

Dennis Moore - Care Ltd

The Acorns

Inspection report

Parkside
Hindley
Wigan
Greater Manchester
WN2 3LJ

Tel: 01942256183

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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 ●

Summary of findings

Overall summary

About the service

The Acorns is a residential care home providing personal and nursing care for up to 39 people. At the time of our inspection there were 39 people living at the home.

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

People and their relatives spoke highly of the home and the care and support provided by staff. People told us they felt safe living at The Acorns. The home was clean and well-maintained and staff followed good infection control practices. Annual servicing of equipment had been completed and regular maintenance safety checks were carried out. The recruitment process was robust and there were enough staff to care for people safely. Medicines were managed correctly. Some minor issues with medicines we identified during the inspection were promptly dealt with.

People and their relatives were complimentary about the staff. People's needs were assessed and everyone had a person-centred care plan in place. 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. All staff had completed a range of training, with further courses booked. Staff told us they felt very supported by the management team and received regular supervision meetings. People were given a choice of food and special diets were catered for. Staff worked closely with outside health professionals to help people maintain their health and stay well.

Care records contained detailed information about each person and how they wished to be supported. People were encouraged to take part in a range of different activities. Some helped with tasks around the home which they found rewarding. Relatives could visit the home, in line with government COVID-19 guidance. Staff had developed links with the local hospice and were trained to care for people approaching the end of their lives.

People, their relatives and staff all spoke highly of the management team and the way the home was run. There was a positive culture at the home and staff felt valued and supported. The provider had quality assurance tools in place to monitor the quality of care and support provided.

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

Rating at last inspection

The last rating for the service under the previous provider was Requires Improvement (report published 22 November 2018).

Why we inspected

This was a planned inspection to provide the first rating of the service under its new provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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 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 well-led.

Details are in our well-led findings below.

Good ●

The Acorns

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.

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 an inspector, a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Acorns is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 24 hours' notice of the inspection. This was to ensure we had prior information to promote safety due to the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we looked at medicines and records about medicines for seven people. We spoke with one nurse and two senior carers who had responsibility for administering medicines on the day of the inspection. We reviewed a range of records, including four people's electronic care files. We looked at three staff files to review the recruitment procedure. A variety of records relating to the management of the service, including policies and audits were also reviewed.

We spoke with the care manager, activities coordinator, three care assistants, a senior care assistant and a registered nurse. We spoke with four people who lived at the home. The Expert by Experience spoke with eight relatives on the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at several other documents, including training and supervision records, policies, staff rotas and menus.

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 rating of this service under a new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse and harm.
- People who used the service and relatives told us they were happy with the care and support provided by staff. One relative commented, "When I visit, they are on the ball – all staff wear masks and everything is done by the book." Another relative said, "I've not got one worry about her being there. They (the staff) are absolutely brilliant. I know (name of person) is in a safe place."
- Staff had received training in safeguarding vulnerable adults and knew how to report concerns.
- Where incidents had occurred, they had been correctly documented, and reported to the local authority safeguarding team in line with local guidance.

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

- People lived in a safe environment. Annual servicing of equipment was up to date and regular maintenance checks were completed.
- People had access to equipment when needed. For example, pressure relieving mattresses to help minimise the risk of skin break down.
- Risks to people's health and safety had been assessed, and up to date information was available to help staff minimise identified risks. These included, for example, risk assessments for the safe use of bed rails.
- Accidents and incidents had been logged appropriately. For each incident immediate remedial steps, along with management action taken, had been documented. This ensured lessons were learned when things went wrong or mistakes occurred.
- Clear information was easily available to staff and external agencies in the event that people needed to be evacuated from the building in an emergency.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were suitable to work with vulnerable people. This included completing checks with the Disclosure and Barring Service.
- We received mixed comments from relatives about staffing levels. Some relatives felt there were enough staff, while others felt more staff were needed. However, we did not find evidence to suggest there were problems with staffing levels at the home.

Using medicines safely

- People's medicines were administered safely. The prescribers' directions were followed properly.
- Some people were prescribed a thickening powder to thicken their drinks to prevent choking. This was managed safely.

- People's medicines were stored securely. However, the storage of some creams and oxygen needed to be improved.
- Most records about the stocks and administration of people's medicines were properly completed. However, some improvements were needed to ensure all medicines were signed for when they were given.
- Some people had been prescribed PRN (as required) medicines and creams, for example to provide pain relief. However, they did not all have an accompanying protocol to give guidance to staff to ensure these medicines and creams were administered safely and consistently.
- The provider took prompt action after the inspection to rectify these issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 rating of this service under a new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their support needs assessed and regularly reviewed. This helped ensure the service could care for them appropriately.
- People had electronic care plans which described the support they required. Staff accessed these through mobile devices.
- Staff took part in a handover before each shift. This meant relevant and up to date information about people's care and support needs was shared with staff.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and all staff completed training in a range of different subjects and skills.
- Staff received regular supervision and appraisals. Staff told us they felt supported at work and they could talk to the management team whenever they had worries.
- Nurses completed additional training to maintain and develop their clinical skills.

