Henley Care Management Limited

# Acacia Lodge

**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 |

## Overall summary

We carried out our inspection on 16 December 2015. This was an unannounced inspection.

The service had a registered manager who was responsible for overall management of the home. 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 and associated regulations about how the service is run.

Acacia Lodge is a care home providing accommodation for people requiring personal and nursing care. The service supports older people with a variety of conditions which includes people living with dementia. At the time of our visit there were 53 people living in the service.

People enjoyed living at Acacia Lodge. People and their relatives were complimentary about the registered manager and staff supporting them. There was a cheerful atmosphere throughout the home and we saw many kind and caring interactions. People spent their day as they chose and were able to take part in activities both within the home and in the community.

# Summary of findings

There were sufficient staff to meet people's needs. Staff were knowledgeable about the needs of people living in the home and were well supported through regular one to one meetings with the registered manager. Staff had access to training to ensure they had the skills and knowledge to meet people's needs.

People were positive about the food they received and people were supported to eat and drink where needed.

Medicines were not always stored and administered safely. Where risks were identified care plans were in place to ensure risks were managed.

Care plans were personalised and reflected people's needs. Care plan documents in people's rooms were not always reviewed in line with the electronic care plan system.

There were effective systems in place to monitor the quality of the service, which included regular audits and quality assurance surveys.

# 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 always safe. Medicines were not always stored and administered safely.

There were sufficient staff to meet people's needs.

Staff were knowledgeable about their responsibilities to identify and report concerns relating to the abuse of vulnerable people.

**Requires improvement**

**Is the service effective?**
The service was effective.

Staff understood their responsibilities relating to the principles of the Mental Capacity Act 2015 (MCA).

People's nutritional needs were met.

People had access to a range of health professionals.

**Good**

**Is the service caring?**
The service was caring. People were treated with dignity and respect.

Staff had a caring approach to people.

People felt involved in their care.

**Good**

**Is the service responsive?**
The service was responsive. People's needs were assessed and care plans were in place to detail how needs would be met.

People had access to activities that interested them.

People knew how to make complaints and were confident to do so.

**Good**

**Is the service well-led?**
The service was well-led. The registered manager promoted a personalised service.

Quality assurance systems identified issues which were addressed in a timely manner.

The service looked for ways to continually improve the quality of care.

**Good**

# Acacia Lodge

**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 16 December 2015 and was unannounced.

The inspection was carried out by two inspectors 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.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We had feedback from the commissioners of the service.

During our inspection we carried out a 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. We also observed care practices throughout the day.

We spoke with 11 people who used the service and four visitors. We looked at eight people's care records, five staff files and other records showing how the home was managed. We spoke with the registered manager, the operations manager, eight members of the care team, the chef, the maintenance person and a cleaner.

Requires improvement

# Is the service safe?

## Our findings

People told us they felt safe. Comments included: "Yes, there's no problem here whatsoever" and "I feel very safe here, I can't explain why but I just feel safe dear". Relatives were equally confident people were safe. One relative said, "'My wife is safe in here and well looked after; I can come anytime day or night they just let me in".

Staff were knowledgeable about their responsibilities to identify and report any concerns relating to the abuse of vulnerable people. Staff were aware of outside agencies they could contact if needed, these included CQC and the local authority safeguarding team. The registered manager had reported safeguarding concerns appropriately and had carried out full investigations.

Medicines were not always stored safely. We saw that thickening agent was stored in kitchens on the units and one person had a container in their room. Thickening agent is used to reduce the risk of choking for people with swallowing difficulties. The thickening agent was not stored safely. We spoke to the registered manager who was not aware of a safety alert from NHS England relating to the safe storage of thickener. The registered manager took immediate action to address this issue.

Medicines were not always administered safely. The containers of thickening agent did not have details of the consistency required for the person it was prescribed for and the guidance provided in people's care plans. One container of thickener was being used to dispense thickener to several people on the unit. This meant we could not be sure people were receiving medicines that were prescribed for them. The registered manager told us they would ensure people had individual containers of thickener that detailed the consistency required.

There were procedures in place to record the receipt, administration and disposal of medicines. A fridge was available to store those medicines that required it and the temperature was checked and recorded daily. The temperature of the medicine storage room was also monitored and recorded.

Medicine management policies and procedures were available and a record kept in the medicines administration record (MAR) file indicated that staff had read these and had signed as having done so.

People's care plans contained risk assessments. Risk assessments included; pressure damage, moving and handling, bed rails, nutrition and falls. Where risks were identified plans were in place to manage the risks. For example, one person's moving and handling assessment stated they required the use of bed rails with padded covers, along with padded wedges in order to protect them from injury. There was information for staff regarding the safe use of bedrails, which included a pictorial guide, in the person's file in their room. We visited them in their room and found that the equipment specified was in use. However, we found people's records in their rooms were not always updated in line with their care plan. For example, one person's manual handling care plan had been reviewed monthly on the computerised care plan system. The person's care plan in their room had not been reviewed. Staff we spoke with knew how to support the person.

