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Acacia Care Home

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 May 2017 and was unannounced. Acacia Care Home provides accommodation and personal care for up to 12 people, who do not require nursing care. There were 11 people living at the home when we visited.

The provider was in day to day charge of the home. As the registered person they had legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's ability to make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA) and staff sought verbal consent from people before providing care. However, the provider had not always followed legislation designed to protect people's rights and applications to the local authority for approval of restrictions on some people's liberty had not been made where required.

Safe and effective recruitment processes were not always followed with gaps in employment history not being investigated.

People received their medicines as prescribed, however, systems in place to ensure that medicines were stored at the correct temperature and not beyond it's safe to use date were not robust. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

People and their families told us they felt the home was safe. Staff and the provider had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were

important to them.

People and their families told us they felt the home was well-led and were positive about the provider who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There was an opportunity for families to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through an annual questionnaire. They were also supported to raise complaints should they wish to.

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

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 always safe.

Safe recruitment practices were not always followed.

People received their medicines as prescribed, however, systems in place to ensure that medicines were stored at the correct temperature and not beyond it's safe to use date were not robust.

Individual risks to people were managed and mitigated effectively.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had failed to ensure people were not deprived of their liberty unlawfully.

Staff received an appropriate induction, supervision and on-going training to enable them to meet the needs of people using the service.

People received a varied diet and were supported appropriately to eat and drink.

People received the personal care they required and were supported to access other healthcare services when needed.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Staff were responsive to people's communication styles and people received information and choices in a way they could understand.

Care plans were personalised and focused on individual needs and preferences.

The provider actively sought and acted on feedback from people using the service and their families.

There was a clear process in place to deal with any complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Management oversight of the service was not always robust.

Audits was in place and completed to ensure that safety checks were made in respect of the environment, however where issues had been identified timely action had not been taken.

People and their relatives felt the home was well organised. Staff understood their roles and worked well as a team.

The provider was fully engaged in running the service and their vision and values were clear and understood by staff.

Acacia Care Home

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 checked 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 was unannounced and was carried out on 15 May 2017 by two inspectors. Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people using the service, four visitors and two health professionals. We also spoke with the provider, three care staff members and the cook. We observed care and support being delivered in the communal area of the home.

We looked at care plans and associated records for six people using the service, staff duty records, three staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in April 2016 when no issues were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Acacia Care Home. People's comments included, "Safe? Yes I'm safe here" and "Oh yes I do feel safe here, at night they [staff] keep a check on me, I'm as safe here as anywhere". A family member said, "Yes I think [name of relative] is safe". Another family member told us, "I'm not worried about [name of relative] safety; I haven't got any concerns".

Safe and effective recruitment processes were not always followed. For example, one staff file showed gaps in employment history which had not been investigated. However, all other appropriate checks, such as obtaining up to date references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The provider wrote to us shortly after the inspection and confirmed that action had been taken to review staff employment history.

The provider had assessed the risks associated with providing care to each person. Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Risk assessments were in place for moving and handling, mobility, fluid and nutrition, skin integrity and falls. People were supported in accordance with their risk management plans. Moving and handling assessments clearly set out the way staff should support each person to move and correlated to other information in the person's care plan. Staff had been trained to support people to move safely. We observed support being provided in accordance with best practice guidance. Where people required equipment to assist them to reposition or move they each had their own designated equipment. This would reduce any risks from sharing equipment. People who were at risk of skin damage used special cushions and pressure relief mattresses to reduce the risk of damage to their skin. This equipment was being used correctly. One person was at a high risk of developing pressure injuries and was assisted to change position regularly to reduce the risk of pressure injury.

