GB Care Limited

Acorn Hill Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Good**

Summary of findings

Overall summary

We carried out this focused inspection unannounced on 6 March 2017.

We carried out an unannounced comprehensive inspection of this service on 22 June 2017. After that inspection we received concerns in relation to people's safety and the responsiveness of the care and support provided. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk"

Acorn Hill Nursing Home provides nursing and personal care for up to 49 people. A number of people accommodated at the service have complex physical and mental health needs. Some people are living with dementia and others are receiving end of life care. The service is located in Leicester and accommodation is provided over three floors with a lift for access. At the time of our inspection there were 33 people using the service.

The service has a registered manager. This 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.

People told us they felt safe using the service and staff knew what to do if they had any concerns about their well-being. There were enough staff on duty to meet people's needs. Staff were quick to respond if people needed support and answered call bells promptly. Staff were knowledgeable about how to provide safe and responsive care to people.

Staff took action to reduce risks to people and keep them safe. They ensured people were assisted to move around the premises safely and supported them with their meals. Improvements were needed to some people's risk assessments to ensure they were accurate, up to date, and had the information in them that staff needed to maintain people's safety.

People told us they liked and trusted the staff. The service employed both care staff and qualified nurses so people's care and nursing needs could both be met on site. Staff were safety recruited and their competency checked to ensure they were suitable to work at the service.

People told us they received their medicines when they needed them. Medicines were mostly managed safely and administered by skilled, trained and qualified nursing staff. Improvements were needed to some medicines records.

People told us they were satisfied with the care the staff provided. There had been improvements to some care records making them more personalised. People and relatives had the opportunity to take part in care

planning and reviews and have in say in how their care was provided.

Group and one-to-one activities were provided at the service and people said they enjoyed these. During our inspection people took part in a fruit tasting session, went for walks with staff, and took part in a religious service. People being nursed in bed had hand massages and a discussion about the day's news.

People told us they if they weren't happy with any aspect of the service they would tell staff. Records showed that when complaints were received the registered manager dealt with them in an open and positive way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks. Improvements were needed to some people's risk assessments to ensure those were accurate and informative.

There were enough staff on duty to keep people safe and meet their needs promptly. Medicines were mostly safely managed and administered.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

Acorn Hill Nursing Home

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 was planned to check 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 focused inspection took place on 6 March 2017 and was unannounced. It was carried out after we received information from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us the service was subject to an on-going safeguarding investigation and there had been a suspension on placements, although this has recently been partially lifted. In view of the concerns raised we carried out this focused inspection to check this service was providing 'Safe' and 'Responsive' care.

The inspection team consisted of an inspector, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and nursing. Our specialist advisor on this occasion had nursing expertise. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience on this occasion had expertise in the care of people diagnosed with dementia.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with eight people using the service and two relatives. We also spoke with the registered manager, the operations and quality assurance manager, two nurses, the activities organiser, and four member of the care staff team.

We looked at records relating to all aspects of the service including care, medicines, and staffing. We also looked at six people's care records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "The staff look out for me." Another person commented, "The staff make sure I am safe. They are here during the day if I need them and they come into my room at night and ask me if I'm alright. I feel very safe here."

Staff told us they had attended training on safeguarding (protecting people who use care services from abuse) and were familiar with the provider's whistleblowing policy. One member of staff told us that if they had any concerns about a person's well-being, "I would take them to the home manager. I have no doubt that she would quickly take action, she's very hot on things like that."

A nurse told us they thought safety at the service had improved. They said, "Staff are more aware of safety issues and if there is an incident staff are better at reporting it. Supervision is more dynamic and staff are given safeguarding scenarios and questioned on what they would do. Generally there's a much better awareness here now of how to keep people safe."

We looked at records to see how the registered manager had addressed any safeguarding concerns since our last inspection. We saw that some of these had been brought to the registered manager's attention by staff, and one by a visiting healthcare professional. In each instance the registered manager had taken immediate action to ensure people were safe and the appropriate authorities, including commissioners and CQC, informed. At the time of our inspection one safeguarding issue regarding a fall was in the process of investigation and the registered manager was working with the local authority to address this.

During our inspection we noted that petty cash, some of which was used for people's expenses, was stored inappropriately alongside medicines. The petty cash book had pages ripped out and it appeared that some money was unaccounted for. We brought this to the attention of the registered manager who immediately removed the petty cash and documentation to a more suitable secure storage facility. She told us she would investigate what had happened and put in an improved system for monitoring monies received and expenditure. This will help to ensure that people's money is kept safe for them.

