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Acacia Lodge - London

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out an unannounced comprehensive inspection on 11 July 2016. At our previous inspection on 17 March 2016 we carried out a focused inspection to see whether improvements had been made following an enforcement notice we had served against the provider in relation to safe care and treatment in December 2015.

At the inspection in March 2016 we judged that the provider had made improvements and had met the requirements of this enforcement notice. Whilst improvements had been made we were unable to change the rating for safe.

.Acacia Lodge is a privately run residential home for up to 32 older people, some of whom are living with dementia. The home also provides a respite service. There were 23 people living at the home at the time of our inspection.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection we found that significant improvements had been made to risk assessments overall. There was still one risk assessment missing as it did not address a risk situation identified in the care plan, and one risk assessment without guidance for staff to mitigate the risk. These have since been completed by the service. The registered managed had developed quality assurance systems. We saw these were in place and were broad ranging and audits were carried out on a regular basis. However, they had not picked up the missing risk assessment.

We have made a recommendation that the service reviews its auditing procedure to ensure it is fully effective.

Staff had been carefully recruited and there were enough staff to meet people's needs. Staff felt supported and there was evidence of supervision taking place across the last 12 months. Training had taken place in relevant areas so staff had the skills and knowledge to offer a good service.

Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff and people using the service told us they felt confident any incidents or allegations would be fully investigated, and this was confirmed by relatives.

People were supported to have a healthy diet and spoke highly of the food provided by the service. The service had recently been awarded five stars (highest rating) for food hygiene. The service's premises were clean and we could see there were systems in place to maintain good infection control.

There was a record of essential services such as gas and electricity and being checked, and equipment safely maintained. There was also clear documentation relating to complaints and incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Risk assessments were not in place to cover and mitigate all identified risks.

Staff recruitment practices were safe and all checks were in place prior to a person starting work at the service.

Is the service effective?

Good

The service was effective. Supervision and training were taking place on a regular basis.

People enjoyed a balanced diet and were supported to eat healthily.

People had access to healthcare as required.

Is the service caring?

Good

The service was caring. We saw positive interactions between staff and people using the service.

People's cultural needs were met.

People were encouraged to be independent and this was documented on their care plan.

Is the service responsive?

Good

The service was responsive. Family members told us concerns they raised were dealt with swiftly.

Care plans were detailed, comprehensive and up to date.

There were a range of activities for people to be involved in at the service and in the local community.

Is the service well-led?

Good

The service was well led.

Family members told us they had confidence in the ability of the

registered manager to run the service.

Staff felt supported and monthly meetings took place to provide a forum for staff to give their views.

Audits took place in a number of key areas.

Acacia Lodge - London

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.

We undertook an unannounced comprehensive inspection of the service on 11 July 2016.

The inspection team consisted of two inspectors, an inspection manager 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 the inspection we reviewed information we held about the service in our records. This included information sent to us by the provider relating to the management of risk on a monthly basis. We also reviewed safeguarding alerts and notifications of important events at the service.

As part of the inspection we looked at four staff recruitment records, three supervision records for staff and the training matrix for the team. We spoke with the registered manager, provider and five members of the staff team including the administrator and the chef.

We spoke with three people who used the service and we spent time watching the interactions between staff and people using the service. We also used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for seven people living at the service.

We reviewed documents relating to medicines, audits carried out by the service and we also inspected the building. Following the inspection we have spoken to two health and social care professionals and four family members.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. "Yes, I feel safe." Another person told us "Yes, staff are pretty good, I prefer some more than others, some [people at the service] demand more work than others." Relatives told us they thought their family members were safe at the service.

Risk assessments were in place and covered a wide ranges of issues including moving and handling, finances, falls, medicines and skin care. For the majority of risk assessments there were suggested actions for staff to mitigate the risks. We noted there was no risk assessment in place for one person who had behaviours that could be challenging. This meant staff and other people at the service could be placed at risk. However, we knew from talking with a relative that staff were very capable of managing his family member who had behaviours that challenged despite it not being written on the risk assessment. On another risk assessment there were no instructions for staff in the event of a person choking. It was important that staff knew what to do in the event of an emergency. Since the inspection the registered manager has updated the care records so there are risk assessments to cover these concerns and guidance for staff to mitigate these risks.