The provider had a system in place to actively manage and reduced environmental risks. However, two bedroom doors were not closing properly and this had been the case for four weeks. The provider told us that this had been discussed with an outside fire company and they were currently waiting parts to rectify the issue. We highlighted that this placed people at risk if a fire occurred. The provider wrote to us shortly after the inspection and confirmed action had been taken to correct this. All other environmental risks were managed and mitigated appropriately. Weekly fire alarm checks were completed and staff correctly described the procedure if fire alarms sounded. Records showed essential checks on the environment such as fire detection, gas and equipment, such as the stand aid, were regularly serviced and safe for use.

Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff

knew how to identify, prevent and report abuse and all the staff had received appropriate training in safeguarding. One staff member told us, "I would speak to [name of provider] if I have any concerns". Another staff member said, "If I had concerns I would contact the manager or you [CQC]". The provider explained the action they would take when a safeguarding concern was raised with them and records confirmed appropriate action had been taken.

There were sufficient numbers of staff on duty to meet people's needs. Peoples comments included, "I only have to press my buzzer, they come quickly", "Staff are available if I need them", "Staff usually keep popping in to check we are ok or to bring a drink" and "There is enough staff, they are really good, I'm not rushed". One person did say that they felt more staff was required at busy periods, such as bedtimes or when people wish to get up but went on to confirm they were not left waiting for long periods and care staff responded quickly when they were needed.

The provider told us that staffing levels were based on the needs of the people using the service. They often worked as part of the care team and this enabled them to have a clear understanding of people's needs and times of particular pressure on care staff. There was a duty roster system, which detailed the planned cover for the home. The provider said that when completing the duty rota they considered the skill mix of the staff. Staff absence was usually covered by existing staff working additional hours. Staff were not rushed and were able to respond to people's requests for assistance in a timely manner. When people pressed the bell to summon staff assistance, these were answered quickly. Staff felt that the staffing levels were suitable to meet the needs of the people.

People felt they received their medicines safely. A person said, "They [staff] always remember [to administer medicine]". Medicines were administered by staff who had received appropriate training and had their competency to administer medicines assessed to ensure their practice was safe, this training was renewed annually.

Overall there were safe systems to manage medicines which people were receiving as prescribed. The Medicines Administration Record (MAR) chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines was required to initial the MAR chart to confirm the person had received their medicine. On viewing the MAR chart no gaps were identified, this indicated that people received their medicine as prescribed. However, where handwritten additions were made to printed MAR charts a second staff member had not counter signed or initialled to confirm the addition was correct. This meant that should the staff member have made an error this may not be identified. The provider wrote to us shortly after the inspection and confirmed action had been taken to correct this.

Systems were in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines. However, Acacia care home were storing one medicine that was required to be kept at cooler temperatures in a fridge. A refrigerator was available and records showed medicine refrigerator temperatures were monitored daily. However, the provider was aware that the thermometer recording the maximum and minimum temperatures was not correct and was also recording a daily one off temperature via a second thermometer. They notified us that a new thermometer was purchased soon after the inspection. This would help ensure that the medicine stored in the fridge was safe and suitable for use.

Systems were in place for people who had been prescribed topical creams; however the date of opening and a safe use by date was not available for topical creams. The provider immediately addressed this and confirmed this was in place soon after the inspection.

During the medicine administration round staff were heard asking people how they would like to take their medicines. One person was asked about their level of pain and they were given a choice as to the pain relief they would like to take. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought people's consent. Staff remained with people until they were sure all medicines had been taken.

Requires Improvement

Is the service effective?

Our findings

People, their families and healthcare professionals told us they felt the service was effective. One person said, "Very good, I have everything I need". A second person told us, "I am very happy now, when I first came here it was hard, but they [staff] have been wonderful and I am now feeling much more settled". A family member said, "[Loved one] hasn't been here long but everything seems to be going well".

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 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 was being met. We found the provider was not following the necessary requirements and DoLs applications had not been made where required. For example, the main door to the building was locked and there were audible alarms in use on fire exits which would notify staff if people were attempting to leave the building. We saw one person who had a cognitive impairment frequently asked and attempted to leave the premises but was prevented from doing so by staff. This meant that people had been subject to restrictions that had not been authorised and could not freely leave the home when they wished. A DoLS application should have been applied for in respect of this.