Throughout the day we saw that staff took action to reduce risks to people and keep them safe. For example, when one person became distressed and approached another person, staff were quick to intervene. They reassured both parties and took the distressed person for a cup of tea and some one-to-one time. On another occasion a person began to get up from their chair unaided. A staff member was immediately at their side tactfully reminding them they needed staff support when walking.

We saw a staff member fetch another staff member when they needed help to assist a person to move into another room. They did this because this person needed two staff members to mobilise safely. At lunchtime a staff member sought help from another staff member to fetch a cushion to enable a person to sit more comfortably. They did this so the person they were assisting was not left unsupported. Staff were observed to wear appropriate PPE (personal protective equipment) when necessary to reduce the risk of cross infection.

The staff we spoke with were alert to any changes in people care needs that might put them at increased risk. For example one staff member told us that when providing personal care they routinely checked the integrity of a person's skin. They said, "When I had training on preventing bedsores we were shown how to do blanch tests [a way of establishing skin integrity] and if I did one and was concerned I would get the nurse to have a look." Another staff member told us that all staff read risk assessments and used the guidance in them to support people safely. They said, "If people are at risk the information is there on what to do about it and how to reduce the risk."

Risk assessments were in place for all the people using the service. These addressed issues where people's safety might be compromised, for example moving and handling, skin integrity, falls, and nutrition. Each person had a current PEEP (personal emergency evacuation plan) in place. This is a bespoke 'escape plan' for people who may not be able to reach place of safety unaided in the event of any emergency.

Not all the risk assessments we saw were fit for purpose. For example, one person has a risk assessment for falls. This instructed staff to ensure the person wore suitable footwear, that the environment was clear, and there was always a member of staff on duty in the lounges and dining room to observe them. It also told staff to monitor the person when they were walking. However records showed the person had fallen in a corridor. The risk assessment was updated and staff instructed to 'continue to monitor [the person's] whereabouts to minimise risk of falls'. However it was not clear from this whether staff were expected to monitor this person constantly or occasionally, or how they could be observed in areas other the lounges and dining room.

Another person had risk assessments in place for moving and handling, falls, and the use of bed rails. We met with and observed this person and saw that when they stood and walked they had two staff to accompany them as instructed in their risk assessment. Staff told us they also had two staff to assist them in and out of bed and this too was in their risk assessment. However we observed that this person had chosen not to wear clothing apart from underwear on the lower half of their body when seated, as this made them feel uncomfortable. However there was no risk assessment or care plan in place for this and no instructions on how staff could best maintain their safety and dignity under these circumstances.

We also found that people's risk assessments for nutrition, falls, tissue viability and choking had not always been routinely reviewed in response to incidents or accidents. For example, one person at high risk of falls had had seven falls over a five weeks period. However their falls risk assessment had not been reviewed after each fall, and when it had been reviewed it was not accurate as it didn't take into account their recent falls history. Consequently more intensive prevention measures had not been considered.

We discussed these issues with the registered manager who agreed to review all risk assessments to ensure they were up to date and had the information in them that staff needed to keep people safe.

We looked at how staff had responded when accidents/incidents occurred. Records showed they had followed the service's 'Accident Reporting' policy' which told them to seek immediate medical assistance as necessary and report the accident/incident to management who were responsible for co-ordinating the response.

We looked at the 'accident and incident' log for January and February 2017. During this two months period 25 accidents/incidents were recorded. In each case staff had taken appropriate action. This included ensuring the person received any medical assistance they needed, monitoring them afterwards, and reporting the accident/incident to next of kin, GPs, the local authority, and/or the health authority as necessary. This meant that if an accident/incident did occur staff took action to minimise the negative

effects and ensure that the right people were notified in line with the service's safeguarding and risk prevention policies and procedures.

People told us there were enough suitable staff at the service to keep them safe and meet their needs. One person said, "They [the staff] do come quite quickly when I press the bell." Another person commented, "There's plenty of staff and you never have to wait very long if you need help."

During our inspection staff were always available to assist people. When people were sitting in the various lounges there was always at least one staff member in attendance. Throughout the day we observed that when call bells were activated staff responded to them quickly. One person, who had their call bell clipped to their chair to make it easier for them to use, told us 'staff come quickly' when they pressed it.

