

GCH (Acton) Limited

Acton Care Centre

Inspection report

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Acton
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Date of inspection visit:
30 October 2018

Date of publication:
23 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Acton Care Centre on 30 October 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our last comprehensive inspection of 19 June 2018 had been made.

We inspected the service against two of the five questions we ask about services: 'is the service well led?' and 'is the service safe?' This is because the service was not meeting legal requirements in relation to safe care and treatment or good governance in June 2018.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity, so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

We found that improvements had been made and, following this inspection, we have rated the service good.

Acton Care Centre 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. Nursing care is provided at this care home. The service is registered to accommodate up to 125 older people and younger adults (people under 65 years old). At the time of our inspection 118 people were living at the service. The home is divided into five units. Two of the units, Donald Sword and Garden unit, were dedicated for people living with the experience of dementia. The other three units, Oak, Park and Westerly, provided care for people with complex healthcare needs, which included some people receiving care at the end of their lives. Westerly unit is for people with complex medical needs.

The service is managed by GCH (Acton) Limited, part of the Gold Care Homes Group, a privately-owned company running 21 care homes in and around London.

There was 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 and associated Regulations about how the service is run.

People living at the service told us they were happy there and well cared for. Most people told us there were enough staff and that they did not have to wait for care. They said that the staff were kind, caring and polite.

The staff told us that they felt well supported. They had the training and support they needed to care for people in a safe way. The provider's procedures for recruiting staff were designed to ensure that they were suitable. The staff received an induction to make sure they had the skills and knowledge needed to work at

the service.

There were procedures designed to safeguard people from abuse and so the staff knew how to recognise and report abuse.

The environment was clean and appropriately maintained. The provider made sure equipment was safe to use and appropriately stored. There were procedures for managing the control and prevention of infection, and the staff followed these.

The risks to people's safety and wellbeing had been assessed and planned for. These assessments were regularly reviewed and updated, and we saw that staff followed guidance to help keep people safe.

Medicines were managed in a safe way. There had been improvements to the way in which these were managed and systems to ensure that any errors were dealt with appropriately.

People were able to raise concerns and felt that these were appropriately dealt with. There were effective procedures for investigating and responding to complaints, incidents and accidents. There were also thorough systems for monitoring and improving the quality of the service, which included effective communication between the staff and regular audits of different aspects of the service. People using the service, staff and visitors felt the registered manager was approachable and available when they needed them.

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.

The provider had procedures designed to safeguard people from abuse.

Risks to people were assessed and their safety monitored.

There were sufficient numbers of suitable staff employed to keep people safe and meet their needs.

People received their medicines in a safe way and as prescribed.

People were protected by the prevention and control of infection.

Lessons were learnt, and improvements made when things went wrong.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and inclusive culture, where people using the service, staff and other stakeholders were asked for their views.

There were effective systems for monitoring and improving the quality of the service.

The provider worked in partnership with other agencies.

Acton Care Centre

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 30 October 2018 and was unannounced.

The inspection team included three inspectors, a member of the Care Quality Commission medicines team 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.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019. The findings of the dental inspector are not included in this report.

Before the inspection visit we looked at all the information we held about the service. This included notifications, information of concern, information about safeguarding alerts and contact from members of the public. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We also looked at information publicly available about the service, such as the provider's own website and other websites, including care home reviews and information from Healthwatch (an independent organisation who visit and review care services) and the Food Standards Agency.

During the inspection we spoke with nine people who lived at the service, six visiting relatives and friends and one visiting professional. We also spoke with staff on duty, who included the registered manager, patient affairs manager, nurses, senior healthcare assistants, healthcare assistants, catering, domestic and administrative staff.

We observed how people were being cared for and supported and we looked at the environment and records relating to this.

We looked at the care records for six people who used the service, records of complaints, quality monitoring, audits and meeting minutes. We looked at the personnel files for seven members of staff. We checked medicines storage of medicines, medicines administration record (MAR) charts, and medicines supplies.

At the end of our inspection, we gave feedback to the registered manager and chief executive officer.

Is the service safe?

Our findings

At the inspection of 19 June 2018, we found the risks to people's safety had not always been assessed or monitored to ensure they were safe.

At the inspection of 30 October 2018, we found improvements had been made. We looked at a sample of care files for people living at the service who had multiple and complex needs. The staff had assessed the risks to their safety and wellbeing. These assessments included guidance for the staff about how to use equipment and how to support people with different medical conditions. There was information about the risk of falling for each person, and how they should be supported when moving. We observed some people being supported to move. The staff did this in a safe and appropriate way.

Care files included information about risks of choking, nutritional and hydration risks. There was clear information for the staff about the support people needed, including target fluid amounts, fluid and food monitoring, information about the consistency of food and drink and how people should be positioned when eating or drinking. We saw that the staff followed this guidance when supporting people. They demonstrated a good knowledge of individual needs and how to meet these.