The failure to ensure people were not deprived of their liberty for the purpose of receiving care or treatment without the lawful authority was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us shortly after the inspection and confirmed DoLs applications had now been made where required.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). 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's care files contained assessments of their mental capacity and highlighted decisions people were able to make for themselves. One care plan stated, '[Person] has poor long term memory and will occasionally have difficulty starting a task', the care plan continued, '[person] can make decisions about their care with full encouragement and guidance'. Another care plan stated, '[Person] can make decisions if offered limited choices and language is kept simple'.

Staff sought people's consent before providing care or support, such as offering to provide support to help them mobilise. We observed staff seeking consent from people using simple questions and giving them time to respond. One person said, "The staff will always ask me before they do anything". Daily care records showed that where people declined care this was respected.

Arrangements were in place to ensure all new staff received an effective induction to enable them meet the needs of the people they were supporting. Staff told us that when they started working at Acacia Care Home they received a period of induction. This included working alongside experienced staff before being permitted to work unsupervised and completing mandatory training. Staff confirmed they received an induction and completed shadow shifts. They told us the induction had covered essential information about the home and emergency procedures.

People and their families described the staff as being well trained. A person said, "The staff are well trained, they know what they are doing". Another person told us, "The staff usually get it right". Healthcare professionals did not have any concerns about staff competency levels.

The provider had a system to record the training that staff had completed and to identify when training needed to be refreshed. This included essential training, such as medicines training, safeguarding adults, food hygiene, health and safety and moving and transferring. All staff had achieved at least a level 2 care qualification with the majority having a level 3 care qualification.

Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, staff supported people to move safety with appropriate equipment when required and were seen to wash their hands and wear appropriate protective clothing. All training, with the exception of moving and handling was provided via computer with a knowledge check at the end to ensure staff had understood the content and could apply it to their practice. Staff felt the training they received met their needs.

Staff had regular supervisions in the form of face to face meetings with the provider every eight weeks. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. There was an open door policy and staff were encouraged to raise any concerns they had straight away. All staff told us that they felt well supported in their role and could raise issues or concerns anytime with the provider.

People were supported to have enough to eat and drink and all people were satisfied with the food provided. People's comments included, "I've no complaints about the meals, the cook is good", "I'm sure I could get something later if I wanted it, I've never asked but the staff do ask if there is anything else I'd like in the evening", "The food is good, I've got lots of drinks and they remind me to drink". A family member said, "I've not tried the food but [name of relative] has not complained about it".

People were given the opportunity to choose where to have their meals. One person who was eating alone in their bedroom told us this was their choice as they preferred their room and listened to their talking books. The home had a small, homely dining area which was welcoming and tables were attractively laid out. Meal times were calm and relaxed and provided people with social interactions.

When people's food and fluid intake was reduced or poor this was closely monitored by the care staff supported by the use of individual food and fluid intake charts. People had nutrition care plans in place, which included information about people's food and drinks preferences, allergies, levels of support needed and special dietary requirements. Care plans also showed that people's weight was monitored to allow timely interventions where required. One care plan stated, '[Person] should be sensitively supported and encouraged during mealtimes'.

Staff were aware of people's needs and offered support when appropriate. For example, one person needed full assistance with their meal and before support was provided staff ensured that the person was in a

comfortable and safe position to eat. They were supported in a caring and unhurried way. One person had chosen not to have their main meal at lunchtime and this was saved for them to have later and an alternative was offered. Where necessary specialist cups, crockery and cutlery were provided to support people to eat independently.

