HC-One Limited

Acacia Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Acacia Court is a residential care home providing personal care to up to 41 people. The service provides support to people aged over 65. At the time of our inspection there were 27 people using the service.

People's experience of using this service and what we found
People's needs were assessed before they moved to Acacia Court. The provider worked together with healthcare professionals to ensure people's needs could be met. People were supported with nutrition and hydration. Staff were supported with training and supervision. However it was not always clear how training was being embedded in some areas of people's care, such as safeguarding. For example, some staff were unclear who to report to safeguarding concerns to at the local authority. We have made a recommendation about reviewing staff training and competencies.

People were safeguarded from the risk of harm and abuse and some staff understood their responsibility to keep people safe. During the inspection we raised a safeguarding alert following concerns raised by a relative. The provide took immediate action to investigate and address concerns. Medicines were managed safely. It was noted that at the time of inspection, the provider was moving to an electronic system of medication administration. People had regular risk assessments to protect them from potential harm. People were protected from the risks associated from the spread of infection. Staff were recruited safely.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems were in place that supported this practice. We observed how care staff, kitchen staff and the activities coordinator worked together to ensure a choice-based dining experience.

Staff demonstrated they knew people well and understood the way people wanted to be cared for. Staff obtained people's consent before delivering care. Some relatives told us they were not always able to express their views about care that was provided. People's privacy, dignity and independence were promoted. Staff understood how to provide personalised care. We observed a number of person centred approaches to care, such as, ensuring the volume of the television was consensually agreed by people present.

Care plans and records were personalised and contained information about people's preferred method of communication. People and relatives knew how to complain, and the provider had a system to record concerns. We saw evidence that the provider responded to concerns and complaints and lessons learnt were used to improve the service. At the time of inspection, the area director and home manager responded constructively to concerns we raised on behalf of a relative.

Relatives generally, and staff mostly, spoke positively about the management of the service. However, it was noted that the recent period of transition of management had been challenging for some relatives and staff.

Managers understood their roles and responsibilities. The provider had a system to obtain feedback from people and to audit the quality of the service in order to make improvements. The area director told us how this would be built upon over the coming months.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service under the previous provider was good published 01 March 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Acacia Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Four inspectors and 1 Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Acacia Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acacia Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the home manager in post was in the process of applying for registration.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 20 October 2022 and ended on 08 November 2022. We visited the location's service on 20 October 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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.

We used all this information to plan our inspection.

During the inspection
We reviewed a range of records. This included 5 people's care records and extracts from others. We looked at 3 staff files in relation to recruitment, training and supervision. We viewed a variety of records relating to the management of the service, including records relating to accidents, incidents and safeguarding. We also reviewed a range of policies and procedures.

We spoke with the area director, home manager, deputy manager and 4 members of care, kitchen and domestic staff. We spoke with 3 people who used the service and 11 relatives, to better understand their experience of care provided at the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training; however, they did not always know what their responsibility was about safeguarding people. For example some staff did not know about when and who to contact at the local authority if they needed to.
- We saw robust systems and processes to keep people safe. We received mostly positive responses from relatives how they felt about the safety of their relatives. However, during our inspection we raised a safeguarding alert when a relative raised concerns with us. The provider took immediate action to address the concerns.
- The provider reported, recorded and investigated all safeguarding incidents and the finding were used to improve the service.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed preadmission and when people were living at the home. Care records and associated risk assessments were detailed, well-structured and reviewed regularly or when people's needs changed.
- Accidents and incidents were reported recorded, investigated and analysed. The findings were used to improve the service.
- Environmental risks were safely managed. Regular checks had been carried out which included water checks, equipment and fire safety. This meant the premises were kept safe for people.

Staffing and recruitment

- Staff recruitment processes were in place, this included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, checks such as employment history were not always complete. The provider took immediate action to address this.
- We observed people being supported during our inspection. Staff responded promptly when people required assistance and there was always staff present in the communal areas.
- We saw evidence that staffing levels were monitored to meet the needs of people and ensure safe care.

