actions taken to improve quality when required.

At the time of our inspection, no end of life care was being delivered. We saw that people's opinions and choices were recorded in relation to their end of life care should they require that support at a later date.

Is the service well-led?

Our findings

Quality assurance systems were not always in place. Staff told us that they regularly checked settings on pressure relieving mattresses. Pressure relieving mattresses are used to support people at risk of pressure sores and skin damage. We saw that the settings were accurate during our inspection, however no records were being kept of who was checking the settings on the mattresses, to ensure that they were correct. This meant we could not be sure who or how often, mattresses were checked. The registered manager told us that staff would now be recording the checks that were taking place so that this could be evidenced in the future.

Quality assurance systems that were in place, were not always effectively used to make improvements. Monthly training audits we looked at had revealed that staff training was not up to date for all of the staff. This information was highlighted on training audits for several months in a row. We asked the registered manager if refresher training had taken place or was booked in. The registered manager sought further information from the training manager, and found that whilst some staff had been updated, several had not been, and no known dates had been booked in for them. This meant that the audit system in place for training was not being used effectively to make improvement when errors or issues were found. The registered manager told us that due to the imminent takeover of the service by a new provider, she would be handing over the training requirements to the new manager .

The service had a clear vision and positive culture. The registered manager told us that staff morale had been affected recently due to several permanent staff members leaving. This was happening due to the imminent takeover of the service by a new provider. All the staff we spoke with acknowledged that this had an effect on the team, and it had been a difficult time for many of them. One staff member said, "We have lost some team members, but we are positive about the future, it's a good team here and we are getting stuck in." Another staff member said, "It's a real shame the registered manager is leaving, she has been excellent. We are hopeful that things will settle down once the takeover has been completed. We make sure to do our best and I really don't think there has been any negative effect for the people we support." Some of the people we spoke with were aware of the upcoming staffing changes and new provider, but were happy their care was still being delivered with quality.

The service had a registered manager in post. 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 manager was aware of the responsibility to submit notifications and other required information. The service displayed its CQC registration certificate as required.

During our inspection, we saw that the registered manager's office was open, and staff were able to go in and speak with them as and when they wanted to. All the staff we spoke with were confident in their roles, and understood their responsibilities.

People and their relatives were able to feedback on the quality of the service and information was shared effectively. One person told us, "They have residents meetings, I prefer not to go to them". We saw that a meeting had recently been held to inform people and relatives of the upcoming staff and provider changes. We saw that quality questionnaires had recently been sent out to people and their families to comment on the quality of care they received.

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 team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff confirmed that meetings were used as a constructive forum to discuss any issues and learn from any mistakes made. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions and observations, as well as informally should they wish. We saw minutes of meeting held, and staff we spoke with confirmed they took place.

We saw that the service was transparent and open to all stakeholders and agencies. We saw that the service had worked alongside the local authority quality monitoring team, and had completed an action plan that was set for them. The service was open and honest, and had been communicating closely with the local authority and clinical commissioning group around the upcoming change of provider and staffing. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.