

Ramos Healthcare Limited

Acacia Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The focused inspection took place on 12 March, 2018 and was unannounced.

Acacia Court is a 'care home', registered to provide personal care for people living with dementia. The care home is registered to provide support to 27 people. At the time of the inspection there were 22 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides accommodation over three floors. The home itself comprises of two large detached houses which are joined together by an extension. There is a large lounge area; a dining area, a spacious garden to the rear of the property and a car park is available at the front of the property.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous comprehensive inspection which took place in August, 2017 the home was rated as 'Requires Improvement'. Breaches of legal requirements were found in relation to 'Safe Care and Treatment'. After the comprehensive inspection, we asked the registered provider to submit an action plan which outlined how they were addressing the breach in regulation which we identified.

This inspection was carried out to ensure improvements had been made to meet the legal requirement. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led?

No risks, concerns or significant improvement were identified in the remaining 'Key Questions' through our on-going 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.

During this inspection, although we found a number of improvements had been made, the registered provider still remained in breach of 'Safe Care and Treatment' and a breach of regulation was identified in relation to 'Person Centred Care'. This is the second consecutive time the service has been rated 'Requires Improvement'. We will check this during our next planned comprehensive inspection.

We reviewed systems which were in place in relation to medication management. We found that although improvements had been made there were still areas which needed to be addressed. Topical creams (medicated creams) were not being consistently recorded on medication administration records (MAR's), room temperatures where medicines were stored were not being recorded and there was no evidence of actions being taken following errors identified in medication audits.

People who are living with dementia need to be supported by living in an environment that is dementia friendly. The environment needed to be more stimulating for the people who were living with dementia.

You can see what action we have told the registered provider to take at the back of the full version of the report.

At the previous inspection we recommended that the registered provider explored quality assurance systems and developed ways of assessing and monitoring the quality and standard of care being provided. During this inspection although improvements were identified, quality assurance systems failed to identify and address concerns found during the inspection.

We have made a recommendation in relation to quality assurance systems.

There was evidence to suggest the home was operating in line with the principles of the Mental Capacity Act, 2005 (MCA). When able, people must be involved in the decisions which need to be made in relation to the care and treatment which is provided. We reviewed documentation which demonstrated how people were supported in the least restrictive way possible and the necessary deprivation of liberty safeguard (DoLS) applications had been submitted to the local authority.

Care plans and risk assessments were regularly reviewed. Records contained relevant and up to date information. It was evident throughout the course of the inspection that staff were familiar with the needs of the people they were supporting.

Accidents and incidents were being recorded and staff were familiar with the reporting procedures which needed to be followed. Although, we did identify that that accident and incidents were not being reviewed and trends were not being analysed. We discussed this with the registered manager at the time of the inspection who agreed that a system needed to be implemented, to effectively monitor for any patterns or trends.

The registered provider's recruitment processes were reviewed. Staff records were organised and comprehensive. All staff had suitable references and disclosure and barring service (DBS) checks in place.

Staff received regular supervisions and annual appraisals. Training was regularly provided and staff expressed that they were supported with their learning and development.

The day to day support needs of people living at Acacia court were being met. Appropriate referrals to external healthcare professionals were taking place and guidance and advice that was provided was being followed. This meant that people's overall health and well-being was being safely and effectively supported.

We found the environment to be clean, well maintained and free from any odour. There was a cleaning rota in place and staff were complying with the necessary infection control policies which were in place.

Health and safety processes were in place to monitor, assess and improve the quality and standards of the home. This meant that people were living in a safe and well maintained environment.

We reviewed the range of policies and procedures. Policies and procedures were all up to date, contained the relevant information and were available and accessible to staff. Staff were able to discuss specific procedures and processes with us during the inspection.

The registered provider was aware of their responsibilities and had notified CQC of events and incidents that occurred in the home. The registered provider ensured that the ratings from the previous inspection were on display within the home, these were also available for the public to review on the provider website, as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medication processes were not being safely followed.

