

Acorn Health Care Limited

Acorn Lodge

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 

Overall summary

This inspection took place on 4 and 5 November 2014 and was unannounced.

The home was previously inspected on 13 September 2013. We found concerns with regard people not being consulted about the care they required and their preferences or wishes were not taken into account. Legislation and guidance had not been followed to protect the rights of people who lacked the capacity to make decisions. At this visit we found that appropriate action had been taken to meet this standard. The registered manager and staff acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Acorn Lodge is a nursing home for up to 40 older people living with dementia. At the time of this inspection there were 33 people accommodated. Everyone accommodated lived with dementia and 20 people needed help with mobility.

A registered manager was in post when we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

During our inspection the registered manager and the owners were present. They made themselves available to us so we were able to ask questions about the service and to share our findings with them.

People and their relatives said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. They told us that the registered manager and the providers were available on a daily basis and were approachable.

People told us that they were happy with care they received. We found that people received care and support that they needed to meet their individual needs. Staff responded appropriately to people's individual needs, including nursing care and dementia care.

Staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They confirmed they had received training in these areas. People's representatives had been involved in decision making processes when people lacked capacity to consent and DoLS applications had been made to ensure people's human rights were upheld.

People said that the food at the home was good. There was evidence of people being offered choices in relation to food and drink. Where necessary people were given help to eat their meal safely and with dignity.

We heard staff speaking kindly to people and they were able to explain how they developed positive caring relationships with people.

People said they were happy and comfortable with their rooms and we saw that they were attractively decorated with some personal touches including photographs and memorabilia. Signage within the home was provided to assist people living with dementia to find their way around independently.

People, their relatives and staff told us that there were enough staff on duty to support people at the times they wanted or needed.

Staff said that the registered manager and the owners were very supportive and were present in the home on a daily basis. The registered manager provided support both on a one to one basis and in groups. Training was provided during induction and then on an on-going basis. A training programme was in place that included courses that were relevant to the needs of people accommodated.

Summary of findings

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.

Risks to people had been managed safely.

Staff understood the importance of protecting people from harm and abuse.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's care needs were managed effectively.

When people did not have the capacity to consent suitable arrangements had been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) as applications to deprive people of their liberty had been made. Therefore people's rights were protected.

Good



Is the service caring?

The service was caring.

People were supported by kind and friendly staff who responded to their needs quickly

Where possible, people exercised choice in day to day activities throughout the day.

Good



Is the service responsive?

The service was responsive.

Staff responded appropriately to people's individual needs.

People were supported to maintain relationships that were important to them.

People and their representatives had opportunities to give their views about the service they received. They felt able to raise concerns and the provider responded to any issues people raised.

Good



Is the service well-led?

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and clear about their roles and responsibilities.

Quality monitoring systems were in place action taken to address shortfalls in the quality of the service provided to people.

Good



Acorn Lodge

Detailed findings

Background to this 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.

This inspection took place on 4 and 5 November 2014 and was unannounced.

The inspection team was made up 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. The expert's area of experience was caring for someone who lived with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the visit we examined the PIR, previous inspection reports and notifications we had received. A notification is information about important events which

the provider is required to tell us about by law. We also contacted by email health care professionals and other stake holders who routinely visited the service. They included two GP's, two social workers, a tissue viability nurse, a dietician and a chiropodist. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with five people who used the service, four relatives, three staff on duty and a visiting community psychiatric nurse (CPN) who worked with the local Living Well with Dementia team. Most people living at the home were unable to tell us about their experience of the service because they had difficulty with verbal communication. We used the Short Observational Framework for Inspection (SOFI) over lunch time. SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also carried out general observations of the care provided to people.

We reviewed records relating to the management of the home including four weeks of menus, the provider's quality assurance records, the supervision records of three members of staff, staff rotas for a period of four weeks, minutes of recent staff meetings and the training records of all the staff employed at Acorn Lodge. We also reviewed the care records of five people.

Is the service safe?

Our findings

People we spoke with told us they felt safe living there. One person said, “The staff are ever so kind. They check up to see if I am alright. They are lovely.”

A relative told us, “It feels safe here. My wife seems happy. She is always smiling when the staff speak with her. I cannot fault the staff; they are great.” Another relative told us that they visited daily and often watched how the staff worked with people. They told us there was always staff about and when, sometimes, people’s behaviour became challenging the staff knew how to manage such incidents in a calm and professional manner.