People were supported to access appropriate healthcare services. One person said, "Oh yes, they [staff] will get me the doctor if I need one". Records showed that people were seen regularly by doctors, nurses and chiropodists and input from occupational therapists and physiotherapists had been requested when required. All appointments with health professionals and the outcomes were recorded in detail. Staff knew people's health needs well and were able to describe how they met these needs. For example, staff told us how they were supporting one person to regain their mobility following a stay in hospital. They described walking with the person around the home. The person confirmed this and felt it was beneficial for them. Staff were also working closely with the community nurses to help a person regain their ability to self-administer their insulin prior to them possibly returning home. Healthcare professionals felt that they were contacted appropriately by the care staff and they felt people's needs were well met.

Acacia Care Home is an older building and some essential maintenance work was taking place at the time of the inspection with more planned for the coming weeks. The maintenance work was not impacting on the people living at the home and was in an area not accessed by the people living there. The majority of the bedrooms were on the first floor which was accessed by a stair lift. People's bedrooms were personalised with items important to them and people could bring in personal items when they were admitted to the home. This helped people living with a cognitive impairment to feel they were in a safe familiar place. Where appropriate people's bedrooms had their names on to help them to find their rooms independently. There was supported access to the enclosed rear garden which was level and provided seating suitable for people.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People and their families all described the staff as, caring, nice and kind. One person said, "The staff are very nice". Another person told us, "They [staff] are so kind to me". A family member told us, "They [staff] are very kind to [name of relative]". One person was heard telling another person about the bath they had had that morning and said to them, "The girl who helped me this morning was lovely, she even gave me a hand massage". All people living at Acacia Care Home looked well cared for; their personal grooming needs had been met and people's clothes were clean and in a good state of repair.

People were cared for with dignity and respect. We observed respectful, pleasant and friendly interactions between staff and people. Staff knelt down to people's eye level to communicate with them and we heard good-natured conversations between people and staff. Staff members supported people when needed in a gentle, encouraging and unhurried way. For example, when a person became restless and wanted to 'go home' a staff member spoke to the person about this and gently distracted them by encouraging them to look at a book on a subject the person had a particular interest in. Another person who was cared for in bed looked very comfortable and well cared for. Staff were seen to visit them throughout the day, the radio was playing in their room and a lamp was on which produced a 'light show' on the ceiling. The view from their window had also been considered which allowed the person to look out to a bird table.

Staff understood the importance of respecting people's choice. They spoke with us about how they cared for people and offered them choices in what they preferred to eat and where they wanted to spend their time, this was confirmed by people living at Acacia Care Home. Choices were offered in line with people's care plans and preferred communication style. Throughout people's care plans there were comments about providing choices to people in relation to their care. For example, one care plan stated, '[Person] likes to go to bed at about 8pm and has requested they are checked hourly, throughout the night'. Three people commented that in the past staff had tried to encourage them to go to bed or their rooms in the early evening. All three had said that they had refused this and their wishes were respected. Records of a recent staff meeting also reminded staff to respect people's choice around the times they wished to go to bed. A staff member told us, "It's their [people's] choice what time they want to go to bed". A family member confirmed that they were asked about their relative preferences and wishes when they moved to the home.

People's privacy was respected at all times. All bedrooms were single occupancy and we saw staff knocking on doors, and asking people's permission before entering their bedrooms. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them. One person said, "Oh yes, they [staff] are very thoughtful, they always cover you over". Staff spoke discreetly to people about their care and needs, for example, while in the lounge area a care staff member knelt next to a person and spoke with them quietly before they left together to visit the bathroom.

Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was secure and password

protected.

People were supported to be as independent as possible and staff understood people's abilities. Care plans gave clear information about what people were able to do for themselves and when support was required. Comments in care plans included, '[Person] wishes to increase their independence regarding daily tasks', [Person] should be encouraged to do things for themselves' and '[Person] needs some assistance with zips and fasteners' One person said, "I do what I can myself but when I do need help staff will help me". Another person said, "Staff will encourage me to do things and don't rush me, which is good". A member of staff said, "I encourage people to do things for themselves where they care, I think it's important".

