

Contemplation Homes Limited

Acacia House Nursing Home

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

What life is like for people using this service:

- People received care and support based on their needs and preferences. Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care. People had good health care support from external professionals. Where staff noted a concern they quickly involved healthcare professionals, to achieve positive outcomes for people.
- Some people were concerned about the use of agency workers in the service because they felt that they did not receive the same level of care and dignity that they received from permanent staff, whom they all described positively. The registered manager and provider were aware of this concern and were working to reduce the impact on people of using agency staff. They tried to book in advance and ensure the same staff were used so they could get to know people and build relationships, while they recruited for new staff.
- Staff spoke positively about working in the home, telling us they 'loved' it. They were confident the service put people first while supporting staff to deliver good care. Management of the service were open to suggestions and keen to make positive developments. Following a recent safety concern, they reviewed their processes and implemented new systems to ensure staff had the knowledge and skills to prevent a reoccurrence.
- The service met characteristics of Good in all areas;
- More information is in Detailed Findings below.

Rating at last inspection:

Good (report published 23 June 2016)

About the service:

Acacia House Nursing Home is a residential care home that was providing personal and nursing care to 22 people aged 65 and over at the time of the inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The inspection was prompted in part by notification of a serious medicines error. The information shared with CQC about the incident indicated potential concerns about the management medicines. We checked this in looking at the quality and safety of the service.

Follow up:

There is no required follow up to this inspection however we will continue to monitor the service through information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Acacia House Nursing Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector, a pharmacist inspection, a Specialist nursing advisor and an Expert by Experience conducted the 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. The expert was a previously registered nurse who had managed a care home and also has personal experience of supporting an older person with dementia.

Service and service type:

Acacia House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection Acacia House Nursing Home provided both personal and nursing care for up to 27 people.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed information, we had received about the service since the last inspection.

This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people using the service and five relatives to ask about their experience of care. We also spoke with eight members of staff, including agency staff, the registered manager and a senior manager for the provider. Everyone we spoke to told us that the service had improved. Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert by Experience; pharmacist inspector and specialist advisor.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. People told us they felt safe living at the service.

Using medicines safely:

- Medicine administration was safe and medicines were stored appropriately.
- The temperature of medicines storage areas was checked daily and maintained at safe levels.
- Medicines records were clear and accurate.
- Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.
- People were supported to retain a level of independence and self-administer their medicines where assessments had deemed this was safe.

Learning lessons when things go wrong:

- When something goes wrong the service responds appropriately and uses any incidents as a learning opportunity.
- Following a serious medicine error, the provider had reviewed their systems for ensuring staffs' competency in the administration and witnessing of medicines. All staff's competence had been reassessed and further medicines calculation competency had been introduced.
- A senior manager also told us how following this incident they had agreed that they needed to source external medicines training which they were currently exploring.

Supporting people to stay safe from harm and abuse:

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- The registered manager kept records of their investigation into concerns and informed other relevant agencies.

Assessing risk, safety monitoring and management:

- Records reflected that risks had been assessed and plans implemented to guide staff about how to reduce these. However, at times some of these records required more detail about the monitoring of the risks and the action to take should the risk arise. This particularly related to risks associated with diabetes and epilepsy. The registered manager was aware of this and had begun to take action to address this.
- Staff told us they had access to sufficient information about people and could always discuss people's support with colleagues if this was needed.
- Staff had a good knowledge of the risks associated with people's care and had received training to support their understanding.
- Service records and equipment was safe and well maintained.

Staffing levels:

- The provider was using a number of agency registered nurses at the time of the inspection. One person said, "I don't always know them, I prefer the regular ones". Management were aware of the impact this could

have on people and were booking in advance to try and ensure consistency for people.

- People sometimes felt they had to wait a long time before their call bells were answered. One person told us, "Sometimes I have to wait for half an hour, it depends how busy they are" whilst another said, "I can ring the bell, they keep pretty good time. They're all busy so I mustn't expect perfection, I'm very well looked after". Our observations reflected staff responded promptly to people requests for support.
- There were sufficiently trained and experienced staff to meet people's needs and all appropriate recruitment checks had been completed.

Preventing and controlling infection:

- The service manages the control and prevention of infection well.
- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.

Is the service effective?

Our findings

Peoples' care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

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

- Peoples' needs were assessed before they moved into the home.
- Nationally recognised assessment tools were used to determine people's support needs.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience:

- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- Staff were supported to maintain their professional registration.
- All staff were supported through supervisions and appraisals.
- Staff received training and underwent annual competency assessments to ensure they had the skills and knowledge to support people effectively.

Eating, drinking, balanced diet:

- People had choice and access to sufficient food and drink throughout the day; food was well presented and most people told us they enjoyed it but could ask for something different if they wanted to. One person said, "The food is good, especially the dinners. They show me the menu and I choose, there's usually quite a few choices".
- People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- People received appropriate support during meals.

Healthcare support:

- Where people required support from external healthcare professionals this was organised and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as hospital.

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

- People were involved in decisions about the premises and environment. For example, they chose how they wanted their rooms and provided feedback about access to the garden which the provider was taking action to address.

- Appropriate equipment was available where needed to ensure staff could deliver care and support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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). 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 were being met.