Most people told us there were enough staff. Comments included, "I get all the help I need and I have never pressed the call bell" and "I never really wait for staff". One visiting health professional told us they felt there were enough staff to meet people's needs.

Staff told us there were enough staff. One member of staff said, "There are enough staff, we sometimes have agency covering holidays".

During our inspection call bells were answered promptly and people who requested support were responded to in a timely manner.

The registered manager used a dependency assessment tool to determine the amount of staff required to meet people's needs. We looked at the rotas for a four week period and saw assessed staffing levels had been met on all occasions.

Records relating to the recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes; This was to ensure staff were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

# Is the service effective?

## Our findings

People we spoke with were confident the staff had the skills and knowledge to meet their needs. One person told us "Yes, the staff know what they are doing". Relatives told us they felt staff were knowledgeable about people's needs. One relative said, "The staff are perfect they know my wife so well, they laugh with her and keep her amused she likes to have a joke and they know this".

Staff told us they felt well supported in their role. Comments included, "If I need help I get it straight away" and "I'm well supported; daily by the senior and [registered manager] is always about".

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff had regular supervision and told us they found these "useful". One member of staff told us, "I have had supervision and I feel more confident now".

Staff completed an induction period. One member of staff had recently started working at the home, they told us they had completed induction training and had worked with a more experience member of staff until they were confident they knew how to support people to meet their needs. The member of staff was happy with the support they received and had not been asked to do anything they did not feel confident to do.

Staff had completed training which included: first aid, moving and handling, safeguarding and whistleblowing. One member of staff was positive about dementia training they had attended and how it had improved their understanding of people living with dementia. "Staff had the opportunity to achieve national qualifications in social and healthcare. For example, staff we spoke with had achieved level 2, 3 and 5 diplomas in health and social care.

The registered manager had a clear understanding of their responsibilities under the Mental Capacity Act 2005. 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.

The registered manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. Applications for DoLS had been made to the supervisory body where people who were assessed as lacking capacity had restrictions in place.

Staff we spoke with were aware of the people who were subject to a DoLS and understood how to support these people in line with the DoLS. Staff had received training in MCA and DoLS and understood how to support people in line with the principles of the Act.

People were complimentary about the food and drink they received. Comments included: "I have plenty to eat and drink; I have just had a lovely cooked breakfast. I have my meals in my room I prefer it"; "I get plenty of food and there is a choice, we choose the food the day before, it is home cooked and rather nice" and "The food is good I get more than I want to eat, four of us sit at the same table every day and we chat and laugh". Relatives were confident people had sufficient to eat and drink and that the food was of good quality. One relative told us, "The food is very good and I can stay for a meal at any time".

People were given a choice of meals and were offered an alternative if they changed their mind or didn't like what they had ordered. People who required assistance to eat and drink were supported on a one to one basis and were not rushed. Staff encouraged people to be as independent as possible. For example, one person needed their food to be cut up and food put on the fork for them. The member of staff then gave the fork to the person and encouraged them to feed themselves.

During lunch people and staff were talking with each other and there was a calm relaxed atmosphere.

Care plans identified where people had specific dietary requirements. Staff ensured people received food in line with their care plan. The chef had a record of people's dietary needs to ensure the correct diet was provided.

Where people were at risk of weight loss, weight was monitored and food and fluid intake recorded.

People had access to health services which included; opticians, chiropodists, tissue viability nurse and community psychiatric services.

Good

# Is the service effective?

A visiting health professional told us they felt people who were ill were referred quickly and appropriately to them and to the surgery or the ‘out of hours' service.

Good

# Is the service caring?

## Our findings

People told us staff were caring. Comments included: "The staff are kind and caring we are all well looked after here" and "The staff are helpful patient and kind, they listen to me when I speak to them and they always do what I ask them". Relatives were complimentary about the caring nature of staff. One relative said, "The staff are always caring they are very fond of Mum they respect her".

Staff had a caring attitude. One member of staff told us, "I like to get to know the residents; we all work as a team and look after the residents".

We saw many kind and caring interactions throughout the day. For example, a member of staff came in to a person's room with a drink. The person asked the member of staff why she was in the home, the carer held her hand and explained that she kept falling down at home in the night so she was staying at the home now. The person asked about the security camera outside her window, the carer carefully explained why it was there.

People were treated with dignity and respect and their choices were respected. Comments included; "I can choose when I go to bed and when I get up; they treat me with dignity and respect" and "The staff always do what I ask them, I don't go out into the community and that is my choice" . Relatives were confident people were respected. One relative told us, "Without any doubt she is treated with respect and dignity and she is treated just how she likes to be treated".

Staff told us how they ensured people's dignity, respect and human rights were upheld. One member of staff said, "It's their home and they need to be supported to do what they like".

Many people required support to maintain their personal hygiene. People were clean and dressed appropriately in clean clothes, which promoted their dignity. Care plans detailed how people's dignity and respect should be upheld. For example, one person's care plan stated, 'Ensure bathroom and bedroom door closed, blinds drawn and I am not unduly exposed when you are assisting me in a vulnerable position'.