We could see that recruitment practices were safe. Two references were in place and any gaps in employment were explained. Staff records had in-date Disclosure and Barring Service (DBS) certificates and proof of identification. In addition, records contained evidence of the right to work in the UK where needed. This meant staff were considered safe to work with people who used the service.

We looked at the management of medicines. We could see the medicines files were organised with a list of all people at the service, their photographs to aid safe dispensing, and their known allergies recorded.

We could see medicine administration records were up to date and as needed (PRN) medicine protocols were in place. One person had a PRN medicine plan for pain relief which started in April 2016. We observed a senior care staff member administering medicines and saw that they wore gloves and changed these after administering medicine to each person.

All medicines including controlled drugs were securely stored. Medicine return labels were used and recorded in a return book, and we could see senior care staff were responsible for re-ordering medicines. There were processes to enable people to self-administer medicines, to take medicines on home visits safely and there was a policy for giving covert medicines in place. At the time of the inspection no one was receiving medicines covertly.

We noted on the day of the inspection that the temperature in the medicines room was above 25 degrees for long periods of time. We discussed this with the registered manager who ensured that an air conditioning unit was fitted on the day of the inspection to reduce the temperature in the room. This was important as at temperatures above 25 degrees some medicines lose their efficacy.

We asked the administrator if they held money for people living at the service. We were told that the service

held small amounts of money from family members to enable small items to be purchased for people living at the service. Other people's money was formally managed by the local authority or Court of Protection, but the service assisted in this role. We checked the monies held against records for five people and found they balanced correctly. The administrator told us they checked the balances monthly, and the registered manager periodically spot checked random records. We could see the registered manager had recently audited financial records.

We looked at the rota for the service and could see that there were five care staff in the day and three people at night including a senior care worker. People told us "I press the little bell, it is reasonably quick, but it takes a reasonable time sometimes." Another person told us "Depends, during the night takes 10 minutes, but in the day time the response is immediate". We discussed staffing with the registered manager who told us she was confident there were enough staff as she worked shifts on occasion to understand fully people's needs and to quality assure the service. However, the registered manager undertook to review staffing as people were admitted to the service to ensure everyone's needs were met.

We talked with staff regarding safeguarding adults and they were able to tell us the signs of abuse and what they would do if they had any concerns. There was a safeguarding policy in place and a whistleblowing policy. Of the four safeguarding referrals in the last 12 months, we could see the service had dealt with the concerns appropriately.

We could see from care records that body maps were in use by the service. This is one method to record bruising or marks on a person's body so staff can tell if there is a concern and to monitor if a condition deteriorated or improved. As there was no policy to guide staff in their use we saw there were multiple entries on body maps which made them difficult to read. Since the inspection the registered manager has introduced a policy to guide staff in their use.

We reviewed the accident and incident book and could see events were recorded appropriately and remedial action taken by the registered manager and staff. For example, equipment to monitor falls was ordered and a referral to a psychiatrist was made.

We checked the cleanliness of the service including the kitchen area. The service had been awarded the highest rating for cleanliness, five stars, the week before the inspection took place. Food was stored safely and there were records of cleaning as part of infection controls. We saw that bathrooms were cleaned regularly and this was recorded and the service was clean throughout.

All of the essential equipment, for example, gas and electrical installations and fire equipment, were serviced in the last twelve months, or within timescales recommended to ensure the building was well maintained. This included moving and handling equipment and the lift. We saw that fire drills had taken place in October 2015 and March 2016 and emergency lighting and the fire alarm were tested weekly. Personal evacuation egress plans were in place for everyone and located so the fire marshall could easily check them.

Good

Is the service effective?

Our findings

People were positive about the staff's skills and knowledge and told us they understood their needs. We were told, "You will find the odd one as always, but generally staff are good." This was confirmed by relatives of people living at the service. One relative in particular who told us their family member could be difficult to manage felt the staff were particularly good in managing his behaviours. Another relative told us in their view the staff "were on the ball."

We could see that staff received an induction when they started working at the service. This was comprehensive and involved shadowing but records showed it took place on one day. We discussed this with the registered manager who told us in reality it took longer and acknowledged it would be impossible to cover all these areas in one day. Since the inspection the registered manager has confirmed the induction will now take place over two weeks and is compliant with the Care Certificate as set by Skills for Care.

We looked at supervision records and could see staff were being supervised every two months in line with the policy and appraisals took place for staff employed for more than 12 months.