Care files also included detailed guidance about risks associated with people's physical and mental health, including warning signs to look for if someone was becoming unwell or needed medical intervention. The staff monitored the condition of people's skin and took prompt action when changes in skin condition occurred. They also kept clear records to show how they had treated wounds and the risks associated with these.

The risks within the environment had been suitably managed. The staff carried out regular checks and audits of equipment, health and safety and the environment. There was evidence of checks on fire safety and a recent fire risk assessment of the building. The staff had created personal emergency evacuation plans for each person to explain how they needed to be supported in an emergency situation.

At the inspection of 19 June 2018, we found that cleaning chemicals were not always stored in a safe and secure way.

At the inspection of 30 October 2018, we found that all cleaning products and other chemicals were stored securely and appropriately. The registered manager conducted regular checks to make sure this was always the case. In addition, this had been the subject of staff meetings and discussions to make sure all of the staff were aware of the importance of this.

At the inspection of 19 June 2018, we found that staff practices did not always ensure the prevention and control of infections.

At the inspection of 30 October 2018, we found that improvements had been made and there were effective procedures for managing and controlling infections. The staff were aware of these and followed them.

The environment and equipment were clean and appropriately maintained. Staff wore protective clothing such as gloves and aprons and the provider had introduced more special bins so that these could be disposed of appropriately. Hand gel was available in corridors and people's rooms. Laundry and waste rooms were appropriately labelled, clean and regularly checked. Information on infection control and hand hygiene was on display and available to staff.

Barrier nursing was in place to manage specific infection control issues and this was clearly indicated to staff and visitors. Staff and people using the service were also encouraged to access free 'flu vaccinations.

The provider had organised further staff training regarding infection control and appointed two infection control leads to increase staff knowledge and improve infection control practices. This included specific weekly audits and meetings, workshops, hand hygiene audits and daily checks by unit nurses. The staff we spoke with said that they were provided with enough equipment. They were able to explain the infection control procedures in place and said that they felt supported by the managers and infection control leads to follow these.

At the inspection of 19 June 2018, we found that medicines were not always managed in a safe way.

At the inspection of 30 October 2018, we found improvements had been made and people received their medicines in a safe way and as prescribed.

Medicines were stored securely in locked medicines cupboards or trolleys within the treatment areas, and immobilised when not in use. On the previous inspection, we saw that people's nutritional drinks were stored inappropriately in their rooms out in the open, by the door. At this inspection, we found that these drinks had now been moved to the treatment room and had appropriate temperature monitoring arrangements in place to ensure they remained safe and effective for use.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection (and observing past records), the fridge temperatures were found to be in the appropriate range of 2-8°C for most units. Room temperatures were also recorded on a daily basis. This assured us that medicines were stored at appropriate temperatures.

People received their medicines as prescribed. We looked at 25 medicines administration record (MAR) charts and found no gaps in the recording of medicines administered, which provided assurance that people were receiving their medicines safely, consistently and as prescribed. We found that there were separate charts for people who had patch medicines prescribed to them (such as pain relief patches), warfarin administration records and also topical medicines. At the previous inspection, we found that some staff had not signed to say they had administered topical medicines. At this inspection, we found that staff had signed to indicate that these medicines had been administered appropriately. Furthermore, this process was audited more robustly by the clinical lead. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance), along with people's allergies to medicines that were recorded appropriately. Running balances were kept for medicines which had a variable dose (for example one or two tablets) and there was a record of the exact amount given.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled Drugs were appropriately stored in accordance with legal requirements, with twice daily audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was

suitable for them and people's behaviour were not controlled by excessive or inappropriate use of medicines. At the previous inspection we found that some PRN protocols were not in place, had not been updated or reviewed recently. At this inspection we found that this issue had now been resolved. PRN protocols were in place and reviewed on a regular basis by the provider to ensure safe usage for these types of medicines.

We looked at two MARs for people who were administered their medicines covertly. We found that they had a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly. This assured us that people in this location were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

Medicines were administered by nurses that had been trained in medicines administration. We saw a member of staff giving medicines to people and were assured that staff had a caring attitude towards the administration of medicines for people.

The provider followed current and relevant professional guidance about the management and review of medicines. At the previous inspection we did not see any evidence of past audits which had resulted in actions that were acted upon to improve the safe and appropriate use of medicines. At this inspection we found that this issue had been resolved. For example, we saw evidence of a recent audit carried out by the provider including safe storage of medicines, fridge temperatures, PRN protocol audits and Controlled Drugs. A recent improvement made by the provider included ensuring that all PRN protocols were up to date and had been reviewed on a monthly basis. This had been highlighted from a previous incident which had highlighted that not all PRN protocols were in place for all residents and had been updated.

There were procedures designed to protect people from abuse and investigate any allegations of abuse. The provider had information about Pan London procedures and how to alert the local safeguarding authority of any concerns. There was information about these on display for the staff and they had regular training in safeguarding adults. In addition, this was the subject of supervision sessions and meetings. The staff demonstrated a good knowledge of how to recognise and report abuse.

