

# Torrington Homes Ltd

# Acacia Lodge

## 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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Acacia Lodge is a residential care home providing accommodation and personal care to 26 people at the time of the inspection. The service can support up to 32 people. The home also provides a respite service. The service supports a range of people, some of whom have dementia or mental health needs as well as physical health needs.

People's experience of using this service and what we found

We found the service did not always provide person-centred care. Activities took place at the service but documentation for people was not always personalised. There was limited information on care records on how to communicate with people who had memory issues or sensory impairments.

Care records were in place and were up to date but some needed additional information to provide guidance to staff in caring for people.

Whilst there were some aspects of the service that were well-led we found other areas in which further improvements were required. This included paperwork related to medicines management and learning from accidents and incidents.

People and their relatives told us staff were kind and we saw caring interactions between people and staff.

The majority of people told us they liked the food and we saw that a range of options were available for people to choose.

The service was clean, there was no smells and infection control procedures were in place to minimise the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We have made a recommendation in relation to activities documentation and end of life care. We found a breach of regulation in relation to governance of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 26 November 2018). At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Acacia Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector and a nurse specialist advisor.

#### Service and service type

Acacia Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the manager of the service had applied to be the registered manager with the Care Quality Commission. This process had not been completed at the time of the inspection and the writing of the report. The role of registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We looked at seven care records. We spoke to six people who lived at the service and three members of the care staff. We spoke with the two members of the management team, the housekeeper and the chef. We also spoke with a visiting health professional who routinely visits the service.

We reviewed records related to medicines management, recruitment, training, supervision and other management documentation such as audits.

After the inspection

We spoke with four relatives and we contacted five additional organisations for feedback on the service and received a response from three.

We continued to seek clarification from the provider to validate evidence found. This included information related to medicines, care records and building fire safety.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the premises were safe to use for their intended purpose as fire safety was compromised. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service had addressed the areas of concern and a recent fire risk assessment confirmed there were no concerns with fire safety.

- Care records had risk assessments in place. These covered areas such as moving and handling, personal care and pressure areas. We found some areas which required improvement. For example, for one person there was detailed information about how to manage their seizures, but not when to call for medical intervention. Another risk assessment lacked detailed information on how to manage one person's mental health.
- We discussed this with the manager and care staff who could verbally tell us ways to support this person, but they were not recorded on the risk assessment. The manager told us they would review and update the risk assessments. Following the inspection, we were sent updated risk assessments.
- Essential services and equipment were regularly maintained by the service.

### Using medicines safely

- Medicines were stored safely and in line with best practice. Temperatures were taken of the storage of medicines on a daily basis.
- Staff were trained to give medicines and were competency checked in line with best practice.
- PRN 'as needed' protocols were in place but had not been updated in the last 12 months. We found one had been last reviewed in 2017. Following the inspection the service has reviewed and updated PRN protocols.
- There was a policy in place to set out how medicines should be given covertly. Adults can be given medicines without their permission if they have been assessed as lacking the mental capacity to make decisions about their health or medicines and there is relevant paperwork showing that it is in their best interests.
- We found one person being given medicines covertly. The documentation in relation to this had not been updated since 2017. Following the inspection the manager could show us that they had reviewed the giving of medicines covertly, but their systems had not highlighted the need to update the paperwork.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and were not concerned for their safety.
- The service had systems and processes in place to safeguard people from abuse and staff were able to tell us what they would do if they had any concerns. They all knew which organisations they could contact if they needed to 'whistleblow'.

### Staffing and recruitment

At the last inspection we recommended that staffing levels were reviewed to ensure there were sufficient staff in place to meet the needs of people.

- We asked the manager how they had reviewed staffing levels at the service. They told us they had reviewed the people they supported and their staffing requirements on a regular basis, and no longer accepted people with behaviours that can challenge. In this way they were confident they had enough staff. They did not use a formal dependency tool to evaluate staffing levels. The service had met the recommendations related to staffing levels.
- On the day of the inspection, a staff member had phoned in unable to attend work at short notice. The service did get a replacement support worker. At this inspection we saw that staff were busy.
- However, people and their relatives told us there was enough staff in place to meet their needs.
- Staff recruitment was safe with references and appropriate checks in place, including Disclosure and Barring Service criminal checks. This meant staff were considered safe to work with vulnerable people.

### Preventing and controlling infection

- The service was clean on the day of the inspection. The registered manager could show us audits of hygiene and people and their relatives told us it's, "Very clean" and "Yes, it's clean and odourless."
- Food was stored safely, covered and labelled and the service had recently been awarded five stars by the Food Standards Agency, the maximum rating for food hygiene.
- Staff wore personal protective equipment when providing care, handling food and cleaning.

