

HC-One Limited

Acacia Care Centre

Inspection report

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Date of inspection visit: 3 February 2015
Date of publication: 29/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 3 February 2015 and was unannounced.

Accommodation for up to 58 people is provided in the home over two floors. The service is designed to meet the needs of older people.

At the previous inspection on 6 and 7 August 2014, we asked the provider to take action to make improvements to the areas of management of medicines, assessing and monitoring the quality of service provision and records.

We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that concerns remained in these areas.

There was a registered manager in place; however, this person is no longer registered for the home. The new manager was available during the inspection and an application to register had not been received at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

People and visitors told us they felt safe in the home. Systems were in place for staff to identify and manage risks; however these were not always followed. People had mixed views on whether sufficient staff were on duty but we found that people received prompt care. A person told us that staff helped them with their medicines. However, we found that staff did not follow safe medicines management.

People had mixed views on the quality of food. We saw that people were not always well supported at mealtimes and documentation to ensure people received enough to eat and drink was not always fully completed. A relative told us that staff knew what they were doing but we found that staff were not always fully supported to have the knowledge and skills they needed to meet people's needs. We saw that the home involved outside professionals in people's care as appropriate, however, the requirements of the Mental Capacity Act were not fully adhered to.

People and their relatives told us that staff were kind and caring. However, we saw that staff did not always respect people's dignity and records were not kept securely. We found that people and their relatives were involved in making decisions about their care and the support they received.

People and staff told us there were not enough activities available and we found that people were not supported to follow their own interests or hobbies. Care records generally contained sufficient information to provide personalised care. We saw that complaints had been handled appropriately by the home.

People and their relatives could raise issues at meetings or by completing questionnaires and we saw that the registered manager responded appropriately to them. There were systems in place to monitor and improve the quality of the service provided; however, these were not always effective. The provider had not identified the concerns that we found during this inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Safe medicines management procedures were not followed. Risk assessments were not always reviewed when necessary and checks to keep people safe were not fully documented.

There were processes in place to help make sure people were protected from the risk of abuse and the premises were safe. Staffing levels met the needs of people who used the service and staff were recruited by safe recruitment procedures.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff were not consistently supported to ensure they had up to date information to undertake their roles and responsibilities.

People's rights under the Mental Capacity Act 2005 were not fully protected. People were not always well supported to eat and drink and documentation was not well completed to ensure that people received sufficient to eat and drink.

Staff involved other healthcare professionals if they had concerns about a person's health.

Requires Improvement



Is the service caring?

The service was not consistently caring.

People's privacy was not fully respected as records were not stored securely. Staff did not always respect people's dignity.

Staff were compassionate and kind. People and their relatives were involved in making decisions about their care and the support they received.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

People were not supported to maintain hobbies and interests.

Care plans were generally in place outlining people's care and support needs and generally contained sufficient information to provide a personalised service. People were listened to if they had complaints and appropriate responses were given.

Requires Improvement



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

Audits carried out by the provider had not identified all the issues found during this inspection.

People and relatives were involved in the development of the service and a registered manager was in place and providing staff with clear guidance.

Acacia 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 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 3 February 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist nursing advisor with experience of dementia care 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 all the information we held about the home. This information included notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners of the service and Healthwatch Nottingham to obtain their views on the service and how it was currently being run.

During our inspection, we spoke with six people who used the service and two relatives and friends. We spoke with a domestic staff member, four care staff, a nurse, the manager, the relief manager and a regional manager. We looked at the relevant parts of nine care records, three recruitment files, observed care and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

When we inspected the home in August 2014 we found that medicines were not always managed safely. At this inspection we found that concerns remained in this area.

Medicines were not always managed safely. A person said, "I get my medication on time from the staff." However, we observed that the staff member administering medicines asked another staff member to give medicine to a person who had previously refused to accept medicine that morning. The staff member administering the medicines did not witness these medicines being given to the service user but signed the medicine administration record (MAR) chart to confirm that they had been administered. This was not safe practice.