People were supported to maintain friendships and important relationships and their care plans identified people who are important to them. All of the families we spoke with confirmed that the provider and staff supported their relatives to maintain their relationships. Family members comments included, "I can visit anytime" and "I am always made to feel welcome".

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person told us, "Staff would do something if I was unwell; call the doctor or nurse". Where a person's needs had increased resulting in them remaining in their bedroom the provider had reviewed their location in the home and moved them to a larger room which was situated near the communal areas of the home. This allowed more space for required equipment and helped reduce possible social isolation.

Prior to people's admission to the home the provider gathered up to date and relevant information about people's needs from them directly, their families where appropriate and health and social care professionals. The provider told us they would not accept anyone into the home if they felt they would not be able to meet their needs appropriately.

Staff were responsive to people's communication styles and gave people information and choices in a way they could understand. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. People's care plans contained a 'communication care plan' which provided information on how best to communicate with individual people and outlined people's communication needs. For example, one stated, '[Person] has poor eye sight, but can hear just fine'. Another said, 'Avoid complex topics, keep language simple and sentences short'. A third stated, 'Keep commentary, questions and language straightforward, this will help [person] take an active role in conversation'. Where required photos were used to help people make informed choices, for example in relation to what they ate.

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of comprehensive care plans, which detailed people's preferences, backgrounds and medical conditions. Detail provided in the care plans supported staff to give appropriate care in a consistent way. They also included specific individual information to ensure medical needs were responded to in a timely way. For example, one person's care plan stated that they would not ask for pain relief if needed and provided staff with clear guidance and information as to the actions they should take if they felt the person may be experiencing pain. Other care plans provided care staff with clear information about the level of support people required to mobilise, for example one stated, '[Person] is able to walk independently if provided with their wheeled walking frame' and a second said, '[Person] requires support from a trained staff member during transfers'. This went on to list all transfers that the person would require support with. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs. People were being supported by the staff as described in their care plans.

Where incidents or accidents had occurred, there was a clear record, which enabled the provider to identify any actions necessary to help reduce the risk of further incidents. Action had been taken in a timely manner to mitigate risks and this was clearly documented.

Daily records of care were completed for each person living at the home. These showed care had been provided to people as required, such as, hourly night time checks and personal care that had been received.

However, additional information within these daily records was limited, for example how people had spent their days. For one person staff had written, '[Person] was aggressive and violent', but had not provided any other information about cause, extent of violence or how this was managed. When discussed with the provider they said the person had been verbally abusive to staff yet no formal behaviour records were in place which could help when determining patterns or action to prevent or reduce needs. The provider wrote to us shortly after the inspection and confirmed that all staff had been reminded of the importance of keeping detailed and accurate daily records.

Staff were kept up to date about people's needs through handover meetings which were held at the start of every shift. Information was provided to staff during this meeting which included information about changes in people's emotional and physical health needs and where people had declined assistance with personal care. During this handover meeting staff shared ideas and knowledge of how best to provide support to individual people.

People told us they were satisfied with how they spent their time and the activities provided within the home. One person said, "I'm content, just as I am. I choose to stay in my room and will sit out in the garden when it is nice". A second person said, "If you have friends in here there is enough for you to do, I am more than happy". Activities were provided by an external company once a week and care staff would also provide activities when time allowed, which included, arts and crafts, films and quizzes. Throughout the inspection we saw staff initiating ad hoc discussions and interactions with people. The provider's dog was also in the home which provided a great source of entertainment to people and seemed to have a positive impact on people's lives. Comments from people included, "it's part of the home to have a dog around" and "nice to see a dog – makes you smile". Care plans contained information about people's interests and preferred activities and we saw that when one person become slightly anxious they was provided with reading material linked to their particular interest.

People and their families were encouraged to provide feedback on the quality of the care and service and were supported to raise concerns if they were dissatisfied. People were supported to access advocates if they were unhappy about the service provided if they required and the need for advocate support was highlighted in their care plans. The provider sought feedback from people's families on an informal basis when they met with them at the home, during telephone contact or during resident and relative meetings which were held every four months.