### Learning lessons when things go wrong

- At the last inspection we noted that the majority of accidents and incidents were recorded but we could not always see what actions had been taken as a result to minimise future incidents.
- At this inspection we could see the form had been changed to provide space to capture actions taken and lessons learnt but these were not always filled in. For example, for one person who punched a mirror, which smashed, due to anxiety, the service could show us they had asked the GP for PRN medicine prior to providing personal care. But this was not written down on the form, and it was not evident that learning had been shared with the staff team. This is discussed further in the Well-Led section of the report.
- Following the inspection the manager told us they were now completing all sections of the form with actions taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to admission to the service, a pre-service assessment was carried out to determine whether the service would be able to effectively meet the person's needs.
- The assessment gathered information from the person, their relatives and any involved health care professionals about the person's needs.
- Once the person moved to the service all information gathered as part of the assessment process was formulated into a care plan listing the person's care and support needs and how they wished to be supported.

Staff support: induction, training, skills and experience

- Staff received an induction which involved shadowing experienced staff and training. Training in key areas included moving and handling, safeguarding and infection control. Refresher training was run yearly in these areas.
- Relatives told us staff were able to effectively meet the needs of their family members. One relative told us they were very "grateful" to staff as they felt their skill in working with their family member had "kept them alive."
- The supervision policy stipulated that staff should have either group or individual supervision every three months. We could see that the policy was not being followed. Staff were being supervised with less regularity but told us they felt supported in their role by the management team. Following the inspection, the service sent us a supervision log to record and prompt supervisions for the staff team every three months.
- We saw additional training to meet the needs of people with diabetes, pressure areas and mental health needs had taken place. However, apart from the manager, no other members of the staff team had received training in epilepsy, although staff were able to tell us what they would do if a person had a seizure. Following the inspection, the manager confirmed that they had booked training in epilepsy for all staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Lunch was a calm affair at the service with people given the choice of main meal and dessert. Two people told us the food was "good"; another said it was "Okay." Relatives told us, "Food is very good and there is plenty of it."
- Fluid charts are used to monitor people's intake if they are at risk of dehydration. We saw that fluid charts were in place for everyone, but they did not have a target to aim for and were routinely not totalled. Some were not completed after 8pm. We asked the manager why everyone was on a chart. We were told they

would review this approach and focus only on the people who were at risk of malnutrition or dehydration and they would ensure they totalled people's fluid and food intake if they were at risk. Following the inspection, the manager confirmed that having reviewed each person's needs, there was no-one on a food or fluid chart at present. This is addressed further in the Responsive section of the report.

- People who required pureed food to minimise choking were provided with suitable food and the chef had a list of people with dietary requirements in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed that people received care from a range of health professionals and that the service worked in conjunction with them to provide timely, effective care.
- A health professional told us the staff followed their advice to minimise pressure areas and worked in conjunction with their service effectively.

Adapting service, design, decoration to meet people's needs

- The service is based in converted adjoining houses with lift access to the first floor. Some people had names on their room door to help them find their room.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service had a system to capture when DoLS were applied for and when authorisations expired.
- Staff were able to tell us how they gained consent from people prior to providing care, and understood the importance of waiting and returning to people if they were reluctant to accept care when offered.
- People told us staff asked them for consent before providing care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The majority of people told us staff were kind and caring. People told us, "Staff are kind and helpful", "Staff are Okay."
- We saw kind interactions between staff and people when supporting them with lunch. Staff treated people with dignity and respect. Staff communicated with people in a respectful manner and spoke perceptively about how people liked to be supported.
- One staff member said, "They are my family, and I treat them as such."
- Family members told us that staff were kind and caring. Comments included, "Yes absolutely" and "Most definitely."
- Staff understood issues of diversity and equality and that people and staff came from a range of cultural and religious backgrounds. People's religion and sexuality was noted on care records. One member of staff told us about individual women who could not have a male carer to support them due to cultural or religious reasons.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Some care plans were signed by people and it was clear some people were involved in their own care as they were able to speak for themselves and make their views known.
- Relatives told us they felt involved in the care provided to their family member.
- People were treated respectfully by staff and were shown dignity when being provided with care. Care records told staff what people could do for themselves and staff told us they encouraged people's independence. Long standing staff spoke about opinions, about strengths and levels of independence and health and quality of people, so it was clear they knew them well.
- Staff told us, "I make sure I know how people like to be addressed, for example by their first name or Mr or Mrs" and "I make sure I knock before entering someone's room."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found some care plans were not always person centred. For example, despite a number of people living at the service who were unable to communicate verbally due to cognitive issues, there was little detailed information on how to communicate with them; nor was there for people with hearing loss.
- We discussed this with the manager who told us they had some members of staff who could communicate with one person who had reverted to their mother tongue and had noted some words this person understood.
- Care records were in place and had been reviewed in the last three months. They covered a range of needs including mobility, mental health and personal care.
- Although people's mental health needs were noted, we found a lack of detail in the way this manifested itself for individual people. For example, one person told us specific incidents had occurred, however, the manager disputed this as they told us this was a usual presentation of this person's mental health condition. Care records did not refer to this behaviour.
- Some care records contained personalised information, for example, regarding a person's background, family member, and what they liked to eat and not eat, whilst others did not contain this detail. However, staff were familiar with people and how they liked their care to be provided.
- The manager had adopted a generalised approach to monitoring fluid intake for people by putting everyone on a fluid chart. This was not a person-centred approach to providing care.
- The aim was for care records to be reviewed every month, but this had not always taken place in recent months, however, all care records had been reviewed within the last six months.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were activities that took place at the service. These included art and craft, singing and music. In the summer people told us they went out in the garden. On the day of the inspection there was live violin and cello music and an activities class. We also saw that the service ran a range of activities to celebrate significant events such as birthdays, Christmas, Halloween and BBQ's in the summer.
- However, one person told us the activities were focused on people with memory problems and were not relevant to them.

