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

This inspection took place on 13 December 2016 and was unannounced.

This inspection was to follow up on concerns that were identified at our last inspection in April 2016 and to check if the provider had made improvements.

At the last inspection on 5 April 2016 we found breaches of the HSCA 2008 (Regulated Activities) Regulations 2014 in relation to , Safe care and treatment, , meeting nutritional and hydration needs and , the providers 'Duty of Candour' with respect to information they supplied to us. We also found medicines were not being managed safely.

We told the provider to take action to improve and, with respect to medication safety, we served a statutory Warning Notice.

Following the inspection in April 2016 the provider wrote to us to say what they would do to improve. We undertook a focused inspection on the 13 December 2016 to check they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Acacia Court' on our website at www.cqc.org.uk'

Acacia Court is a care home which provides personal care and accommodation for up to 27 people living with dementia. It comprises two large detached houses joined by an extension. The accommodation includes a large lounge, a spacious dining area and a large garden to the rear of the property. There is parking to the front of the building. Twenty seven people were living at the home at the time of the inspection.

There was a registered manager in post. 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.

We found that improvements had been made regarding the administration and storage of medicines so that the concerns highlighted in the Warning Notice had been met. However, the provider was not always following best practice in relation to the recording of topical medicines [creams] and updates for staff did not include a record of competency checks to evidence they were safe to administer medicines. The staff carrying out the medication administration was not given protected time, in line with the providers policy, which increased the risk of errors occurring.

We told the provider to take action to make further improvements.

At the last inspection we found people were at risk because sufficient arrangements were not in place to ensure people's weight was checked on a regular basis. On this inspection we found improvements had been made and the breach was now met. People had their nutritional and hydration intake monitored and were weighed on a regular basis. Referrals were made to the relevant health care professionals when weight loss was identified, for example the dietician or SALT (Speech and Language) team when weight loss was identified.

At the last inspection we were concerned that Information provided to an external stakeholder regarding a potential safeguarding concern was inaccurate; the provider was found to be in breach of their 'Duty of Candour' to provide open and accurate information. On this inspection we found improvement had been made and this breach was now met. Notifications were submitted to CQC by the registered manager. Safeguarding incidents were reported to the local authority safeguarding team. The registered manager displayed a good knowledge regarding the importance of providing necessary information to statutory bodies.

We looked at aspects of the overall governance [management] of the service and we were concerned that the issues we highlighted for further action had not been identified or monitored effectively. Monthly and weekly medication audits were completed but did not always identify issues or errors. Further, audits carried out by the provider had not been completed since June 2016. We could not see issues identified from the audits had been improved or rectified as an action plan had not been drawn up to demonstrate this.

You can see what action we asked the provider to take at the back of this report.

We had previously recommended improvements to the way the service followed the principals of the Mental Capacity Act 2005 [MCA]. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. We found improvements had been made. Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority for each of the people living at the home. Mental capacity assessments were completed when specific decisions needed to be taken.

We found improvements had been made so that care records contained behavioural risk assessments to enable staff to support people in a consistent way. People with long term health conditions had care plans in place and information about the condition for staff to support them.

Incidents and accidents were completed and reported correctly. The registered manager analysed all completed forms each month for any common themes or trends.

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 still not safe.

The recording of topical medicines [creams] did not meet best practice or the provider's policies.

Staff received regular medication training. However updates for staff did not include a record of competency checks to evidence they were safe to administer medicines. Staff administering medicines were not afforded protected time in accordance with the provider's policy.

Care records contained risk assessments and information for staff to support people in a consistent way.

Incidents and accidents were reported correctly and analysed by the registered manager each month for any common themes or trends.

Is the service effective?

Requires Improvement

The service was effective.

People had their nutritional and hydration intake monitored and were weighed on a regular basis. Referrals were made to the relevant health care professionals when weight loss was identified.

Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority for each of the people living at the home.

Mental capacity assessments were completed when specific decisions needed to be taken.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Effective' at the next comprehensive inspection.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was in post.

Monthly and weekly medication audits were completed but did not always identify issues/ errors.

Audits carried out by the provider had not been completed since June 2016.

Notifications were submitted to CQC by the registered manager.

Safeguarding incidents were reported to the local authority safeguarding team.

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 13 December 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. We looked at the notifications and other information the Care Quality Commission had received about the service.