People’s safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to their registered manager or to the nurse in charge. Records showed that staff had received training to ensure they understood what was expected of them.

There was a system in place to identify risks and protect people from harm. Risk assessments identified where people required help. For example, they identified people who were at risk of pressure sores and malnourishment. Staff explained that the skin condition of some people needed to be monitored and managed carefully to prevent wounds occurring. Staff also explained they were expected to turn people regularly, keep their skin clean and ensure pressure relieving equipment was in place. Care records we looked at demonstrated the staff had taken the necessary action at appropriate intervals to prevent damage to people’s skin. The registered manager advised us that they had regularly sought advice from other health care professionals to ensure people’s skin integrity has been well managed. A tissue viability nurse informed us, “All of the referrals have been made at the right time and were appropriate. Five referrals were routine visits to assess the resident’s wound care needs and give advice to the staff and the residents about their on-going management.”

There were sufficient numbers of staff to ensure people were safe. We observed care being provided to people during the course of our inspection. There were enough

staff to respond and meet people’s needs at a time when they needed it. The registered manager assessed staffing needs by reviewing each person’s care plans and by direct observations of individual care needs each month, or more frequently if required. The registered manager confirmed this information was used to determine the staffing levels required. We looked at staffing rotas that covered a four week period. They demonstrated that consistent levels of staff had been provided to meet people’s needs.

There were effective staff recruitment and selection processes in place. Staff we spoke with confirmed they were expected to complete and return an application form and to attend an interview. This included information about their previous employment, education and their current health. We examined recruitment records of three staff members. They provided documentary evidence that the necessary checks that had been undertaken before staff commenced work. The practice for administering medicines was safe. We observed the nurse administer medicines at lunch time. They checked records to make sure the medicine and the dose were given to the correct person at the right time. When necessary, people were asked if they required pain killers in line with prescription guidance. The nurse also confirmed they knew how the administration of medicines should be recorded and how they should be stored safely. Medication Administration Records (MAR) were up to date and recorded when and how medication had been administered safely and as prescribed. A relative told us that medicines had always been given at the correct time. They also commented that staff responded immediately to adverse reactions to any changes in medication made by the GP. Staff contacted health care professionals for advice to ensure the person was safe.

Premises were well maintained and maintenance work carried out as required. We saw that legal requirements such as gas and fire safety checks were up to date. General maintenance tasks were undertaken as required. People had equipment relevant to their needs, such as wheelchairs, hoists and bathing aids. Checks were completed to ensure they were safe to use.

Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen

Is the service safe?

circumstances such as the outbreak of fire or in the event of power cuts. Staff had received fire safety training and there was information for emergency services located in the reception area of the home.

Is the service effective?

Our findings

People told us they enjoyed the food provided. One person said, “The lunch was nice. The cooks prepare very good food. I like to eat in my room; this is my choice.” Another person told us, “I like mainly fish and stews. I don’t like the meat, but they do give you a choice.” A third person commented, “The staff give you time to eat.”

At lunch we observed people were supported to eat and drink. Where people needed a soft or pureed diet the food was presented separately on the plate so that it retained its natural colour and was appetising to the eye. The atmosphere was pleasant and unrushed to make sure people enjoyed their meals and had enough to eat and drink. Staff asked people what they would like to drink and prompted people to take regular drinks throughout the day. Jugs of water were made available to people in their bedrooms.

The majority of people ate their meal in the dining room or adjacent lounge. Three people had chosen to eat their meal in their own rooms and this was respected. There were a number of people who required help to eat. The meal time was staggered to ensure people had time to eat their meal at their own pace. Those who could eat independently were able to do so; there was enough equipment, for example plate guards and adapted cutlery, for people to use, to help maintain their independence. Throughout the meal we observed staff stop at each table to talk to people and offer encouragement where needed. One person was struggling to use a fork and sometimes used their fingers to eat. The staff would stop at their table from time to time to offer assistance and encouraged them to try to use a spoon instead.

A dietician told us that the registered manager had demonstrated to them how they have ensured the safety of people by, “The timely and accurate use of a screening tool to identify the risk of malnutrition.” In care records we saw the monthly nutrition screening tool had been completed. Staff also told us that some people required soft diets, pureed food and special diets because they were at risk of choking or malnutrition. There was also sufficient information recorded in care plans for staff to follow so that identified people could be supported safely.