Using medicines safely.

- We found medicines were managed safely across the home.
- A new electronic medicine administration record (EMAR) system had recently been put in place. Records

had been transferred across accurately and people were receiving their medicines safely.
● Medicines were stored safely in clean and tidy environments. The disposal of used medicine patches needed to be reviewed to make sure they were safely disposed of. The provider took immediate action to address this.
● Medicines audits were completed monthly and any issues were dealt with in a timely manner.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● The provider facilitated safe visiting in line with government guidance. We observed relatives visited people within their bedrooms and communal areas. People could visit out of the home if they wished.

Learning lessons when things go wrong
● The provider had robust systems in place to ensure lessons were learned when things when things went wrong and ensured any actions required to reduce the risk of recurrence were acted on.
● Daily hand over meetings, flash meetings and team meetings were used to communicate necessary information about changes to people's care following incidents.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
- Staff received the training and support they required. All staff completed induction training at the start of their employment. Ongoing training was also provided so that staff updated their skills and knowledge. However, some staff did not know what whistle blowing meant or understand all the key principles of the Mental Capacity Act (2005).
- Staff received supervision so they could discuss their learning and development needs.

We recommend the provider review their staff training and competency processes to ensure staff fully understand the regulatory requirements to deliver safe care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Assessments of people's needs had been carried out prior to people using the service. We saw evidence of pre-admission risk assessments being transferred into the care plans.
- People, and where appropriate relatives, were involved in the assessment process. This meant the provider considered and understood people's life histories, choices and preferences, enabling person centred care. However, some relatives told us they were not being involved in the review of care plans.
- Staff knew people well and were able to give us examples of their specific needs. This information matched information contained in care records.

Supporting people to eat and drink enough to maintain a balanced diet
- Relatives we spoke to mostly gave negative feedback about how people's nutritional needs were being met. One relative said, "I arrived at 10.30am last week to find [relative's] breakfast sat untouched on the side. [Relative] needs support to eat their food and doesn't seem to be getting it."
- Where people required their food and fluid to be monitored, care records showed this. Care staff and kitchen staff had good knowledge of people's nutritional needs.
- We observed people being offered, shown and having food choices explained to them. People were able to make their own hot drinks if they wished. Care staff, kitchen staff and activities coordinator engaged with people and assisted people to eat and drink to ensure the dining experience was person centred, unhurried and social.

Adapting service, design, decoration to meet people's needs
- Accommodation was accessible, safe, and suitable for people's needs. Special bathrooms could accommodate people who required support with moving and transferring to the bath.

● There was a range of communal areas with corridors kept clear, enabling people to move freely.
● People personalised their rooms with pictures and personal items.

Supporting people to live healthier lives, access healthcare services and support
● The provider had systems and processes for referring people to external services. This meant people had timely access to specialist health care services to meet their needs.
● We saw evidence of care staff working with other agencies to provide consistent, effective and timely care. We saw a number of referrals and communications with health care professionals.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Managers and senior care staff followed all the principles and guidance related to MCA and DoLS authorisations. However, some care staff did not always fully understand their role in the application of the MCA.
● Care records showed that people with capacity signed and consented to a number of approaches, such as night checks. Other people had best interest decision consent to care in place.
● The area director, home manager and deputy manager were aware of DoLS applications in place and demonstrated a good understanding of the legislation.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

- Throughout the inspection we saw many examples of staff approaching and responding to people in a kind and caring way. Staff engagement with people demonstrated they knew people well. We observed how staff squatted down to people's level to ensure face to face communication. We observed staff explaining things to people patiently and bringing items to people to support choice.
- In general relatives told us they were staff were caring. One relative told us, "We now think that [relative] condition was anxiety related, this is almost non-existent now thanks to the care of the staff there." In contrast, another relative told us their relative's continence was not being manged well.
- Staff knew what was important to people. Staff were able to give us examples of how they had got to know people's interests and hobbies and how they had encouraged these. One person told us, "staff are nice."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in decisions about their care and given support to express their views. Care records showed how people were being involved.
- Care plans contained information about people's communication needs and preferences.
- The area director told us that a relative and resident survey was new and being developed.