The provider had worked closely with the local authority and other agencies when there had been allegations of abuse to investigate these and to keep people protected from further harm.

There were enough staff employed to keep people safe and meet their needs. Two people we spoke with told us they did not feel there was enough staff, however others felt there was. The staff also commented that they felt there were enough of them employed to care for people. People had access to call bells when they needed staff attention, and they told us these were answered promptly.

The provider undertook checks on the staff before they started working at the service. These included checks on their identity, eligibility to work in the United Kingdom, a full employment history, references from previous employers and checks on any criminal records from the Disclosure and Barring Service. The staff attended a formal interview and completed an application form. Records of these showed that staff were asked questions which would demonstrate their skills, knowledge, attitude and competencies. There was evidence of a thorough induction to the service, working with the provider and training essential to the staff member's role within their personnel files. This showed us that the provider ensured they had up to date and relevant knowledge to perform their work and care for people in a safe way.

The provider had systems for learning from when things went wrong. All accidents, incidents and complaints were recorded. Records of these showed that the staff, senior staff and the registered manager had reviewed

what had occurred, the immediate action and any further action required. The registered manager analysed information to identify trends, so improvements could be made. The registered manager met with other managers in the organisation and local authority to share their findings and discuss how they could learn from each other.

Is the service well-led?

Our findings

At the inspection of 19 June 2018, we found that the provider did not always have effective systems for mitigating risk and improving the quality of the service.

At the inspection of 30 October 2018, we found that improvements had been made. The provider's systems for monitoring the quality of the service were effective at identifying where improvements were needed and then ensuring these improvements took place.

Following the last inspection, the registered manager met with all staff in team and individual meetings to discuss areas of concern and where improvements were needed. They had provided clear guidance and information, as well as training for the staff to help improve their knowledge and skills. For example, they had trained two members of staff to take a lead regarding infection control. They met with all the staff to find out gaps in their knowledge and then provided training and written guidance where they felt staff needed more information. They undertook regular audits to make sure the staff practice reflected their learning. The provider had a process called, 'policy of the month' where they asked all staff to familiarise themselves with a specific policy. Recent policies which had been discussed included, record keeping, administration medicines, infection control and protection, fire safety, data protection, accidents, safeguarding and duty of candour.

Improvements to the service since the last inspection included retention of more permanent staff meaning a significant reduction of the use of agency (temporary) staff. This meant that people using the service were cared for by familiar staff and there was a better continuity of care. There had also been improvements to the way in which the staff supported people to stay hydrated and monitored that they received enough fluids each day. The chef told us they had liaised with people using the service and relatives about how they could improve the planned menus at the service. They had organised for food tasting sessions and involved people in making decisions about the food they offered. They had also photographed all the dishes and created files of information about each dish which were kept in each unit. The staff used these to talk about menu choices with people.

There was effective communication with people using the service, relatives and staff. We saw evidence of regular meetings and a quality satisfaction survey which people had completed about their experiences.

The provider's quality assurance manager and regional manager regularly visited the service to carry out audits and help plan improvements. Recent visits had included checks on the environment, records as well as speaking with people using the service and staff. They had reported on their findings and recommended actions for improvement. We saw evidence that the registered manager had made the required improvements.

The staff undertook regular audits which included, equipment, cleanliness, health and safety, records and care plans. The heads of department met three times a week to discuss the service and any improvements which were needed.

People using the service and their visitors told us they were happy with the service and felt it was well managed. Some of their comments included, "The long-term staff are brilliant, some of the staff are amazing and I think the place is well run", "They are very solution focussed here when there is a problem", "I have never needed to make a complaint, I need to sing their praises", "All the staff are fantastic", "I have nothing to complain about, I feel very safe", "The staff are kind and happy" and "They are very nice people here."

One person told us they had raised a number of concerns and they were not happy with the response they had received. They were particularly concerned that a lift to the second floor had broken down on several occasions. We discussed this with the registered manager who told us that they were in the process of purchasing a new lift. They said that an alternative lift was available but that some people did not like using this as it was a stair lift.

The visiting healthcare professional spoke positively about the staff and the way the service was managed. They said, "The [registered manager] is brilliant and she is a great patient and family advocate."

The staff told us they felt well supported. They said they could speak with the registered manager and other senior managers from the organisation when they needed, and they felt listened to.

The registered manager worked closely with the local authority and Clinical Commissioning Group. They met each month and completed a report which outlined any accidents, incidents, pressure sores, infections, safeguarding alerts, hospital admissions, staff vacancies and compliance with staff training. This information was discussed to make sure any trends or repeated concerns were addressed.

The registered manager also attended regular managers meetings arranged by the provider and those by the local authority for other registered managers. They used these meetings to share ideas and discuss how they could improve the service.