Where people lacked mental capacity to make decisions the registered manager and her staff were guided by the

principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in their best interests. The person’s family, health and social care professionals, who were involved in their care had been consulted in order to decide which course of action would best meet their needs and keep them safe. Care records demonstrated that mental capacity assessments had taken place and that, where necessary, relatives and other agencies had been consulted to make a best interest decision on behalf of people.

Guidance and procedures were available for staff to help them understand what was expected of them with regard to the MCA. Staff demonstrated they acted in line with its main principles by offering day to day choices to people. For example, staff asked people what they wanted to wear or what they wished to eat or drink. Staff also ensured that they got consent from the person

before providing care to them. A staff member said, “I go to the resident and ask how they are feeling. I ask them what they would like to have and explain the choices that are available”. Another member of staff said, “We must ask people what their preferences are. We must offer them choice, for example if they would like tea or coffee. We should not avoid communicating with them, we need to ask them.”

The provider had applied for and had obtained Deprivation of Liberty Safeguards (DoLS) authorisations for four people. These safeguards protect the rights of people by ensuring that any restrictions to their freedom or liberty has been authorised by the local authority as being required to protect the person from harm. Following discussion, the registered manager demonstrated she was aware of the principles which governed the lawful use of DoLS.

People were supported to maintain good health by having regular access to health care services. We contacted by email health care professionals who routinely visited the service. We received responses from a GP, a tissue viability nurse, a dietician and a chiropodist. We also spoke with a visiting community psychiatric nurse (CPN) who worked with the local Living Well with Dementia team. They confirmed they had received appropriate referrals from the registered manager to ensure people had access to healthcare services and receive ongoing healthcare support.

Is the service effective?

A relative informed us of an incident when their family member's medicine had to be changed. Initially, this had an adverse impact on their health. They said, "Staff immediately contacted me and the other agencies involved. We worked together to get the medication sorted out."

We asked members of staff about their induction when they first stated to work at Acorn Lodge and how they have been supported in carrying out their duties. One said, "During my first two weeks I had to work with a senior member of staff and, during the second week, I was supervised by the same person." Another member of staff said, "We get supervision every two months. It gives us an opportunity to discuss any problems at work. We can also talk about our training needs. I am happy at work. I feel well supported."

Staff were trained in areas that included health and safety, fire safety, food hygiene, moving and handling, infection control, identifying abuse and neglect, and reporting this to

the appropriate authority. The programme also included courses that were relevant to the needs of people who lived at Acorn Lodge. For example, staff had been provided with training in understanding the needs of people with dementia and managing behaviours which may challenge.. The registered manager had also devised a supervision programme. Supervision is where members of staff can talk to a senior member of staff about their work and any difficulties they may be having so that support and training can be provided. The programme demonstrated that all staff received supervision, on a one to one basis, at intervals of approximately two months.

Relatives also told us staff had the skills and experience needed to care and support their family members effectively. A relative said, "Staff always tell him what they are going to do when they use the hoist so he doesn't worry or get anxious." Another relative commented that their husband had settled in very well since being admitted to Acorn Lodge.

Is the service caring?

Our findings

There was a calm and relaxed atmosphere in the home. We heard staff speaking kindly and in a polite manner to people, saying things like “Hello how are you today?”, “Where would you like to sit?” and “Would you like a cup of tea?” Staff were observed smiling and talking with people as they went about their work. When we asked people if they felt well cared for one person said, “Very much so! The registered manager is very nice.”

We observed another member of staff sitting next to a person and speaking sensitively and kindly with them. They gently encouraged the person to eat their meal. The person was unable to speak, so the member of staff held their

hand throughout the meal to provide reassurance. The member of staff kept checking to make sure the person was happy with the meal and were provided with sufficient time to enjoy each mouthful at a relaxed pace.

A relative said, “The staff are very caring. It is the little touches that matter. The music man was playing in the lounge and one of the staff was sitting with them. I noticed they were tapping the beat of the music on a resident’s knee. At the garden fete one person wanted to sing. Suddenly they could not remember the words so a carer got straight up and joined in a duet. It brought tears to my eyes!” Another relative told us, “My husband is very much in control of his life. The staff seem to be able to communicate with him. He enjoys his life and his able to make decisions.”

Is the service responsive?

Our findings

People were supported to follow their interests and take part in activities. One person was playing his cello in the lounge during the morning whilst others appeared to be listening and enjoying the experience. Several people were busy with jigsaws and other puzzles. One person told us, “I like to watch television in my room. I am going to watch the match tonight.”