The service employed both care staff and qualified nurses. Records showed there were always at least two nurses on duty during the day and at least one at night. This helped to ensure that people's nursing needs could be met at all times. Skilled and experienced care staff were also on duty at all times and in sufficient number to meet people's needs promptly.

A nurse told us, "There are enough staff at the moment. If we have a busy day the manager, who is a nurse, will step in to help. The home is better managed and organised now with good communications between staff so that means the residents are safer." A member of the care staff team told us, "Staffing levels are better than they were so we have more time for the residents." Another said, "The staffing levels are good and we have enough staff to keep people safe. The home feels calmer."

Staff were only employed to work at the service if the necessary checks had been carried out to ensure they were safe to work with the people using the service. We looked at two staff recruitment files and both had the required documentation in place to show the provider's safe recruitment procedure had been followed. These included satisfactory criminal records checks, references, and health declarations. The staff in question had had a comprehensive induction followed by competency checks to ensure they had the knowledge and skill they needed to work at the service.

People told us they thought the staff employed were right for their jobs. One person said, "The staff do seem to know what they're doing. I trust them." A relative commented, "I chose this place because I liked the staff. I don't want chandeliers but I do want staff that care. It's much more homely here now and the staff interact very well."

People told us they received their medicines when they needed them. One person said, "The staff bring me my medicines twice a day all counted out and ready for me. It's good that they do because I'd get in a mess if it was left to me." A relative commented, "They seem fine with [my family member's] medicines. As far as I know [my family member] gets them on time."

Medicines were stored securely and at the right temperature in purpose-designed storage facilities. Records showed the storage room and fridge temperatures were monitored and records were complete with all temperature readings within the acceptable range. This will help to ensure that medicines remain in a usable condition. The clinic room was tidy, well-organised and clean with no unnecessary excess stock kept.

Medicines were supplied in blister packs by the service's contract pharmacist which made them easier for staff to administer safely. Liquid medicines were appropriately dated when opened. There was in date reference material on all medicines available for staff to refer to, which meant that nurses administering medicines could easily find out what the medicine was used for, what the normal dose range was, and any

side effects or contra-indications. These were example of good practice in medicines administration at the service.

We observed two people having their medicines. In each case they were supported to sit up before taking their medicines and the nurse explained to them what was happening. The nurse then checked the medicine was in date and observed the 'six rights' of safe medicines administration, namely the right individual, medication, dose, time, route, and documentation. When the nurse was satisfied that the medicines had been taken all items used to support the administration were cleared away before the nurse prepared the medicines for the next person. The whole process was unhurried and carried out safety.

All people's medicines administration records (MARs) had a front sheet with a photograph of the person in question, allergy information, and a description of how people liked to be supported to take their medication. Records showed that if people hadn't had their medicines the appropriate reason was recorded on the back of the MAR. This helped staff to monitor people's health and seek medical advice where needed.

Some people had been prescribed medicines that required staff to carrying out physical checks to ensure they were safe for them to take. For example, people on a particular heart medication had their pulse taken prior to administration. Where transdermal medicines were prescribed there were charts clearly showing the rotation of the patch on application and the removal of the previous patch. Records also showed there were daily checks of the site to confirm that it remained in situ and there was no skin irritation. Where people required their blood glucose levels monitoring this was being done at the frequency stated on their charts. A person who had seizures and was prescribed anti-convulsants had a clear and comprehensive rescue plan. These were examples of staff ensuring people had their medicines safely.

The nurse in charge of medicines administration told us that when they began working at the service they were trained in medicines administration and had their competency assessed to ensure they were safe to give out medicines. The nurse knew what action to take in the event of an administration error to ensure the safety of the person in the first instance and then how to report an error as an incident. The nurse told us that if an error did occur the person responsible stopped giving medicines until they had ben re-trained and their competency reassessed. In addition, when an error occurred all staff had to undertake training in that relevant area so lessons could be learnt. This showed that management and staff took appropriate action to address medicines errors if they occurred.

We found two areas for improvement in medicines management. We looked at PRN (as required medicines) protocols, which explain when staff should administer these medicines. We saw that those in place were clear and comprehensive. However some PRN medicines did not have attached protocols so it was difficult to establish when they should be administered. In addition, when topical creams had been administered there were some missing staff signatures, and medicines records did not always show what the site of application should be, stating only 'apply as directed'. This meant it was not always clear where on the body the creams should be applied.