We looked at staff training records. Mandatory training included safeguarding adults, food hygiene, infection control, fire safety, manual handling, first aid and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Additional specialist courses in areas including dementia, challenging behaviour and developing risk assessments were also available and we could see staff had attended these.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 could see that DoLS applications in place for some people living at the service and the registered manager held a list of when they were due for renewal. We noted the main door was locked and spoke with the registered manager regarding this, as some people were not subject to DoLS. Since the inspection the registered manager has obtained written permission from people with capacity for the door to be locked to safeguard others from leaving the property.

There was a four weekly pictorial rota in use for meals that was periodically changed. People told us "Yes [the] food is alright, I just prefer breakfast." And "Food is alright, you can choose what you like from the menu." Family members confirmed they were happy with the food prepared for their relatives. We saw that

for people who had specific requirements for soft food to prevent choking this was prepared. There was one person at the service who didn't eat pork and another person who was vegetarian due to cultural requirements. The chef had worked there for many years and told us he was able to meet people's cultural requirements as well as personal preferences. We could see the food prepared looked appetising and home-made desserts were available.

We noted from records that for some people their fluid and food intake was recorded. However, as there was no policy to guide staff the forms were completed in differing ways. Some noted fluid intake, others not, one noted elimination whilst others did not. None of the records had a target intake for the day. One person we thought may benefit from having their fluid monitored was not. We discussed the lack of clarity and purpose for the records with the registered manager who undertook to develop a policy to confirm who would benefit from having their food and fluid monitored and assist staff to complete it correctly.

We could see from records that people had access to a range of health care professionals to manage both their physical and mental health and this was confirmed by people living at the service and their relatives. We could also see equipment was in place to assist with moving and handling of people and to prevent falls. We were told by a health and social care professional that there was occasionally a delay in referring to their service. This professional had spoken to the registered manager regarding this and they were working together to improve this process.

Relatives told us the service kept them well informed if there were any concerns relating to health issues. One relative told us their family member had had a stroke and as the staff noticed it so quickly they were able to obtain vital healthcare input within two hours. The hospital told the family member this had significantly improved the outcome of the stroke.

The service was located in two adjoining terraced houses. There was a lift to access upper floors and there were communal, accessible bathrooms at the service. There was also a garden for use by people living at the service which both lounges looked onto, providing a pleasant view.

Good

Is the service caring?

Our findings

People told us staff were caring and they were treated with respect. One person told us "They do treat me with respect, always ask me if I am OK, yes they are very friendly." Another person said "They knock on the door before they walk in, yes they respect my privacy and yes, they listen." We saw staff interacting well with people living at the service. Staff members who were supporting people with lunch knew their preferences as well as offering choices and were polite by checking they had finished their food before taking their plates away. We saw staff telling a person when food was placed in front of them and what it was as they had a visual impairment. Staff did not rush people they were supporting to eat and there was a relaxed atmosphere at breakfast and lunch. Relatives confirmed they were found the staff were caring and kind to their family members.
One relative told us their family member spoke a European language by choice and as several staff also spoke that language, it was very positive for the family member.
We saw bedrooms were personalised and had photographs in them. New flooring had been laid in bedrooms. One person had a fridge, and many had a TV. One relative told us the view onto the garden was very positive for their family member.

The key-worker system was in place so staff knew the needs of some individuals particularly well. Staff were able to tell us about people's personal histories and we could see from care records there was a lot of detail about people's past. This was positive as a number of people had significant memory problems and would be unable to tell you their history themselves. Another care plan detailed how to respond to a person who could not communicate verbally, and gave guidance so staff would know if he was happy or not.

We saw from records that meetings for people who lived at the service took place every two months. This gave people an opportunity to comment on the service and make their views known.

We saw that the service was working with people to record their end of life wishes. This included use of Do Not Attempt Resuscitation forms. We saw these were completed on three different forms and not all information was entered. We discussed this with the registered manager who explained the Barnet Quality in Care Team were helping the service work with local GP's in relation to this as the use of multiple forms by GP's was not limited to this service. We confirmed this with the Barnet team, but the registered manager undertook to ensure there were not photocopied forms on records as these are not considered valid by the London Ambulance Service.

We saw that some records had people's signatures or their relatives on them to confirm they had been involved in care planning. People told us "Yes, I do know the care plan, no I don't get involved, but I know about it, family does not get involved with it as well."

We could see from care plans that people were encouraged to do as many activities of daily living as they were able, and instructions were very detailed as to what they could do. Staff told us it was important for people to be as independent as possible and to keep active.