- We asked people if they had the opportunity to go out for activities but two people told us unless family or friends took them out, this was very rare.
- Documentation related to people's activities was limited and did not show that it was personalised. We discussed this with the manager on the day of the inspection who told us the way the information was stored by staff, was not in the format she had asked staff to record, so could not comment further.

We recommend the service personalise care planning documentation related to activities.

#### End of life care and support

- The manager told us they had supported one person to remain at the service with support from local health professionals for end of life care. We spoke with a family member who told us they were very happy with the care provided to their relative who remained at the service until their passing, calling it a "home from home". We saw the service had an end of life policy in place. But the service did not have any documentation regarding end of life care for this person.
- We also noted that care records did not contain end of life wishes for people. The manager told us they would begin these discussions with people and their relatives.

We recommend the service embed best practice in end of life care.

#### Improving care quality in response to complaints or concerns

- One person told us "I have got no complaints." Although some people did not know who the manager was, they told us they would talk with staff if they were not happy with the service.
- Relatives told us they found the manager very responsive when they raised issues with them.
- The service had a complaints policy in place and told us they had not received any complaints in the last 12 months. We were aware that there was one complaint since the last inspection. We discussed this with the manager who acknowledged this was missed off the log but could tell us it was now resolved.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were some ways in which the service did not always evidence that care was person-centred. For example, some care records lacked personalised information and there was little information about how to communicate with people who had communication difficulties.
- Documentation in relation to activities was not always personalised. The blanket policy of having everyone on a fluid chart was another example that care was not always person-centred.
- Despite having an End of Life policy the service did not evidence that this work was embedded routinely across the service, although one family member was positive about their recent experience for their relative.
- In other ways the service did provide person centred care. Long standing staff understood people's needs and their likes and dislikes. The majority of people told us they were happy with the service provided at the home.
- The manager told us they promoted a person-centred culture through a range of management actions including observation of staff, audits, supervision and appraisal.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff understood their roles and told us they were supported by the management team. Training was provided in key areas, and appropriate records were kept for recruitment and key training. However, the manager had not been carrying out supervision in line with the provider policy of meeting with staff on a group or individual basis every three months.
- Audits were carried out in main areas such as care plans, infection control and medicines. Although we found two documents which were dated in advance of the inspection date which the manager told us was an administrative error, but had signed them. We also found one document which stated care records were reviewed monthly but the particular care record had not been. This showed a lack of attention to detail in the auditing process.

This was evidence of a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- Most people knew who the manager of the service was and spoke well of them. Staff told us they were involved in the running of the service and team meetings took place regularly.
- Relatives told us they were happy with the care provided and would recommend the service to other people. Comments included "Yes, definitely recommend it" and "It's a really nice place to be at." There was a box for comments at the point of signing into the service which the manager told us provided them with useful feedback on the service.
- A local organisation who provided support to care homes told us that they were encouraging the service to take full advantage of the support available to them.

#### Continuous learning and improving care

- At the last inspection we raised the importance of recording actions taken and lessons learnt when accidents and incidents took place. At this inspection we found this information was not always recorded on the form despite the form being changed to prompt this information. This meant the service could not always easily evidence learning from incidents or accidents.
- Records showed and a local health organisation told us, the service worked in partnership with them to meet people's needs.
- The manager told us they worked with a range of social workers, mental health professionals and other allied professionals to meet people's needs.

This section is primarily information for the provider

## 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 17 HSCA RA Regulations 2014 Good governance  There was not always effective processes and systems in place to assess, monitor and improve the quality and safety of the services provided.