Formal feedback was also sought through the use of quality assurance survey questionnaires sent to people, their families, staff and professionals. We looked at the feedback from the latest survey completed in February 2017. All responses to this survey were positive.

People and their families knew how to complain or make comments about the service provided. Information about how to complain was displayed in the entrance of the home to be easily viewed by visitors and people along with a comments and complaints box which allowed people to raise confidential complaints if they wished. The information displayed explained how people could complain and included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. Family members said they had no reason to complain, but felt that if they did action would be taken. A family member told us, they had no complaints about the service, but would ask the provider if anything came up. A second family member said they, "would talk to [name of provider] if they had any concerns". A person told us, "Everything is very good, I don't need to complain". No formal complaints had been received in the last 12 months but the provider had formal systems in place for recording and investigating complaints should any be received.

Requires Improvement

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led. Family members also said they would recommend the home to their families and friends. People and families comments included, "I have no concerns, the home is well run", "The manager is very good" and "It's organised".

Management oversight of the service was not always robust. The provider had not always followed legislation designed to protect people's rights and applications to the local authority for approval of restrictions on some people's liberty had not been made where required. Action had not been taken to ensure that medicines were stored at the correct temperature and not beyond it's safe to use date. Safe and effective recruitment processes were not always followed, for example gaps in employment history had not been investigated.

The registered person's failure to establish systems and processes to ensure compliance with the regulations whilst carrying out the regulated activity was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us shortly after the inspection and action had been taken to address all areas raised during the inspection. The provider used a provider care compliance system which they stated had helped direct them in ensuring the smooth running of the service. This covered all aspects of managing a care home and provided monthly updates and information to keep the provider up to date. There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the building and equipment. The provider carried out their own quality assurance process. A system of audits was in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. However, where issues had been identified for example in relation to door closures, timely action had not been taken. The provider wrote to us shortly after the inspection and action had been taken to address this.

There was a clear management structure, which consisted of the provider, deputy manager, senior care staff and care staff. Staff understood the role each person played within this structure. The provider encouraged staff and people to raise issues of concern with them, which they acted upon. Staff members comments included, "The provider will do anything needed" and "[name of provider] will always act on concerns".

The provider was fully engaged in running the service and their vision and values were built around providing people with a good standard of care that was effective and safe, promoting people's independence and providing people with a happy quality of life. Staff were aware of the provider's vision and values and how they related to their work. One care staff member said they wanted people to, "live their life and make the most of what people have". Another staff member told us they "treat people as if this is their home". Regular staff meetings provided the opportunity for the provider to engage with staff and reinforce the values and vision.

Observations and feedback from staff showed the home had a positive and open culture. Visitors were

welcomed at any time and people and visitors said the provider was always around and they felt able to talk to them about any concerns. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. Most staff had worked at the home for many years which demonstrated that people enjoyed working at the home. A staff member said, "We [staff] are able to approach [name of provider] anytime". A second staff member said, "We [staff] are listened to". All staff said would recommend the home and be happy for a relative to be cared for at Acacia Care Home.

The quality of the service provided to people was monitored both formally and informally. Professionals, staff, people and their families were given the opportunity to provide feedback about the culture, quality and development of the service during resident and relative meetings and through the use of surveys. In addition the provider worked with staff regularly enabling them to monitor the way staff worked and allowed them to monitor the quality of care provided. This also provided the provider the opportunity to regularly talk to people, their relatives and staff on an informal bases about their views on the service and the care received. There was a duty of candour policy in place and the provider was able to describe the actions they would take to ensure this was followed.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area of the home and on their homes website.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person failed to ensure people were not deprived of their liberty unlawfully. Regulation 13 (5) (7) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to establish systems and processes to ensure compliance with the regulations whilst carrying out the regulated activity. Regulation 17 (1)(2)(a)(d)