A music therapist visited the service on a monthly basis. People from the local church visited and some people who liked to go to church in the community were able to do so. Photographs of people enjoying structured activities were on display. Activities that had been arranged included a garden fete during the summer and a party to celebrate Christmas.

Staff demonstrated they understood the individual needs and preferences of people and how they should be provided for. One member of staff said, “One person likes poetry, books and painting. He also gets regular visits by his wife; he prefers to stay in his room. When he comes to the lounge or the dining room, he may not talk with the others. Another person likes music. She likes to sing and dance, especially when we have visiting musicians. She is bubbly and cheerful and communicates well with other residents. She needs lots of reminding at lunchtime. She can tend to fall asleep and forget to eat.”

People and their relatives told us they were happy and comfortable with their rooms and we saw that they were attractively decorated with some personal touches including photographs and memorabilia. People’s names were on bedroom doors to help them locate their rooms when they wished to do so. Toilets and bathrooms were also identified with appropriate signage to assist people to find them.

No one we spoke with had cause to make a complaint about the service. However, they also told us they were confident that the registered manager or the provider would listen to them if they had any concerns. The home’s complaints procedure was displayed at prominent points throughout the building in order that people could refer to this if needed. Records demonstrated that the registered manager had responded to complaints or concerns on an individual basis in writing. The findings from individual complaints were incorporated into the provider’s monthly complaints audit in order that trends could be identified and action taken if necessary.

People were supported to maintain relationships that were important to them. Relatives could visit Acorn Lodge at any time. Relatives have been asked to avoid visiting at mealtimes wherever possible. This was to ensure people could eat their meals without interruption. We observed several relatives visiting family members during the course of our inspection. The registered manager and staff on duty welcomed them and made sure they were offered refreshments. The visitor’s book, which was on display by the front door, demonstrated that relatives and friends visited every day.

Relatives told us how the service and the staff have been responsive to their family members’ needs. Relatives told us that they had been consulted with regard to care plans. One relative told us, “When there was a change in my husband’s health the nurse sat down with me to explain everything. Recently, to prevent pressures sores where he holds his legs together, they have started to put a pillow between his legs to make it more comfortable for him.” Whilst care plans identified when relatives should be consulted with regard to care and treatment, such discussions had not always been recorded. The registered manager was, therefore, not able to provide evidence that this had always taken place.

Is the service well-led?

Our findings

Relatives and people knew who the registered manager and the owners of the service were. They felt able to approach them with any problems they had. A relative told us, “The staff seem to be happy when they work. They are brilliant. The home is always nice and clean. I can only give praise all round!”

The registered manager and owners were involved in the service on a day to day basis. A relative said, “The management is very good. The owners and registered manager are always walking around keeping an eye on the staff. They also help with training. They are always there to talk to, which is very reassuring.”

The registered manager and the owners were present when we arrived. One owner opened the door and welcomed us at the beginning of our inspection. The registered manager was meeting with visiting health care professionals and the second owner was having a meeting with some of the staff on duty. We were asked to wait a few minutes as the management team wanted to be present when we explained how the inspection would be conducted. This demonstrated the registered manager and the owners had a ‘hands on’ approach and were involved in the day to day running of the service. It also enabled the owners to monitor and gain feedback about the service first hand.

Feedback was also sought through satisfaction surveys that people and their relatives had completed. Documents we reviewed indicated that the last survey took place in

October 2013. The area for improvement that had been identified was to provide more person centred activities. From observations we found that, for those that wished to, a range of activities was provided. This was led by an activities organiser who had been tasked to ensure activities were appropriate for individual needs.

Staff told us they were asked for feedback about the service, “Every day the registered manager or the owners provide us with directions and feedback at handover. We have supervisions every month where we can look at our work from a positive and negative view and find solutions to improve ourselves. It also promotes good communication and good teamwork.”

Staff were able to explain the vision and values of the service. One member of staff explained, “We must provide care in a way that makes sure people are respected and their privacy and dignity is upheld”. This was line with our observations. Staff spoke with people in a manner that was respectful and recognised their individual needs.

Robust quality assurance systems were in place. Following our visit the registered manager provided us with documentary evidence that demonstrated how the service has been monitored. The evidence provided included records of staff meetings, staff supervision and training records, satisfaction surveys and management meetings. The evidence also demonstrated that information from surveys and service monitoring had been used by the registered manager and the owners to review and to make improvements to the quality of the service.