- People told us they were asked permission before staff acted. One said "I consented to photos when I came here but don't always want to be in general ones so I say no".
- Staff ensured that people were involved in decisions about their care as much as they were able; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff and the registered manager understood their role and responsibilities in relation to DoLS. Application had been made appropriately and at the time of the inspection no one was subject to any conditions of their DoLS.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:

- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect.
- We overheard conversation between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- People told us permanent and most agency staff had a caring attitude. One person said, "They do their utmost to help me" and, "It's nice here because there's quite a lot of young nurses (carers) and they're all friendly". A second person told us, "The carers, oh yes you couldn't fault them except sometimes the agency people I don't always know them, I prefer the regular ones. A third said, "Are the staff caring? Yes, they're absolutely marvellous. When I was in hospital there was always someone I didn't like but not here" and, "When I first came in I hated giving up my independence but now I love it here" and, "They treat you nicely but you can also have a joke with them".
- People felt listened to and confident to talk to any staff about any concerns they might have.

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

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time.
- Staff understood peoples' communication needs and the registered manager assured us that information would be provided in a format that people needed to help them understand.
- The registered manager held 'Matron's teas' on a regular basis to ensure people could express their views. This was in addition to a suggestions box and annual survey requesting feedback.

Respecting and promoting people's privacy, dignity and independence:

- Peoples' right to privacy and confidentiality was respected.
- The service encouraged staff to speak up and challenge failings in how people were treated; Records reflected that staff showed genuine concern for people and were keen to ensure peoples' rights were upheld and that they were not discriminated against in any way.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. One visitor told us, "The staff are always very pleasant. Whatever time I come they welcome me".

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care:

- Although not everyone could recall being involved in the care plans we saw that these were based on knowledge gained about people; Relatives were also involved where they chose to be and where people wanted that. One person told us, "[registered manager] came to my home to see and assess me. Then three days ago [staff member] came in about my care plan, we update it every six months".
- Although peoples' needs were identified, the pre-admission assessment process did not always ensure peoples' protected equality characteristics were identified. The registered manager told us they would amend the document used to ensure this was covered. Despite this the registered manager and staff were confident any needs associated with peoples' protected characteristics would be met and were able to provide examples of how they had previously met specific relationship needs for people.
- Staff knew peoples' likes, dislikes and preferences. This information was gathered before people moved in and developed during their stay. Staff used this information to provide care for people in the way they wanted.
- Some care plans were personalised but the registered manager was aware that others needed to be more person centred and had implemented plans to ensure this development was made.
- Activities were planned monthly and a calendar displayed and given to people. Each week had a theme, for example, sensory, reminiscence, creative and physical.
- People enjoyed activities provided and were able to chose what they wanted to join in with. They described a variety of activities. One person said, "We had an active session in the afternoon last week, we had to lift up balloons and we do singing as well, I enjoy that" and another person told us, "[Staff's] very good and has some help now. We were making a mess yesterday with the hanging baskets I enjoyed that. We have cooking as well".

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of ways to do this.
- People and their relatives knew how to make complaints; One person told us, "When I first came here I made several complaints because they wouldn't let me shower on my own or have a kettle. They risk assessed me and now a carer stays outside the shower in case I need help".
- Records reflected any concerns were investigated, apologies provided and action was taken to address concerns.
- All except one relative felt that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. However, one relative told us whilst they saw immediate changes when they had raised concerns they did not feel these changes always lasted. The registered manager agreed to explore this further.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care but the care plans

could be further developed to ensure all these preferences were reflected.

- However, staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Appropriate professionals were involved as needed.

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service was well-run and well-led. Staff at all levels understood their roles and responsibilities and were confident in the registered manager.
- The service had effective systems in place to communicate and manage risks to care quality, which staff understood and used.

Plan to promote person-centred, high-quality care and good outcomes for people:

- Staff felt the service was open and transparent; Records reflected that apologies were given when people raised concerns about the care they received.
- Staff said they felt listened to and were enabled to provide feedback which they were confident was acted upon, to make improvements to the service.
- Staff felt respected, valued and supported and that they were fairly treated; They all believed the service aimed to provide good quality, person centred care to people.

Engaging and involving people using the service, the public and staff:

- The service involved people, their families, friends and others effectively in a meaningful way. For example, they used surveys and suggestion slips to gain feedback and we saw these lead to positive changes for people. For example, changes to the communal space had been made; following a request from people antiglare covering for windows in the communal space had been sourced.
- People and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture.
- One relative told us, "Communication here is very good. They put little note books in the bedroom where we can leave messages. Any ideas I might write in the book are responded to and carried out by the next day".

Continuous learning and improving care:

- Governance systems had changed since the last inspection and a variety of audits took place monthly. These processes were effective in identifying concerns and areas for improvement. For example, the registered manager had focused a review of care plans on those which related to eating and drinking. Actions required were shared with staff and we saw that improvements had been made.
- The service had a central action plan which all levels of management contributed to and monitored.
- The provider had recognised a need to improve records and increase time available for staff to spend with people. They were in the process of introducing an electronic care planning system to support this.
- Staff were held to account for their performance and staff provided feedback which suggested the service had a positive culture whereby they were encouraged to talk about how improvements for people could be made.

Working in partnership with others:

- Registered managers across the provider's group of homes met regularly with the senior management team and attended external forums to share learning and discuss best practice.