We observed that the morning medicine round was not completed until midday. This meant that there was a greater risk that some people would not have a long enough gap between their medicines. People's MAR charts were not fully completed to show that people received their medicines as prescribed. One person had been discharged from hospital and we saw that they had not received a medicine prescribed at the hospital since returning to the care home 12 days previously. We also saw that one person's MAR chart did not have an accompanying photograph to allow staff to check they were giving medicines to the correct person and did not detail how the person liked to take their medicines.

We saw that medicines were stored securely; however there were gaps in the temperature records for the treatment room where medicines were stored. Temperatures should be checked every day to ensure that medicines are stored at the correct temperature so that people receive them safely. We also saw that the home did not have a kit to destroy controlled drugs when appropriate and as a result some controlled drugs were stored in the home awaiting destruction.

These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place where appropriate including for the use of bedrails. However, these were not always reviewed when appropriate. We looked at the care

records of a person who was at high risk of falls. Their risk assessment had not been reviewed despite them having had a number of falls. No falls prevention strategies had been implemented to reduce the risk of falls. We also saw that documentation was not fully completed to show that staff had regularly monitored people's safety when in bed with bedrails in place. This placed people at a greater risk of avoidable harm.

We saw there were plans in place for emergency situations such as an outbreak of fire. A fire risk assessment was in place and a business continuity plan was in place in the event of emergency. We saw that a personal evacuation plan (PEEP) was in place for people using the service. However, a PEEP needed fully completing for one person and the evacuation list was not up to date with the names of all the people using the service.

People told us their belongings were safe in the home. One person said, "Nothing goes missing." Premises and equipment were managed to keep people safe. Appropriate checks and maintenance of the equipment and premises were taking place.

A person said, "I feel staffing is short." Some staff felt that there not enough staff on duty. Staff stated that more cleaning staff and an activities coordinator were required.

However, we observed that people generally received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were accessible throughout the day which suggested that there were sufficient staff on duty to meet people's needs. We looked at completed timesheets which confirmed that the provider's identified staffing levels were being met.

People were recruited using safe recruitment practices. We looked at three recruitment files for staff recently employed by the service. The files contained all relevant information and the service had carried out all appropriate checks before a staff member started work.

People told us they felt safe in the home. A visitor said, "I visit my friend, [they] are safe and I have no complaints." Another visitor told us that people were safe. We observed people who used the service were safely supported by staff when transferring from a chair to a wheelchair. We saw that the safeguarding policy and procedure contained contact

Is the service safe?

details for the local authority and was easily accessible for staff. We saw safeguarding information displayed on a noticeboard so people and their relatives knew who to contact if they had concerns.

Is the service effective?

Our findings

People did not raise any concerns regarding the competence of staff. A visitor told us that staff knew what they were doing. However, staff had mixed views of whether they were supported to have the knowledge and skills they needed to carry out their roles and responsibilities. Two staff told us they had not received any supervisions and no staff had received an appraisal. Not all staff told us they had received sufficient training. Records showed that not all staff had received all relevant training including safeguarding, food safety and health and safety. This meant that not all staff were receiving appropriate supervision, training and appraisal to support them to carry out their roles and responsibilities effectively and there was a greater risk that people would not receive appropriate care as a result.

We reviewed the supervision records of three members of staff. We found that supervision had been undertaken regularly and that meetings had been focussed on various development topics as well as performance review. However, records showed that not all staff had received recent supervision. The manager told us that they had recently set up a calendar detailing when supervisions were due so that she could see at a glance if any staff had missed a session. The manager explained that appraisals had not happened for a while and she was in the process of commencing them, however as she was new in post she wanted to meet every staff member during supervisions before commencing an appraisal programme.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person said, “I am given a choice on what I want to wear.” However another person said, “Too many people tell me what to do, and I like doing things my own way.” A visitor told us that staff explained what they were doing when helping people. We observed staff explained to people what they were going to do, before they provided care.

Staff had a mixed understanding of the requirements of the Mental Capacity Act (MCA) 2005, an Act introduced to protect people who lack capacity to make certain decisions because of illness or disability. A staff member had an

understanding of the principles of MCA and best interest decisions. However another staff member did not have a clear understanding. Neither staff had an understanding of DoLS.