Medicines and MARs were audited by the registered manager or the clinical lead and the issues we found during the inspection had already been identified during their audits. Accompanying action plans showed that these issues were being addressed and as a result the number of missing signatures for topical creams had reduced over the previous three months and there were fewer missing PRN protocols. The registered manager told us work was continuing to address these issues and ensure that medicines management at the service was consistently safe.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "If I need to get up I call a member of staff and they help me." Another person commented, "They look after me very well here. I have lots of things that I can't do on my own, like having a shower, so the staff help me."

A relative told us their family member had been at other services but Acorn Hill was the first one where staff had been able to meet his needs. The person themselves said, "It's very good here and they look after me very well". Another relative told us, "I only have to ask for something [for my family member] and they get it for me."

All the people and relatives we spoke with said they were satisfied with the care the staff provided.
Staff took time to encourage people to have regular drinks of their choice. One person asked "Could I have a cup of tea?" and this was immediately brought to them. If people needed personal care staff provided this promptly following instructions in people's care plans.

At our last inspection we found that some care records were in need of improvement. Care plans were not always in place where needed, or were generic rather than personalised and contained errors. At this inspection we found that care records had been improved.

Each person had a care record which included risk assessments, care plans, and daily records. These were kept securely in rooms accessible to staff only. Charts for food and fluid, re-positioning, personal care and topical creams were kept in people's rooms. Those we checked were fully completed as per the instructions on the chart, for example, fluid charts were totalled at the end of each shift and the chart indicated what the fluid intake target was. This showed that staff were using these records to help ensure they were providing responsive care.

A staff member told us that if they found any shortfalls in a person's records they would take action. They said, "If there are gaps I go and ask the others (i.e. staff) if somebody had forgotten to make an entry and when adding up the totals at the end of the shift if the daily target has not been met I would report this to the nurse in charge." This showed that staff took action is it appeared that someone's care need hadn't been met.

The care records we saw were personalised, and the views of the people using the service and their relatives were reflected in the reviews and evaluations. All records included a comprehensive 'communication passport' which would normally go with a person if they were transferred into another care setting such as a hospital. This document identified any risks they were subject to, their medical conditions, and any other key issues, for example if verbal communication may an issue due to their physical or mental health condition. This helped to ensure they would receive ongoing responsive care if accessing external services. There was evidence that care plans were regularly reviewed and updated to reflect people changing needs.

We looked at the activities provided at the service. One person told us, "I like to watch the television

especially all the soaps" and also said they enjoyed reading. Another person said they enjoyed going into the gardens with staff during the summer months. A further person told us, "I went for a walk today with staff. I can't go on my own in case I fall. It was a lovely walk."

In the afternoon there was a religious service held in one of the lounges and in another a western film was being shown. There was also a fruit tasting session, with seven varieties of fruit including raspberry and melon. People were seen to enjoy this activity. One person was spent time outside in the service's secluded gardens. They told us, "I love sitting out here." Staff checked the person regularly to see if they needed anything or wanted to come in.

There were several radios around the building playing music and in the lounges large televisions were on. None of the televisions had subtitles switched despite these being of benefit to some people with hearing difficulties. We advised the registered manager of this and she said she would take action to address the issue.

The service has a group activity programme and a dedicated activities organiser. There was a noticeboard in the entrance hall advertising activities for the week. These included cards and dominoes, arts and crafts, a singalong, and a knitting session. Although we did not see any of these activities on the day of our inspection people's daily records showed they had taken part.

Two people had individualised activity plans, one because they preferred to be in their room, and the other because they were nursed in bed. Examples of their activities included hand massage and nail care, the daily news, and films. This showed that the activities programme was personalised to ensure everybody who wanted to could take part.

People told us they if they weren't happy with any aspect of the service they would tell staff. One person said, "If I had a complaint I would just tell them [the staff]." A relative told us they never had any cause to complain but if they did they would speak to the registered manager who they said was 'very approachable'.

The service's complaints procedure was displayed in the entrance hall and also included in the statement of purpose and service user's guide. It advised people who to contact if they had a complaint including the registered manager, providers, and staff. It also provided information about other agencies they could take a complaint to, including the local authority, and advocacy agencies who could provide them with support.

Records showed that when complaints were received staff dealt with them in an open and positive way. For example, in response to a recent complaint, the registered manager wrote to the complainant inviting them to a meeting to discuss their concerns. The complainant was listened to and the complaint resolved..