

Laburnum House (Shaw) Limited

Acacia Court

Inspection report

17-19
Roe Lane
Southport
PR9 9EB

Tel: 01704541034

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Acacia Court is a residential care home located in Southport. The home provides accommodation for up to 27 people across three floors. People have access to a communal lounge, dining area and a spacious garden. The service provides support to older people including people living with dementia. At the time of our inspection there were 24 people using the service.

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

There were systems in place to monitor the quality and safety of the service. However, some missing information in people's care records and lack of detailed protocols for 'as and when required' medicines had not been identified by the provider. Overall, we were assured medicines were safely managed.

Individual incidents were reviewed and action was taken to reduce the risk of recurrence. However, the manager did not always robustly analyse overall themes and trends to identify additional opportunities to improve safety. We have made a recommendation about this.

The environment was not fully designed to meet the needs of people living with dementia. However, a recent survey had been conducted by an external agency who specialise in environmental design for people living with dementia and an action plan was underway to make the necessary improvements. The communal areas of the home and people's bedrooms were clean and hygienic.

At the time of the inspection, no structured activities plan was in place. However, our observations found people were generally engaged. Before the end of the inspection, a full activity plan was put in place which was designed to offer meaningful stimulation and meet people's social needs.

Risks to people's health and safety were assessed and measures were in place to mitigate the risk. Staff knew people's individual risks and followed control measures needed to keep people safe. Staff were knowledgeable about people's dietary needs and supported them to maintain adequate nutrition and hydration levels.

People were protected from abuse. Staff received appropriate training and were clear on the potential signs of abuse and how to raise concerns.

Overall, staff were safely recruited and deployed in sufficient numbers to meet people's needs. Staff received a thorough induction and completed mandatory training to enable them to carry out their job roles effectively. The provider understood the need to arrange specialist training to enable staff to understand and meet the needs of people who were living with dementia.

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.

People received a responsive and person centred service. There were effective systems in place for staff to escalate any concerns they had about people's health, ensuring appropriate input and advice from relevant health professionals was sought and acted upon. Relatives were positive about the care and support their loved ones received and told us staff go above and beyond to ensure their loved ones are well cared for. People received sensitive support to maintain their privacy, dignity and independence.

The provider understood the importance of making information accessible. Staff were committed to ensuring they could communicate with people effectively.

Processes were in place to gather feedback from people and relatives. We found feedback was used to improve the quality of the service. There was an effective complaints management system in place. Staff told us the manager was approachable and listened to any concerns they had.

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

Rating at last inspection

This service was registered with us on 18 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 6 November 2018.

Why we inspected

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

Recommendations

We have made a recommendation about the analysis of accident and incident trends. Please see the well led section of this report.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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

The inspection was carried out by 2 inspectors on the first day and 1 inspector on the second day.

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 manager had submitted their application to register with CQC.

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. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 members of staff including the manager, regional manager, senior care staff, care staff and the chef. We spoke with 2 people and 3 relatives about their experiences of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including 5 people's care records, multiple medication administration records, and 3 staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service.

We reviewed evidence that was sent to us remotely as well as seeking clarification from the provider and manager to validate evidence found. We looked at audit and governance data, as well as policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed, monitored and mitigated.
- Staff knew people's individual risks and followed control measures needed to keep people safe. However, care planning records did not always detail these measures. For example, a person's falls risk assessment did not reflect the use of monitoring equipment. We raised this with the manager who took action to update the records during the inspection.
- Individual incidents were reviewed, and action was taken to reduce the risk of recurrence. However, the manager did not always robustly analyse overall themes and trends to identify additional opportunities to improve safety. We have referred to this further in the well led section of the report.
- Our observations found several fire doors did not meet the required fire safety standards. However, the provider had already identified this and had engaged the relevant professionals, including the fire service, to undertake checks. We saw advice was acted upon and we were assured enough action had been taken to mitigate risk while work was carried out to replace the fire doors.

Using medicines safely

- Overall, we were assured medicines were safely managed.
- Effective processes were in place to ensure medicines were administered as prescribed.
- Protocols for the administration of 'as and when required' medicines were in place. However, they were not always sufficiently detailed to effectively guide staff on when to administer these medicines. While the manager took action to update the protocols before the end of the inspection, previous audits did not identify this. We have referred to this further in the well led section of the report.
- Staff with responsibilities for managing medicines had completed the relevant training and underwent regular competency checks.

Preventing and controlling infection

- The communal areas of the home and people's bedrooms were clean and hygienic.
- Staff used and disposed of PPE effectively to reduce the risk of infection spread.
- Relatives told us there were no restrictions on them visiting their loved ones. We observed many visits taking place during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Staff received appropriate training and were clear on the potential signs of abuse and how to raise concerns.

- People and relatives told us staff provided safe care. A relative told us, "When I leave, I feel [person] is in good hands".