People were involved in their care. One person told us, "We have reviews of my care, my daughter gets involved".

Relatives felt they were kept informed of any changes people experienced. One relative had a power of attorney and told us, "We make decisions together with the home for what is best for her".

Staff spoke to people and explained what was going to happen before supporting people. Staff reassured people and made sure people were happy before carrying out support.

Good

# Is the service responsive?

## Our findings

People enjoyed living at the home and spent their day as they chose. One person told us, “They just look after me and that is what I enjoy”.

A range of activities were available in the home and people were able to choose whether they took part. On the day of the inspection there was a Christmas party with an entertainer. People were smiling, laughing and enjoying the party. People were supported to go out in the community. For example, one person went to a local hairdresser. The registered manager was arranging for another person to attend a support group to help them understand their condition.

People’s needs were assessed prior to coming to live at the home. The assessment was used to develop individualised care plans. People’s care plans detailed their personalised needs in relation to daily life, social activities, medicines, breathing, communication, mobilisation, personal care, well-being, dietary needs, skin integrity and mental health. For example, one person’s care plan identified the person could present with behaviour that may be seen as challenging. The care plan gave clear guidance to staff how to support the person at this time which included ‘Explain in a calm voice’. Staff supported this person in line with the care plan, approaching the person in a calm and supportive manner, responding in a timely way to the person’s anxiety.

People’s religious and cultural needs were identified and care plans detailed how these would be met. For example, one person received weekly communion from a visiting clergy.

Care plans contained details of recommendations from health professionals. For example, one person required specific manual handling procedures. The care plan contained details from the care home support service relating to moving this person. We visited this person in their room and saw there were pictures showing how the person should be positioned. Staff we spoke with were clear how to support this person.

People knew how to make a complaint and felt confident to do so. Comments included: “I have never had to complain there is nothing to complain about, I do know how to complain I would speak to a member of staff. The manager comes to see us and asks if everything is OK”; “I did complain about something once, I can’t remember what it was now anyway they sorted it all out straight away”; “I have never complained I have never had to, nothing to complain about, I would tell my daughter if anything was wrong and she would complain for me”; “I have never complained there is nothing to complain about”.

Relatives were confident to make complaints but no one had needed to do so. One relative told us, “I have no complaints and if I did I would speak to the manager”.

The complaint policy and procedure were displayed throughout the home. The home had responded to complaints in line with the complaints policy. For example, one relative had complained about the environment. Records showed the complaint had been investigated and the outcome was satisfactory to the complainant. The registered manager kept a file of all compliments and thank you cards. There were many from people and relatives thanking the manager and staff for their care.

Good

# Is the service well-led?

## Our findings

People were complimentary about the management of the service. One person told us, “Oh yes this home is well run we know the manager and she comes and chats to almost everyone one of us”. Relatives were equally positive about the service. One relative said, “This home is well led and I have no complaints they are always asking for feedback verbally”.

Staff were positive about the manager and felt supported and listened to. Comments included; “We are encouraged to say what our concerns are” and “[Registered manager] is very approachable and walks through the home regularly”. There were regular staff meetings and staff felt able to make suggestions to improve the service. For example, one member of staff told us they had made suggestions about improving the environment for people living with dementia. This had resulted in redecoration of areas of the home and the use of brightly coloured tablecloths at meal times.

Staff were aware of the whistleblowing policy and felt confident that any concerns raised would be taken seriously.

The culture in the home promoted personalised care. The registered manager ensured people were at the centre of all the service did. Throughout the inspection the registered manager was visible about the home. We saw many interactions with people and relatives and the registered manager was responsive to any issues raised. It was clear the registered manager was approachable and knew people well.

The registered manager had recently been appointed and was supported by the chief operating officer. The registered manager had identified that meetings for people and staff had not been taking place regularly. A schedule of meetings for the year had been completed to ensure people and staff were kept up to date with actions being taken to improve the service and to enable people and staff to be involved in decisions about the service.

There were effective quality assurance processes in place. An audit of the service had been completed and had identified issues to be addressed to improve the quality of the service. A detailed action plan had been developed with dates actions would be completed. For example, the audit had identified that staff were not always receiving supervision in line with the organisational policy. We saw that this was now happening. This ensured people received a service from staff who were well supported and had the skills and knowledge to meet their needs.

The provider was continually looking for ways to improve. The service had recently introduced an electronic care plan system. Staff were provided with electronic devices to enable them to record any support they had provided to people. For example, changing a person’s position, hourly checks or supporting them to eat and drink. Staff were positive about the system and were receiving training before paper records were removed completely.

Quality monitoring surveys were sent out annually to people and relatives. The responses from the January 2015 survey had resulted in actions being taken to improve the service. For example, people had asked that they see the chef to discuss menus. This resulted in the chef being in the dining room at mealtimes. This happened on the day of our inspection and we saw the chef seeking with people and checking if they were enjoying their meal.

Accidents and incidents were recorded and any actions identified. There was a system in place to enable the provider to have an overview of all accidents and identify any trends. This included monitoring falls and identifying actions relating to individuals and across the service.