During the inspection, we spoke with the registered manager, the deputy manager; one senior care staff and two care staff. There were two visiting healthcare professionals in the home at the time of our inspection and we were able to get their views about the care provided

We looked at the medicine records for six people. We also reviewed four care records and records relevant to the quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

We previously visited this home in April 2016 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. We found medicines were not being managed safely. We served a statutory Warning Notice and told the provider to take action to address these concerns.

On this inspection we checked to make sure requirements in the Warning Notice had been met. We found improvements overall to medication management which met the concerns laid out in the notice but there were still specific areas where further improvements were needed to fully meet regulations.

We checked to see if the requirements in the notice had been met. One of the main issues had been the recording of control medicines in the home. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw controlled drugs were stored appropriately and records showed they were checked and administered by two staff members. We checked all of the CDs in stock and found the stock balances to be correct. The CD register evidence clear recording. This was an improvement from the last inspection.

We saw that two of the CDs stocked were for one person. The person had been in the home since March 2016 and we were told by the senior carer they had brought the medicines in with them. The senior carer told us these CDs were for occasional pain but had only been administered once since admission. We asked the senior carer for supporting documentation in the care plan but there was no reference on the care notes to this. The CDs were also not on the Medication Administration Record [MAR] for the person concerned. The senior carer explained that the District Nurse administered the CDs if required and showed us the district nurse record which made reference to this. We discussed the need for a review of the person's CDs to establish the need of these medicines. If they are to be continued use then a reference in the person's care records [PRN care plan] would be recommended.

We found that, otherwise, medicines that were given PRN [as required when necessary] were better managed. There were clear protocols in place – PRN care plans – to help ensure that staff understood when the medicines were to be given. This helped ensure consistent administration. The care plans identified why the medicines were needed and in what circumstances they were to be administered. Having a PRN care plan helped ensure ongoing evaluation of the effectiveness of the medicine. This was an improvement since the last inspection.

We found medicines to be stored safely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use. This was an improvement from the previous inspection.

There had previously been an issue with the way covert administration of medicines were managed. These

are medicines given to people without their knowledge or consent but with staff acting in the person's best interest. We saw there were good supporting policies regarding this which took into account the requirement of the Mental Capacity Act 2005. In addition, we found the home was working in liaison with the district nursing team to support one person who needed daily injections to maintain their health. The person did not have the capacity to consent to this and was restive to any intervention. We saw there had been careful liaison involving not only the District Nurses but also the person's GP and family to help ensure the person's rights had been protected. We spoke with the District Nurse who told us the home had managed this aspect of care very well. This was an improvement from the last inspection.

We saw that previous omissions to medication records such as recording people's allergies and ensuring a list of staff signatures [of staff administering medicines] were now being maintained.

We checked five medicine administration records (MARs) and found staff had signed to say they had administered the medicines. Records were clear and we were able to track whether people had had their medicines. The senior carer carrying out the medicines round signed the MAR following the administration of each medicine. When we spoke with people they told us they had no issues with medication management and they received their medicines on time.

Although the requirements of the warning notice had been met there were some further anomalies that we discussed with manager of the home. For example, the recording of topical medicines [creams] did not meet best practice or the provider's policies. This was because we were told by the senior carer that care staff applying the creams were not signing records identifying this. The only record was the MAR signed by the senior carer who had not applied / administer the cream. We discussed how accurate records of creams could be achieved and maintained.

We observed the staff member administering the medicines who was wearing an apron saying they were administering medicines and not to disturb. This was best practice to reduce the risk of any errors occurring. This staff member was also carrying the home's phone handset, however, and was being continually disturbed throughout the medicine round with incoming calls. We spoke to the manager who said they would review this arrangement.

We asked about training updates for staff regarding medication administration. We were told by the senior carer that regular updates were given and only senior care staff could administer medicines. We were also told by the senior carer that the manager carries out a regular 'competency' check by observing care staff carry out medication administration. Although we saw a record of medication updates for staff this did not include a record of staff competency checks to evidence they were safe to administer medicines. This was particularly relevant for one staff who had made a medication error a few months previous. We were told by the manager that part of the follow up management of the incident had been the carrying out of a competency assessment for the staff concerned to ensure they were safe to administer medicines but there was no record of this. The manager said they would address this.

The home had a medication policy which was due to be updated in January 2017 and had been reviewed a year previously. The policy referenced out of date standards under pre-existing legislation. We fed this back for consideration.

We were given copies of the home's monthly and weekly medication audits. We found these were detailed and covered most issues. However, the issues we identified on the inspection had not been picked up and we identified with the manager how additions to the audits may help this. For example reference to staff competency checks and administration / recording of creams.

