

GN Care Homes Limited

Acorn Manor Residential Care Home

Inspection report

202 Pooltown Road
Ellesmere Port
Cheshire
CH65 7ED

Tel: 01513554089

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Acorn Manor is a residential care home that was providing personal care to 15 people at the time of the inspection. The home can accommodate up to 40 people over two floors with all communal facilities being on the ground floor.

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

The provider had not ensured they always took steps to effectively monitor and improve the safety and quality of the service people received. The provider had not fully implemented good practice recommendations made by external agencies in relation to the environment and equipment and to minimise the risk to people's health and safety.

Some areas of the service had not been well maintained and were in poor state of repair. These issues increased the risk of infection and of harm occurring.

The fire service has issued an enforcement notice which the provider must complete by the 2 March 2020.

We have made a recommendation about the adaptation of the environment to meet the needs of people living with dementia.

The provider no longer employed an activities organiser and the range of activities on offer to people was limited. People enjoyed the visiting entertainers and had a choice of where they spent their time.

Some improvements had been made to the governance of the service. Audits had been introduced, health and safety checks had been undertaken and people's confidential information was stored securely. Staff spoke highly of the registered manager and the changes that had been introduced.

Improvements had been made to the assessment and care planning processes. Each person had a care plan in place. People's needs had been assessed and a care plan implemented describing the support people needed. People's care had been planned with them, and where appropriate, their family members involvement.

People's mealtime experience had improved. People were receiving the support they needed to eat and drink. People's dietary needs and preferences were catered for and people enjoyed the variety of homemade meals and the snacks on offer.

The support staff received had improved. Staff had received the induction, training and supervision they needed to carry out their role. There were sufficient numbers of suitably qualified and safely recruited staff on duty to meet people's needs.

People were treated with dignity and respect by kind and caring staff that knew them well. People and their relatives were happy with the care people received. They had the opportunity to give their views and felt able to raise any concerns they may have.

People received their medicines when they needed them and referrals were made to healthcare professionals when people needed their support and advice.

There were systems in place to protect people from the risk of abuse and people felt safe living at the service. Accidents and incidents were recorded and monitored by the registered manager for themes and trends and action was taken to reduce the risk of re-occurrence.

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

Rating at last inspection and update

The last rating for this service was inadequate with multiple breaches of the regulations (published July 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been made but the provider remained in breach of regulations.

This service has been in Special Measures since 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report.

Enforcement

We have identified breaches in relation to the safety of the premises and equipment and the overall governance of the service. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

Details are in our well led findings below.

Requires Improvement ●

Acorn Manor Residential 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Acorn Manor Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The first day of 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 and professionals who work with the service including the local infection prevention and control team and the fire service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection

During the inspection

We spoke with two people who used the service and were able to give us their views, two relatives and a visiting pharmacist about their experience of the care provided. We spoke with nine members of staff including the registered manager, nominated individual, senior care workers, care workers and the chef.

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. This included eight people's care records and four people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection there was a failure to ensure the safety of individuals, the premises and the equipment within it. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 15.

- The provider had not ensured the premises and equipment were always suitable for the intended purpose and maintained. Some areas of the service and equipment were in a poor state of repair and had not been formally identified by the provider as needing addressing. For example we observed dining room chairs that were chipped and floors in many areas of the service were in need of replacing or were not sealed to the wall. These issues posed a risk to people's health and safety.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. The above evidence demonstrates a breach of Regulation 15 (Premises and Equipment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were used to identify risks to people's safety and plans were in place with how to minimise them.
- Key checks on the safety of the premises had been undertaken.
- The temperature of the hot water outlets had been checked and were within the temperatures recommended by the Health and Safety Executive.

At our last two inspections we found that safe fire procedures were not consistently followed to ensure people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. These improvements need to become embedded into day to day practice and be sustained.

- The fire service had issued the provider with an enforcement order which was due to be completed by 2 March 2020.

- Staff had completed fire safety training and simulated evacuations to make sure they knew what to do in the event of a fire. One staff member confirmed they had completed fire marshal training and told us, "Before they (new staff) start they need to know the fire procedures."
- Plans were in place outlining the support people required in the event of an evacuation. Key checks on the safety of the premises had been undertaken and were up to date. One person told us "They tell us about the fire alarm, they warn us, so we don't jump out of our skins."

Staffing and recruitment

At our last inspection we found staff were not deployed effectively to meet people's care and treatment needs. This was a breach 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff on duty to meet people's needs. One person told us "There are always staff available to help".
- Checks had been made to ensure that staff employed at the service were of suitable character.

Preventing and controlling infection

- Improvements had been made, staff had received training in infection prevention and control and wore personal protective equipment appropriately.
- Further improvements were needed to make sure the recommendations made by the local infection control and prevention team were completed.

Using medicines safely

- Improvements had been made and medicine were stored at the correct temperature and staff had access to guidance for when to administer 'as required' medicines.
- People's medicines were ordered, administered and returned in accordance with best practice guidelines. People confirmed this.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager to identify themes and trends.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made. All staff had received up-to-date training in safeguarding adults.
- One incident which affected the safety of a person had not been reported to the local authority as per local protocol however this had not happened since.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we found that staff had not received appropriate support, training and supervision to enable them to carry out their duties that they were employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. These improvements need to become embedded and sustained.

