

Avery Homes Moston Limited

# Acacia Lodge Care Home

## Inspection report

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Date of inspection visit:

19 October 2022

25 October 2022

Date of publication:

12 January 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Acacia Lodge is a residential care home providing care and accommodation for up to 60 people. The home provides care over 3 floors, with 1 floor specialising in caring for people living with dementia. The home is in the New Moston area of Manchester and is close to local amenities. There were 58 people living at the home when we inspected.

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

Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe. Medicines were managed and administered safely, with regular checks completed. We were assured the measures taken by the staff team contributed towards the prevention and control of infections.

People told us they felt safe in the home and with the staff who supported them. Premises checks and all maintenance records were up to date. Required test and safety certificates were in place. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

The registered manager monitored staff deployment and ensured enough staff were always on duty. Processes in place ensured safe staff recruitment, with a range pre-employment checks completed. Risk assessments in relation to prospective new staff needed to be more robust.

Staff responded promptly and were attentive to people's needs. Care provided was personalised and supported people's preferences and wishes. People were supported by caring, friendly staff who knew their needs well. People told us staff were very kind and respectful.

People, their relatives, professionals and staff spoke positively about the management of the service. They had confidence in the leadership of the home. A range of audits and checks were completed to maintain and where required, implement any required improvements. The registered manager was keen to re-establish good working partnerships with professionals and local community groups following the COVID-19 pandemic, for the benefit of people living at the home.

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

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

### Rating at last inspection

The last rating for this service was outstanding (published 23 September 2019).

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk in relation to the use of equipment. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acacia Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 caring?**

**Good** ●

The service was caring.

Details are in caring findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Acacia Lodge Care 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 (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

The inspection team consisted of an inspector and an Expert by Experience. 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 Lodge 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 Lodge is a care home with residential care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. We visited the location's service on 19 and 25 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 and professionals who work with the service. The provider had completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 the registered manager and regional manager, the deputy manager, 2 senior carers, 3 care workers, a head housekeeper, maintenance, administrator and a member of the catering team.

We also spoke with 9 people living at the home, 5 relatives and a visiting health professional. We reviewed 4 care files in full plus other care records; 4 staff files; supervision records and a variety of records relating to the management of the service. These included electronic medication records, meetings, audits, policies, procedures and health and safety records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and looked at supporting documents supplied both manually and electronically.

# 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.

### Staffing and recruitment

- A dependency tool was used to calculate staffing levels and records were updated monthly or as people's needs changed. People we spoke with did say staffing levels could be improved. Comments from people included, "Having more staff would be good; sometimes I could do with more help;" "They could do with another person," and "I have no complaints; [the home] just could do with more staff."
- During our visit, we looked at rotas and observed there were sufficient numbers of staff on shift to meet people's care needs in the main. We observed care staff were under pressure on one unit at the lunch time service on our first day of inspection, and senior staff were available to assist.
- All the required checks were undertaken prior to a person commencing employment within the care setting, for example checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse.
- The registered manager had a good understanding of their responsibilities in protecting people from the risk of abuse. They knew to report to the local safeguarding team, notify the Care Quality Commission (CQC) and contact the police where applicable, should abuse be suspected.
- Staff had received training on safeguarding and understood their responsibility to record and report any concerns.

### Assessing risk, safety monitoring and management

- Assessments of risk posed by prospective employees had taken place where this was warranted. Whilst we were assured people remained safe, these needed to more accurately reflect the level of risk and how this had been mitigated. We discussed this with the registered manager who took this on board for the future.
- Risks associated with people's health and care needs had been identified and kept under regular review. This included risks around specific health conditions, mobility, skin integrity, nutrition and medicines.
- Risk assessments were reviewed when changes in people's needs were observed. Electronic systems were updated, and staff were kept informed of any changes; staff had access to the information they needed to manage risks and keep people safe.
- Risks within the environment were identified and actions taken to manage these. For example, regular checks and servicing were carried out on equipment, fire safety systems and water temperatures.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Two DoLS authorisations we reviewed contained conditions. The service could demonstrate these were being met with the care provided and care planning processes in place.