Good

Is the service responsive?

Our findings

We could see that care plans were very detailed and covered a wide range of areas including activities of daily living, medicines, mental health, mobility needs and communication. Care plans were embedded in care records and so at times difficult to find. Some files had been indexed whilst others were yet to be done. The registered manager undertook to complete indexing within a month of the inspection.

On the day of the inspection volunteers were performing classical music for the people at the service. People were enjoying it immensely. The activities co-ordinator (who also carried out some caring tasks) told us that she had little experience prior to this role, but had been attending an activity co-ordinators network group meeting to help her with ideas. The co-ordinator told us that in the morning she spoke with people living at the service about current affairs, or picked out an article from a choice of newspapers or magazine. In the afternoon they often held a quiz, held sing alongs or ran bingo. The service kept records of activities people participated in and whether they had enjoyed them.

A charitable trust that supports care homes with music provided musicians to the home once a month which people told us they really enjoyed. We were told in September 2016 Capital Age Arts would be supporting the service to run art sessions for a month. The service could show they held a range of events throughout the year and used volunteers for activities within the home as well as utilising them to support people outside of the service.

The service did not have transport but we were told by the events co-ordinator some people went to the local café for coffee. People took it in turns to go to external events when there were limited places available. One was planned for August and ten people had been invited for lunch at another community service. People told us they enjoyed using the garden particularly in the good weather.

We asked people living at the service if they were upset about something could they talk with staff or make a complaint. We were told "They listen to me and I think they do address all the concerns" and "I would feel safe about complaining [but] I don't need to."

We looked at records related to complaints. There had only been one complaint in the last 12 months and this had been resolved to the satisfaction of the person using the service. There had been three compliments received this year.

The majority of family members told us the registered manager had been responsive if any issues were raised. One family member told us since the registered manager had returned to this service their confidence in the responsiveness of the service had significantly improved. It had been suggested recently that on discharge from hospital that his relative was moved to a nursing home, but the service had worked hard to accommodate his needs so they could return to Acacia Lodge. The registered manager had moved the person to a bedroom with a layout more suited to their needs and nearer to the staffing team. The family member told us the service had also offered very good care on their discharge from hospital and they had improved significantly so they were able to remain at the care home which was very positive as they had

lived there for many years. Only one family member told us they had repeatedly raised a concern regarding a personal care issue with the staff but acknowledged their relative may repeatedly need assistance with their personal care to remedy the situation.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was. One person told us "It is hard to run this place, not only because there is quite a few residents here but also it is hard to spot every detail."

Family members spoke well of the service and the majority would recommend the service to other people. The registered manager was noted to be particularly effective in ensuring the service ran well. Family told us many of the staff had worked at the service for some time so this was of benefit to the people living there as people understood their needs.

We could see that there had been significant improvements to the service since our last comprehensive inspection in November 2015. We could see that audits were undertaken in relevant areas on a monthly basis. These included infection control covering all areas of the service, health and safety checks, call bell checks, and visual checks of mobilising equipment to ensure it was safe for use. Weekly audits of medicines took place and people's finances were spot checked on a regular basis to ensure money was safely managed. It was clear from records what learning had taken place as a result of the registered manager monitoring the accident and incident logs. This learning had been shared with staff.

However, we noted that whilst a range of care plans were being audited on a monthly basis, the audit had not picked up the lack of a risk assessment for one person in relation to the management of behaviours that can be considered challenging, and one risk assessment did not provide guidance to staff as to the action to be taken if a person was choking.

We have made a recommendation that the service reviews its auditing procedure to ensure it is fully effective.

The service undertook a survey twice yearly and the results for the returns for relatives and people living at the service were due at the end of July. We could see at a glance when supervision and training was due and when DoLS needed to be renewed.

We could see that staff meetings took place on a monthly basis so staff had an opportunity to give their views. Staff told us the registered manager was very accessible and they enjoyed working at the service. Staff also told us it had been helpful to have the support of the local authority's Quality in Care Team to consider differing ways to achieve goals.

A monthly newsletter had been started for people living at the service. We saw those for June and July 2016.

The service used volunteers to help with activities or take people out. Volunteers were DBS checked and references were taken up.

The registered manager and owner told us they were keen to consolidate good practice after a time of

upheaval when the quality of the service had dipped. The positive impact of the new registered manager taking up post was evident at this inspection.