Accident and incidents were being recorded but were not being routinely assessed to establish if there were any patterns or trends.

Risks were assessed and appropriately managed.

Recruitment practices were being safely managed.

Requires Improvement 

Is the service effective?

The service was not always effective.

The environment was not supporting people living with dementia.

Principles of the Mental Capacity Act, 2005 were being followed accordingly.

Staff were receiving regular supervisions and appraisals.

People's nutrition and hydration support needs were being followed.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Quality assurance systems required further review in order to develop and improve the quality and standard of care being provided.

Staff had a good understanding of whistleblowing and safeguarding processes.

There was a registered manager in post at the time of the inspection.

Requires Improvement 

Acacia Court

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.

The inspection took place on 12 March, 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors, an 'Expert by Experience' and a specialist advisor. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who has professional experience and knowledge of the care which is being provided.

The team inspected the service against three of the five questions we ask about services: is the service safe, effective and is the service well led. This is because the service was not meeting some legal requirements when we last inspected it.

Before the inspection visit we reviewed the information which was held on Acacia Court. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted. We also contacted the commissioners of the service and the local authority safeguarding team.

During the inspection we spoke with the registered manager, six members of staff, two healthcare professionals, one member of the domestic team, one cook and one kitchen assistant, four people who were being receiving care and two relatives.

We also reviewed specific records and documentation to support the inspection. These included five care records of people who lived at the home, four staff personnel files, staff training records, accidents and incidents, medication administration records and audits, infection control procedures and other records relating to the management of the service.



Our findings

We inspected this key question to follow up the concerns found during our previous inspection in August, 2017. At the last inspection we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a number of concerns in relation to medication management and the processes which were in place.

During this inspection we reviewed medication processes and practices. The senior carer wore a 'do not disturb' tabard and reported that staff were aware 'not to disturb' when medication was being administered. We saw that medications were well organised and stored in locked trolleys. The temperature of the medication fridge was being routinely recorded although we did identify three missing daily temperature recordings for the month of January. The temperature of the room where medication was being stored was not being monitored. This meant that staff could not determine whether or not the medications were being safely stored at the appropriate temperature. Ensuring medications are stored at the correct temperature is important, as their ability to work may be affected if they are not stored correctly.

We reviewed Medication Administration Records (MARs) for five people who were being supported with their medications. Even though we saw a number of improvements, we still identified a number of areas which were not being safely managed. The administration of topical preparations (medicated cream) was not consistently recorded on MARs. The staff recorded the application of medicated cream on to a new electronic care system but this was not always reflected in the paper records. At the time of the inspection the new electronic system was not able to record the 'type' of medicated cream which had been applied. This meant that it was difficult to confirm what medicated creams had been applied and if they had been applied according to the GP instructions.

Medication audits were reviewed. The audits showed that regular weekly and monthly audits were taking place however there was no evidence of how identified areas requiring improvement were being addressed. For example, in one audit we found that medication stock levels were not correct for one person who was being supported. There was no evidence of how this medication error was being managed or the outcome of this identified error. This meant medication processes were not being safely monitored or managed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed how accident and incidents were recorded and monitored by the registered provider.

Accidents/incidents were recorded, the appropriate records were updated but there was no evidence of how accident/incidents were being monitored and reviewed. This meant that trends were not being identified and potential risks were not being managed. We discussed this area of concern with the registered manager who was responsive to our feedback and agreed that monitoring systems needed to be established.

Care records and risk assessments were regularly reviewed and contained the relevant information. The registered provider had recently implemented a new electronic recording system which meant that all care records and risk assessments were electronically stored.