#### Using medicines safely

- Staff managed people's medicines safely. People told us they received the support they required with their medicines. One person said, "They [staff] look after that for me; I prefer it that way. Any changes they let me know."
- The provider used an electronic system to manage the administration of medicines. Staff who were trained to administer medicines, demonstrated their knowledge of the system and process.
- Details about people's medicines were documented for staff to view. Staff followed personalised guidance to help ensure people received their medicines safely and according to their preferences.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the safe handling and administration of medicines.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

#### Visiting in care homes

There were no restrictions placed on visitors to the home. Government guidance around visiting had been followed. We were assured that the provider ensured visitors entered the service safely. Mechanisms were in

place to help prevent any visitors from catching and spreading infections. The home was spacious with lots of communal areas where visits could take place. People could meet with visitors in their own rooms if this was their preference.

#### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Incidents were fully documented with staff statements were appropriate.
- Incidents that had occurred were responded to appropriately and action was taken to minimise the risk of similar incidents or accidents happening again.
- Learning from incidents and accidents was discussed, shared with the staff team and acted upon. The registered manager shared incidents that had occurred at other homes within the group with staff, to help with their learning and to reduce the risk of anything similar occurring at Acacia Lodge.

# 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 outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The home operated a protected mealtimes policy so people could eat and be supported to eat with privacy and dignity.
- On the first day of inspection a visiting health professional attended to 3 people who were waiting to be served their lunch. This was not dignified practice and we brought this to the registered manager's attention. They told us this was not a regular occurrence and took steps to make sure this would not be repeated.
- Staff understood the importance of maintaining dignity, privacy and providing compassionate care and support. One relative explained how the home had encouraged and promoted their family member's independence and told us, "The home has done a really good job."

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

- We observed sensitive interactions between people and staff, who showed empathy and understanding when this was required.
- Staff also shared laughs and conversation to encourage and reassure people. One person said they had had enough to eat, despite having very little. The carer left a few sandwiches and gently said, "Just in case you change your mind," which the person did.
- We received positive feedback from people and their relatives both during and after inspection; they told us staff were kind and caring. One relative said, "It really does make the difference when I see the care and attention [family member] gets."
- This kindness was extended to family members as relatives felt fully supported by staff.

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

- People told us they were actively involved in the planning of their care and were supported to express their views. One person told us, "Oh yes; very much so. They discuss it with me and let me know of any issues."
- People told us staff encouraged and supported them to be as independent as possible.
- People enjoyed consistent care from regular staff who knew them well. One person told us, "I like it here; I'm very, very comfortable. I'm made to feel special."

# 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 outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and processes were in place to assess, monitor and review quality and safety. The registered manager and staff team understood their roles and responsibilities.
- The registered manager and senior team carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve practice when audits identified issues.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare and had sent us notifications relating to significant events occurring within the service.
- The registered manager took on board our findings during the inspection and took any necessary action, for example in relation to recruitment risk assessments, updates to the Statement of Purpose and the undignified actions of the health professional.

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

- There was a positive culture at the service. People and their relatives spoke highly about the way the home was managed and the care that people received from the staff team.
- It was evident from our observations and conversations that people, their relatives and staff knew and had confidence in the leadership of the home.
- There was clear leadership and oversight at the service from the registered manager, with support from a deputy manager and senior management within the wider company.
- Staff knew people well. They spoke about people and supported them in a very caring way.

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

- If mistakes were made, the registered manager understood they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager knew what type of events they needed to notify us and other organisations about.

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

- The provider engaged well with people, their relatives, staff and other professionals, and promoted the

company's #onefamily values.

- People and their relatives had opportunities to provide feedback about the service including about the care people received.
- Staff told us about the good teamwork and the support they received from the registered manager and other senior staff. Daily meetings for managers, handovers and staff meetings ensured all staff were kept informed and involved.
- People's relatives spoke highly of the registered manager and other senior staff and were confident any incidents and care concerns would be shared with them. One relative told us, "I can always voice my concerns."
- Relatives told us they received regular updates by telephone or email.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other health and social care organisations and agencies, in order to help improve the quality of care for people.
- People living in the home ultimately benefited from this joint-working approach and had their individual health needs met.
- One health professional we spoke with told us management were proactive when it came to the well-being of people in their care and told us, "They know their residents; they're on it straight away."
- The registered manager was working hard in re-establishing good community links that had lapsed due to the COVID-19 pandemic.