We saw assessments of capacity and best interests’ documentation were not always in place for people who lacked capacity. One person had capacity documentation completed for a number of areas of care; however, another person did not have the documentation completed when they were given a flu vaccine. Another person did not have the documentation completed for the use of covert medicine. This person was noted to have capacity to consent for decisions in their care records and also to be noted as refusing their medicine. This meant that people’s rights were not being protected.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The relief manager told us there was no one currently living in the home who was being deprived of their liberty. We saw that some of the corridors could only be accessed by the use of a code for a keypad. These corridors contained people’s bedrooms which meant that some people could not leave their bedroom corridor to access the lounge or dining room without staff accompaniment. We were told that these keypads had been removed shortly after our visit. We were also told that DoLS applications had been made for three people following our visit.

We looked at the care records for three people who had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form in place. Two of the forms had not been recently reviewed and one of the forms was not fully completed. This meant that there was a greater risk that people’s rights were not being protected.

These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service made mixed comments regarding the quality of food. One person said, “I get choice of food and my dietary requirements are met.” Another

Is the service effective?

person said, “Food is fine.” However, one person said, “Food is terrible, no vitamins, no protein, the gravy is not proper it is like coloured water. Soups and sandwiches for tea, they need a dietician to sort out the kitchen meals.” A visitor told us that their relative had enough to eat and drink.

People were not always appropriately supported at mealtimes. We saw that one person was given a spoonful of food by a staff member before they had finished eating their previous spoonful. We saw that a staff member stopped assisting another person to eat and left the table without informing other staff. However, we also saw other people were assisted by staff who were encouraging and persistent to ensure that people received adequate food and drinks. We also saw that people in their bedrooms were appropriately supported to eat their meal at lunchtime.

Documentation was not always fully completed to ensure that people’s nutrition and hydration needs were met. We saw that that one person’s nutritional risk had not been fully assessed on admission to the home and we saw that food and fluids charts were not always fully completed to ensure that people at risk received adequate nutrition and hydration. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we saw that people’s weight was being monitored appropriately.

One person told us that they were supported to attend hospital appointments and staff supported them with their health condition. A visitor told us that their relative saw other professionals quickly where necessary. Care plans provided detailed guidance for staff on meeting people’s health needs and care records showed that other health and social care professionals were involved in people’s care as appropriate.

We looked at the care for two people at risk of skin damage. We saw that one person was receiving support to change their position in line with their care plan. However, another person’s care records noted that their position should be changed every two hours and identified a specific mattress that should be used for their bed. We saw that this mattress was in place; however repositioning charts were not fully completed to show that the person was receiving care in line with their care plan. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

When we inspected the home in August 2014 we found that records were not kept securely. At this inspection we found that concerns remained in this area.

One person told us that a staff member told them information about other people living in the home and we observed that people's care records were not always stored securely. This meant that people's privacy was not always respected by staff. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff treated them with kindness. One person said, "On the whole it is good, staff are kind and look after me." A visitor said, "Staff are caring."

We observed interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness and compassion.

One person said, "I do not know what is in the care plan and whether the activities I like are mentioned or not." A visitor told us that staff knew their relative well and they had been involved in discussions about their relative's care. Most care records we looked at were detailed regarding people's preferences and life histories. However, we saw that two care records were not.

On admission to the home the provider took into account and explored people's individual needs and preferences such as their cultural and religious requirements. This meant that people's diverse needs were being assessed.

We saw that some people had been involved in a review of their care and we saw involvement of relatives in people's care. A communication care plan provided detailed guidance for staff to support a person with communication difficulties. However, there was no care plan or information in place for staff when supporting a person whose first language was not English.

A guide provided for people using the service contained details of advocacy schemes available for people if they required support or advice from an independent person and advocacy information was also displayed in the main reception.

One person said, "The care staff always maintain my privacy and dignity." Another person said, "The girls are very nice and polite to me. They respect me." A visitor told us that their relative was treated with dignity and respect.