Risk assessments and clinical tools helped staff to safely monitor people's health and well-being. For example, we saw evidence of nutritional assessments, risk of falls assessments, re-positioning charts, continence support and moving and handling assessments. This meant that people were safely supported with their overall health and risks were being safely monitored. For example, one person's risk assessment stated 'I need to be encouraged to eat and drink; I am at risk of dehydration and a nutrition risk.' We also reviewed what clinical tools were in place to ensure this level of risk was safely managed. We found the necessary 'food and fluid' chart in place, weight was being monitored and the necessary referral for specialist support had been made. This meant that people's health and well-being was being continually monitored and people were receiving the necessary support in relation to their individual support needs.

We reviewed if the registered provider employed a sufficient number of staff in relation to the support which was required. Typical staffing levels during the day included the interim manager, four care staff, senior member of the care staff, kitchen staff as well as domestic staff. The registered manager expressed that there had been some difficulties in relation to staff retention due to recent staffing and management issues. This had created some unease and tension but the registered manager and staff expressed that morale was beginning to improve.

Recruitment processes were robust. Full pre-employment checks were carried out prior to any member of staff commencing work. Personnel files included application forms complete with employment histories and qualifications, two suitable references, contract of employment, identification, employee handbook, induction checklist as well as the appropriate Disclosure and Barring Service (DBS) checks. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the registered provider to assess level of suitability for working with vulnerable adults.

Infection prevention control procedures were reviewed during the inspection. It is essential that there are systems and control measures in place to ensure people are protected from avoidable and preventable infections and ensuring that environments are safe and hygienic. We saw evidence of cleaning schedules in place which ensured that the environment was clean, free from any odour and hygienic. However, it was identified that the 'weekly environmental audit tool' which should have been completed on a weekly basis had not been completed since September 2017. Staff were observed wearing personal protective equipment (PPE) and there was an up to date health and safety policy in place.

We reviewed a number of health and safety processes that the registered provider had in place. Audits and checks which were conducted included fire safety and prevention, water temperatures, maintenance audits, as well as infection prevention control audits. Records also confirmed that gas appliances and electrical equipment complied with statutory requirements. We also saw evidence of people having their own Personal Emergency Evacuation Plan (PEEP) in place. This meant that each person could be safely evacuated from the building in the event of an emergency.

Safeguarding and whistleblowing policies and procedures were reviewed during the inspection. Staff explained their understanding of 'safeguarding' and how they would report to any concerns. Staff also explained that 'Whistleblowing' policies helped protect vulnerable people against inappropriate practice. Staff had completed the necessary safeguarding training, and the appropriate safeguarding referrals had been made to the local authority. This meant that that people were protected from the risk of abuse.



Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August, 2017. At the last inspection we recommended that the registered provider explored further improvements which could be made to the environment as a measure of supporting people who were living with dementia.

People living with dementia perceive their surroundings differently. People need to be supported by an environment which has been especially adapted and reasonably adjusted as a measure of providing person centred and tailored care.

Exploring different colours, contrasts and lighting schemes help people to identify their surroundings, encourage independence, navigate themselves around the home and help to manage potential risks. We identified that some improvements had been made to the environment although further improvements were still needed. Following the inspection, the registered provider expressed that they had begun to explore a number of different dementia friendly options and would be ensuring that the necessary adaptations would be made.

During the previous inspection there was no accessible ramp for people to easily access the garden area. We had been informed that the registered provider was waiting for planning permission to build the necessary ramp which was required. At the time of this inspection, the required adaptations had still not been made but we were informed that a 'platform lift' was scheduled to be installed over the coming months.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act (MCA) 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 make 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection we found evidence that the registered provider was complying with the principles of the MCA. People were being appropriately assessed and the necessary DoLS applications had been

submitted to the local authority. We found the appropriate 'Best Interest' decisions in place and when appropriate, relatives and other healthcare professionals had been involved in decisions in the decision-making process.

Staff expressed that they felt supported in their roles. Staff were receiving the necessary supervisions and appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

All staff received an induction and new staff were enrolled on to the 'Care Certificate'. The care certificate is a new set of minimum standards that can be covered as part of induction training of new care workers.