Staffing and recruitment

- Overall, staff were safely recruited and deployed in sufficient numbers to meet people's needs.
- Staff were visible around the home and readily available to support people when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The environment was not fully designed to meet the needs of people living with dementia. However, a recent survey had been conducted by an external agency who specialise in environmental design for people living with dementia and an action plan was underway to make the necessary improvements.
- The provider encouraged the use of technology to create an enabling environment that promoted independence and supported wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were knowledgeable about people's dietary needs and supported them to maintain adequate nutrition and hydration levels.
- Most people and relatives provided positive feedback about the food. We observed a good standard of food during the inspection.

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.

- People's mental capacity was assessed in line with the principles of the MCA.
- Applications to legally deprive a person of their liberty were completed when required.
- Staff understood the importance of gaining people's consent prior to delivering care and we observed this

taking place during the inspection.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and completed mandatory training to enable them to carry out their job roles effectively.
- The provider understood the need to arrange specialist training to enable staff to understand and meet the needs of people who were living with dementia. For example, the provider arranged for staff to attend a training session on the 'Dementia bus'. This virtual simulator provides insight into what living with dementia is like.
- Staff told us they felt well supported in their roles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs and risks were assessed in detail. The assessments formed the basis of people's care and support plans.
- There were effective systems in place for staff to escalate any concerns they had about people's health, ensuring appropriate input and advice from relevant health professionals was sought and acted upon.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a strong, person-centred culture amongst the staff. Staff were caring, compassionate and were proud to work at the home.
- Relatives were positive about the care and support their loved ones received and told us staff go above and beyond to ensure their loved ones are well cared for. Comments included, "In terms of their warmth, they [staff] are genuinely caring people" and "Feels like a home from home for us, right from the first day the atmosphere felt very nice, warm and friendly."
- Our observations found staff were caring in their approach, and we observed several kind interactions between people and staff throughout the inspection.

Respecting and promoting people's privacy, dignity and independence ; Supporting people to express their views and be involved in making decisions about their care

- People received sensitive support to maintain their privacy, dignity and independence.
- Detailed communication care plans were in place to guide staff on how to effectively communicate with people according to their needs and preferences. We found picture cards were used for one person to ensure they were involved in day to day decisions about their care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- At the time of the inspection, no structured activities plan was in place. However, our observations found people were generally engaged. Friendships had formed in the home and we observed people gathering in the lounge and talking and taking part in activities such as bingo. The provider had already identified the lack of structured activities for people. Before the end of the inspection, a full activity plan was put in place which was designed to offer meaningful stimulation and meet people's social needs.
- The manager understood the importance of taking action to avoid people feeling isolated. For example, they recognised a person's religious and cultural needs and took action to ensure they had an opportunity to engage with their religious community outside of the home.

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

- People received a responsive and person centred service.
- Detailed care plans were in place that considered people's whole life needs and staff knew people well including their likes, dislikes and preferences.
- People and relatives provided positive examples of how the home supported them in a person centred way and described how they achieved good outcomes as a result.

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 importance of making information accessible and meaningful. Policies and procedures were available in an easy read format.
- Staff were committed to ensuring they could communicate with people effectively. A relative told us, "they [staff] are very good with communication, some of the staff have shown interest in saying one or two words in [person's] language and asked me to teach them."

Improving care quality in response to complaints or concerns; End of life care and support

- There was an effective complaints management system in place. Complaints were appropriately investigated and responded to.
- Care plans contained information about people's end of life wishes and staff received training in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a system in place to record and analyse accidents and incidents. However, a robust analysis of incident trends did not always take place. This increased the risk of the manager failing to identify if further action could be taken to reduce the likelihood of incidents re-occurring.

We recommend the provider considers current best practice guidance on the analysis of accident and incident trends and take action to update their practice accordingly.

- There were systems in place to monitor the quality and safety of the service. Audits showed concerns with areas of care provision were generally identified and addressed. However, there was some missing information in people's care records and the lack of detailed protocols for 'as and when required' medicines had not been identified. The provider was responsive to these findings and shared their plans for improving auditing processes.

- There was a daily process in place for the manager to walk around the home to identify any health and safety hazards in the environment. However, records showed only two checks took place in December 2023 and this meant opportunities to identify hazards were missed. The manager understood the importance of these checks and committed to completing these checks daily following the inspection.

- The manager understood the requirement to notify CQC of certain events. However, we found there was a delay in submitting some notifications to the commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Processes were in place to gather feedback from people and relatives. We found feedback was used to improve the quality of the service. For example, feedback provided about the lack of hot food at breakfast resulted in a change to the menu.

- Staff told us the manager was approachable and listened to any concerns they had. Staff were supported to provide feedback during regular supervision meetings.

- The manager embraced the inspection process and used it as a learning opportunity.

- The provider worked in partnership with the fire service to ensure people's safety in the event of a fire while planned works were carried out in the environment.

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

outcomes for people; 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 culture of the service focused on ensuring people received person-centred care that met their needs and preferences.
- The manager understood their responsibilities under duty of candour. Relatives told us the manager was open and honest with them.