We saw staff knocking and waiting before entering people's bedrooms and maintaining people's privacy when assisting them to the toilet. However, we also heard staff use some terms which did not respect people's dignity. The relief manager told us that there were no dignity champions in the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

Is the service responsive?

Our findings

We asked people whether they were supported to follow their preferred hobbies or interests. A person said, “There is no activities person anymore.” Another person said, “They used to have activities, but not since the coordinator left.” Staff told us that there were not enough activities. One person said, “The people in bed don’t get any activities.”

We observed group activities taking place during our inspection and we saw that some outside entertainers had visited the home and some people had been on trips to the local community. However, we saw limited evidence of people being supported to follow their preferred hobbies or interests during our inspection.

A visitor told us they could visit when they wanted to and we saw friends and relatives could stay with people as long as they wanted to.

Staff had understanding of people’s individual needs and most care records contained detailed information regarding people’s individual needs and how to meet them. However, we saw that two people’s care records did not contain sufficient information to meet their personalised needs. One of these people had recently been admitted to

the home. However, the other person had been living in the home for a couple of years. Information about these people’s life history and important things in their lives had not been noted which meant that their needs may not have been fully identified to allow staff to provide personalised care.

Care plans were reviewed regularly and care plans were generally in place for recorded needs. We saw that a person’s care records included information on how to identify whether their health was deteriorating as a result of their diabetes. Another person’s care records included information on how to identify whether their health was deteriorating as a result of their epilepsy. We also saw that a person’s religious needs had been identified and met.

A visitor told us that they had made a complaint and it had been responded to appropriately. The complaints procedure was displayed in the reception and was also included in the guide provided for people who used the service.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been investigated and responded to appropriately.

Is the service well-led?

Our findings

When we inspected the home in August 2014 we found that quality assurance systems were not fully effective. At this inspection we found that concerns remained in this area.

Audits were completed by the registered manager and also representatives of the provider not directly working at the home. Audits had taken place and action plans were in place to address identified concerns. However, we identified a number of shortcomings during this inspection which had not been identified by the provider or had been identified but actions had not been taken to address the issues by the time of the inspection. These shortcomings were in the areas of medicines, supporting staff, consent and records and constituted breaches of a number of regulations. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were not always well completed which meant that there was a greater risk that areas for improvement would not be noted and actions would not be taken to minimise the risk of incidents re-occurring. We saw that appropriate notifications were made to us where required by law. We saw that the provider monitored levels of incidents, accidents and safeguarding at each service to identify patterns of concerns. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

A person said, "The new manager seems to talk to us a lot and makes enquiries about how we are being looked after." A visitor told us they had been asked to complete a feedback questionnaire. We saw that a suggestion box was

in the main reception so that people could provide feedback to the service at any time. Surveys had been completed by people who used the service, relatives and staff and action plans were in place.

A whistleblowing policy was in place and contained appropriate details. We saw that concerns had been raised under this policy. These had been investigated and an action plan drawn up detailing actions to be undertaken to review and monitor staffing. This action plan was dated 30 October 2014. The dates for the completion of the actions had passed and we asked to see evidence of these actions being completed. There was no evidence available for us to review. The relief manager told us that this action plan had been put in place whilst she had been on leave and she did not know that it was there. This meant that the action plan in response to whistleblowing concerns was not being monitored to ensure that risks to people were minimised.

We saw that the provider's set of values were displayed in the main reception area and were also in the guide provided for people who used the service.

A person said, "I have not spoken to or know who the manager is." A staff member told us they felt well supported by the new manager and the relief manager. Another staff member told us they felt very well supported by the new manager, "She comes onto the floor to help us when we are short."

There was a registered manager in place; however, this person is no longer registered for the home. The new manager was available during the inspection and an application to register had not been received at the time of the inspection. We saw that all conditions of registration with the CQC were being met and the registered manager had sent notifications to us where required. We saw that staff meetings had taken place December 2014 and January 2015 and the manager had clearly set out their expectations of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person must ensure the proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines.

The enforcement action we took:

We served a warning notice on the provider with a timescale for compliance of 31 March 2015.