Respecting and promoting people's privacy, dignity and independence

- Records containing people's personal information were kept securely and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.
- Staff were able give us examples of how they maintained people's privacy and dignity particularly when providing personal care.
- We observed staff speaking to people in a polite and respectful way at all times.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their preferences and personal histories, this meant that staff were able to support them in ways they would like.
- Care plans were reviewed on a regular basis and were updated when needed. However, some relatives told us they were not involved in these reviews.
- The management team ensured people's changing needs were communicated to staff, through daily handovers and update meetings. This ensured necessary action was recorded and monitored so people's needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the requirements of the accessible information standard and could make information available to meet people's communication needs.
- Care plans detailed people's communication needs. If people required aids to read and/or understand information such as reading glasses or hearing aids, this was recorded in their care plan. This meant staff were able to understand people's needs and support them appropriately.

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

- People's social and cultural needs and preferences were documented in their care records.
- People were supported to take part in activities. The area director told us how people had been involved in the development of the activities programme and how the activities coordinator will be further developing links with the local community to support people's needs.
- There was mixed feedback, mainly positive, from relatives about the support people received to maintain relationships and avoid social isolation. One relative told us told us, "They understand that [relative] is socially anxious and make sure that they get [relative] out of their room regularly, but they never push them. I think [relative] gets appropriate care for their condition."

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place and systems to investigate, respond to and learn from complaints received. We saw evidence how past complaints had been used to improve the service.

End of life care and support

● The provider had an end of life policy and the area director was able to tell us how people would be supported at the end of their lives in a caring, dignified, compassionate and pain free way.

● People were asked about their end of life wishes and the provider had systems in place to support people and their families during this time.

● No one in the home was receiving end of life care at the time of our visit. However, staff and managers were able to tell us how the have approached end of life care in the past.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was limited evidence to show how people, relatives and the public were being involved in the development of the service. Some relatives told us changes to management meant communication with them was sometimes poor. One relative told us, "The constant change in management styles means it has become disjointed in some areas and needs some continuity to bring it all together."
- The area director told us a 'resident and family' survey had recently started and the provider wanted to promote and build upon this to seek feedback about the service. The area director told us how 'manager walk rounds' and daily team meetings helped to gather and respond to feedback from people and relatives quickly.
- We saw the provider had installed an electronic touch screen feedback system in the reception foyer to enable feedback from people, relatives, professionals and members of the public.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some staff told us there had been some concerns with recent management changes. However, they felt the recently appointed home manager was approachable and brought stability to the service.
- We observed many examples of staff interacting in a respectful, polite and engaging way with people.
- The area director told us how they had plans to reconnect the home with the community, through the activities programme, now that COVID 19 restrictions had changed. This meant that people would be more able to engage in the activities they would like.

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

- Managers understood their roles and responsibilities and the provider had management systems in place when there was no registered manager in post. At the time of inspection, the home manager had applied to become the registered manager.
- The provider had robust quality assurance and governance arrangements in place. This meant the service was monitored to ensure safe and person-centred care.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

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

● The provider had a Duty of Candour policy in place and both the area director and home manager had a good understanding of the requirements under the duty of candour regulation.

● We saw examples how the provider had responded in an open and transparent way when incidents had occurred.

Continuous learning and improving care

● The provider had implemented new systems, such as an 'organisation monthly learning meeting' to drive service improvement.

● The managing director and area director responded constructively to feedback given during the inspection. They were able to tell us where improvement plans were already in place.

Working in partnership with others

● We saw examples of how the provider worked in partnerships with health care professionals to ensure people's health needs were being met. However, some relatives told us the provider did not always respond in a timely way to feedback and concerns raised.

● We observed how health care needs were raised in a daily meeting, to ensure people's care needs were being met by other health care professionals, such as district nurses.