This remains a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

Care records contained behavioural risk assessments to enable staff to support people in a consistent way. People with long term health conditions had care plans in place and information about the condition for staff to support them.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection we identified breaches of regulation in relation to the monitoring of people's nutritional and hydration needs.

We had identified at the previous inspection that some people either refused to be weighed or could not use the scales so their weight was not being regularly checked. This meant sufficient measures were not in place to ensure people's nutritional and hydration intake was being monitored. At this inspection we found that improvements had been made and that people were regularly monitored, depending on the risks they presented.

We saw that people who lived in the home were now weighed regularly and weights were recorded in their individual care records. The manager had appointed one senior care worker to take responsibility for this. We spoke with the senior staff member and found they were knowledgeable about individuals who needed weighing, on a weekly or monthly basis depending on their presenting nutritional needs. At the time of our inspection each person in the home was being weighed using the weighing chair. At the last inspection we had concerns that not everyone was able to be weighed in this way because of their physical disability or refusal to sit in the chair. A suitable alternative method of weighing a person without scales was introduced. This was a method recommended by the district nursing service. However on the day of our inspection the detailed information used to determine people's weight could not be found. We were told the information was missing. We reported this to the registered manager who agreed to replace the information. We saw from the record of people's weight now being documented that referrals had been made to the dietician to request specialist advice for people who had lost weight.
The breach had been met.

At the last inspection a recommendation was made that the service considers current best practice guidance in relation to Deprivation of Liberty Safeguards and revise its practice accordingly. This was because we found that mental capacity assessments were not completed in accordance with the principles of the Mental Capacity Act (MCA). Improvements had been made in this area.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Deprivation of Liberty Safeguards (DoLS) had been submitted to the Local Authority for each of the people living at the home. Thirteen of the DoLS had been authorised and 14 were awaiting a DoLS assessment. From the care records that we looked at there was now evidence that a mental capacity assessment had been completed to indicate the person lacked capacity to make a decision about living at the home. Mental

capacity assessments had been completed to determine capacity relating to other specific decisions, for example taking their medication.

Although improvements had been made since the inspection in April 2016, we have not revised the ratings for this domain above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection we identified breaches of regulation in relation to the service being well led. The breach was in relation to the providers 'duty of candour' because of the inaccurate recording and reporting of an incident to the safeguarding team. This inspection checked the action the provider had taken to address the breaches in regulation.

We looked at the recording of accidents and incidents that had occurred. We found that incident forms were completed in a timely manner and a comprehensive account was given by the staff concerned. There was evidence the registered manager was aware of the incident and had seen the report. The registered manager analysed all completed forms each month for any common themes or trends.
We found improvements had been made and the breach was met.

We reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. At the last inspection we found that the director carried out a monthly audit. We saw that audits were carried out in February, March and June 2016. No audit had been completed since June 2016. The audit process incorporated checks of care records, medicines, staff personnel records and the maintenance of the building. We saw that the provider had identified issues as part of their audit. However we found that no action plan was completed to share with the registered manager and for the registered manager to demonstrate when the identified issues had been completed. This meant that we were not reassured that issues raised had been rectified or improved. Completing the audit process would assist to monitor standards in the home.

We were given copies of the home's monthly and weekly medication audits. We found these were detailed and covered most issues. However, the issues we identified on the inspection had not been picked up and we identified with the manager how additions to the audits may help this. For example reference to staff competency checks and administration / recording of creams.

This is a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

A registered manager had been in post since the last inspection. They were registered with the commission (CQC) on 16 November 2016.

The registered manager was in the process of updating and revising all care plans for people in the home. This meant that an audit process for care records was not in place. However we were reassured from evidence we saw that records were updated by the registered manager when there was a change in people's needs. This helped ensure accurate records were being maintained and that the registered manager was aware of changes in people's needs. We were informed that the recent appointment of a deputy manager would speed up the revision of the care plans.

Care records were stored securely to ensure keep people's personal information safe.

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 12 HSCA RA Regulations 2014 Safe care and treatment Staff competency checks to evidence they were safe to administer medicines completed. Care staff applying prescribed creams were not signing medical administration records [MAR] identifying this. The MAR was signed by the senior carer who had not applied / administer the cream.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Monthly and weekly medication audits completed by the registered manager did not identify the issues identified on the inspection. Checks of care records, medicines, staff personnel records and the maintenance of the building carried out by the provider had not been completed since June 2016. An action plan was not completed to identified the issues found.