Other training which staff completed as part of their roles included safeguarding, manual handling, fire safety, Infection prevention control, first aid awareness, safe administration of medication and nutrition and diet. One staff member expressed "[Manager] has taught me quite a bit. They [staff] are very, very supportive."

During the inspection we reviewed how people's nutrition and hydration support needs were assessed and monitored. People had the relevant nutrition and hydration care plan and risk assessment in place, staff were familiar with specialist dietary needs and were following the correct guidance and support which needed to be provided. One healthcare professional we spoke with during the inspection expressed "[Person] is very well cared for, everything is in place. [Person] is very settled and supported."

The majority of people's weights were recorded on a regular basis. However, we identified some gaps and inconsistencies with how often these were completed. We discussed our findings with the registered manager who confirmed that some of the electronic systems needed further updates.

We received positive comments about the quality and standard of food which people received. These included, "You always get a choice", "It's very good", "If I don't like it they always get me something else" and "It's fine and there's plenty."



Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2017. At the last inspection, we found that the registered provider's quality assurance processes and systems needed to be improved in light of the breach we identified of Regulation 12.

During this inspection we found that the registered provider had made a number of improvements however we found that there was still a breach of regulation 12 'Safe Care and Treatment' and a breach of regulation 9 'Person Centred Care'.

There was a registered manager at the home at the time of the inspection. The manager had been registered with CQC since March, 2018 but had also been supporting the home for several weeks prior to the inspection taking place.

During the inspection we reviewed quality assurance systems and auditing processes the registered provider had in place. Audits and checks were being completed on areas such as care planning, risk assessments and health and safety. Although, we did identify that infection prevention control audits were not being routinely completed as they should have been and accident and incidents trends were not being established. Medication audits were not identifying the areas which had been raised during the inspection in relation to medicated creams and room temperatures. Audits were also not identifying how errors were being responded to and managed.

We recommend that the registered provider reviews the quality assurance systems as to ensure that the quality and standard of care being provided is being maintained.

Staff were complimentary about the registered manager. Comments we received included "Love [manager's] management style, they make things quite simple", "I like it. There's lots of potential. I know they've been left to struggle due to staffing issues but the new manager is really good", "When I started there was no registered manager. Things are getting better. The new manager is fair. They can be stern if needs be but have a nice manner."

Communication and recording systems had been developed since the last inspection. Staff were familiar with the care needs of the people they were supporting and were able to identify specialist care which was being provided. Daily handovers, communication logs, team meetings, supervisions and daily contact notes were all in place and staff were able to refer to updated care plans and risk assessments for further

information and advice.

We reviewed communication and recording systems that the registered provider had in place. Staff completed daily records for each person being supported, the new electronic database contained up to date and relevant information about the day to day support being provided and team meetings were taking place. Staff expressed that the team worked well together and communication systems were improving every day. Staff meetings were held regularly. Meeting agenda items included; care plans and risk assessments, staff induction, medication, accidents and incidents and safeguarding incidents.

'Residents and relatives' satisfaction surveys were circulated by the registered provider on an annual basis. However, there had been no further surveys circulated since the last inspection which took place in August, 2017. Feedback which was returned from the previous surveys was particularly positive. 81 per cent of people/relatives were happy with the service being provided and 100 per cent of people/relatives were happy with the staff who were providing the care.

We reviewed a range of different policies which the registered provider had in place. Policies provide guidance to staff when dealing with issues which could be of critical importance. Policies we reviewed included safeguarding, confidentiality, administration of medication, health and safety and supervision policies. Staff were aware of the range of different policies and were able to explain their understanding of specific policies when they were asked.

The registered provider also had an up to date Business Continuity Plan (BCP) in place. This is a plan which helps to ensure that processes are in place in the event of an emergency situation. The BCP contained up to date and relevant information which could be followed in the event of different emergency situations.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see as well as the rating also being displayed on the website. Statutory notifications were also submitted in accordance with regulatory requirements.

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Appropriate person centred care was not always being provided. People living with dementia were not being suitable supported.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicine processes were not being safely followed.