- All staff had undertaken an induction before they worked unsupervised and completed training essential to their role. One staff member commented "New staff have a week and a half of shadowing and coming in to read care plans, sign everything and introduced to people."
- Staff had received supervision with their line manager and annual appraisals had been booked.
- Staff felt supported and were able to speak to the registered manager or a senior care worker at any time.

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

At the last inspection we found people did not always receive the support they needed to eat and drink. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14. These improvements need to become embedded and sustained.

- Improvements had been made and people taking meals in their rooms received the correct level of support to eat and drink.
- Hydration stations had been introduced into the communal lounges and dining room and snacks were offered to people throughout the day.
- People's individual dietary requirements, preferences and choices were met. People were very complimentary about the meals on offer which they enjoyed. One person told us "The food is good. I always enjoy it."

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

At the last inspection we recommended that the registered provider seek advice from a reputable source to ensure that changes to the environment are designed and suitable to support the needs of people living with dementia.

- Although some improvements had been made, the provider had not sought advice as recommended and further improvements were needed.
- Some areas of the service had been redecorated. Signage had been added to help people orientate themselves around the building.

We recommended that the registered provider seek advice from a reputable source to ensure that changes to the environment are designed and suitable to support the needs of people living with dementia.

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 had been holistically assessed to and plans were in place for how their needs and choices would be met.
- Staff referred people to other agencies where appropriate and any advice given was followed.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where needed applications had been made for DoLS authorisations.
- People's care plans documented what decisions a person could make or what support they required.
- Where people had appointed a power of attorney the relevant documentation to evidence this had been obtained.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question had improved 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

At the last inspection the provider had failed failure to ensure that records were maintained securely and confidentially. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvement had been made. People's care plans and other information relating to them were stored confidentially.
- Staff respected people's right to maintain a private life and supported people to maintain relationships with people that mattered to them.
- People were supported to be independent. One staff member commented, "Some people like to walk so it's good there is long corridors; (name) likes to be left to walk without supervision." They also confirmed to us that people were involved in choosing what they wore and that some people dressed themselves.

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

- People said they were well cared for and the staff were patient and kind. One person told us "They are good to us these girls. They do look after us well".
- Staff had received training around equality and diversity and knew people well. People were supported to get up and go to bed at times that suited them. One staff member commented "We work in their home, people can do what they want, we are here for them."
- People received support in a timely manner.

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

- People told us that staff listened to them and respected their views. We observed one person chose not to go to the dining room at lunch time and heard staff say to the person "That's ok you stay here, and we will bring your lunch to you."
- We saw when people were offered their medicines staff explained what they were and what they were for.
- People were able to give their views in various ways including through one to one meetings, review meetings and customer satisfaction surveys.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At the last two inspections care plans and risk assessments were not always in place or regularly reviewed and updated. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made. Each person had care plan in place outlining the care and support they needed. However, some sections of some care plans contained only very basic information, and some contained some inconsistencies which needed addressing.
- Staff had a good understanding of people's needs and knew how people liked to have their support provided.

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

- We saw very little was offered to people to help occupy their time and stimulate them and the provider no longer employed an activities organiser.
- We observed the television was on most of the time but most of people in the room were not watching it. One person told us they liked watching films and commented, "If there's a film on they'll come and tell me, and I might go and watch it."
- People told us, and we saw they enjoyed the entertainers that visited the service. One person told us "I liked the children singing at Christmas and I like the visiting singers that come."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The pre-assessment and care planning documents included information about people's communication needs.
- Staff showed patience and took time to communicate effectively with people.

Improving care quality in response to complaints or concerns

- The registered manager informed us that no complaints or concerns had been raised since the last inspection.
- Information about how to make a complaint was provided to people when they moved into the service and was on display on the notice board.

End of life care and support

- No one living at the service was receiving end of life care.
- Where people had made a decision around future resuscitation wishes, the appropriate documentation was in a person's care file.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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; 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

At the last two inspections the provider had failed to ensure there were robust systems in place to effectively monitor the safety and quality of the service and drive improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not always acted to improve the quality and safety of the service people received. Good practice recommendations made by external agencies including a fire risk assessor and the local infection prevention control team had not been fully implemented.
- Systems in place to monitor the quality of the service were not always effective at identifying shortfalls and driving improvement.
- The provider had failed to provide information to the CQC when requested.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to effectively monitor the safety and quality of the service and drive improvement. This was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the last inspection, the registered manager sent to us plans detailing the action they would take to meet the recommendations made by external agencies.
- Staff spoke highly of the registered manager and felt they had brought about improvements. When asked their views of the registered manager one staff member commented "I find their management really good, refreshing; the door is always open, I can talk to them about anything. The manager is always chasing us to make sure that we have done everything."
- Accidents and incidents were monitored by the registered manager to identify themes and trends.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was visible in the service and had an open-door policy whereby people could speak to them at any time.
- The service was working with health and social care professionals to meet people's assessed needs.
- Improvements had been made and staff meetings had taken place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured the premises and equipment were always maintained and suitable for their purpose.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the systems in place for the monitoring of the safety and quality of the service were robust and implemented effectively.</p>

The enforcement action we took:

A number of conditions were imposed on the registration of both the registered provider and registered manager. They must attend a course on governance and auditing practices of care services. An appraisal : including details of any further training, support and professional must be carried out in regards to the competency of the registered manager and the nominated individual. Timescale's were imposed for completion and evidence to be provided to the commission