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

- People were supported to eat a good diet and there was plenty of food and drinks available throughout the day.
- Where people had specific dietary requirements, these were catered for correctly.
- People's weights were monitored. People had been referred for specialist help from dieticians or their GP when they lost weight.

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

- The home was well-maintained. Dining rooms had recently been redecorated to include small kitchenette areas. These enabled mealtimes to run smoothly. There was a large entertainments room with a television, table football and pool table. The hair dressing salon had recently been refurbished.
- A garden, with furniture and raised beds, provided a pleasant outside space for people to enjoy and take part in gardening activities.
- People had been helped to decorate their rooms to suit their tastes. People had personalised their bedrooms with their own furniture, pictures and ornaments.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People received support to stay well and live healthy lives.
- People had access to a variety of medical and health related services and professionals, such as general practitioners, speech and language therapists and dieticians.

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.

- The management team understood their responsibilities in relation to DoLS and knew when and how to submit applications to the local authority.
- Where people were not able to make decisions themselves, meetings had taken place with people who knew them well and/or professionals to ensure decisions made were in their best interest.

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 rating of this service under a new provider. 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

- Every one we spoke with was positive about the care and support provided at The Acorns. One relative told us, "The staff are kind and caring. They'll have a joke - they know how to get him smiling again. All the care is well done." Another said, "Thursday last week (when she visited) mum was smiling and happy – they (the staff) were playing bingo with her which she loves." One person told us, "They (staff) have given me my life back."
- People were supported by kind and caring staff. We saw many positive interactions between staff and people who lived at the home, during our inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff.
- Staff helped people maintain their physical appearance.
- Staff helped people to be as independent as possible. We saw how staff encouraged people to do as much as possible for themselves to maintain their daily living skills.

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

- People and relatives were complimentary about how well the service communicated with them and kept them informed.
- Satisfaction surveys had been completed to gather feedback from staff and relatives.

Is the service responsive?

Our findings

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

This is the first rating of this service under a new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised, and met their needs and wishes.
- The service used an electronic care planning system, which was straightforward to use. Staff had easy access to care records via mobile devices.
- Staff knew people well. Care records contained detailed, person-centred information about people's likes and dislikes, things that were important to them and how they wished to be supported. Information had been regularly reviewed.

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

- People were supported to keep in touch with family and friends. When visiting was prohibited due to the COVID-19 pandemic, people spoke on the telephone or used social media to keep in contact with their loved ones.
- Visits to the home were facilitated safely through a booking system, in line with government COVID-19 guidance.
- People were encouraged to take part in a range of activities, facilitated by an activities coordinator. These included games and quizzes, musical activities, craft sessions and celebrations of special events such as birthdays. Some people had enjoyed a day trip out to Southport during the summer.
- People told us they enjoyed the activities. One person described how they helped with simple tasks around the home and this gave them a feeling of self-worth.

End of life care and support

- The staff team had experience of caring for people at the end of their lives.
- The service worked closely with staff from the local hospice to support and care for people who were approaching the end of their lives.
- Some staff had received specialised training so that they could help alleviate symptoms associated with end of life care, such as pain.
- People's end of life wishes had been discussed with them and recorded in their care file, where appropriate.

Improving care quality in response to complaints or concerns

- The provider had systems to monitor any complaints or concerns. Information about how to make a complaint was displayed in the home's reception area.

- Relatives told us they would speak to the manager if they had any worries about the service and that issues would be addressed promptly. One person told us, "The manager is lovely and kind, has lovely mannerisms and makes time for me."

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 service was meeting the requirements of AIS. Care records included details of any communication difficulties people had and how best to communicate with them. For example, one person's care plan stated staff should, 'use gestures and non-verbal cues to assist communication.'
- Information could be made available in different formats. For example, the service had produced a leaflet about the coronavirus in an 'easy read' format for a person with a communication need.

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 rating of this service under a new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the home, which was actively promoted by the care manager. For example, a notice board in reception displayed 'what we are proud of' comments.
- People and relatives were complimentary about the staff and how the home was managed. Comments included, "The manager is lovely – friendly and approachable. I can talk to her easily."
- Staff were also complimentary about the home and said they enjoyed working there. They told us they felt valued. One staff member said, "I absolutely love working here. The residents motivate me to come to work. The management is very supportive. They are always there if you need anything."
- Feedback was also positive from the annual staff and relative's survey.
- The management team acknowledged that working through the COVID-19 pandemic had been stressful. Staff well-being was taken seriously and a counselling service was available for those who felt in need of someone to discuss their problems with.

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

- The provider used a range of audits and monitoring systems to assess the quality of the service, including checks on medicines management and the safety of equipment. These had been completed regularly.
- The provider and registered manager understood their regulatory requirements. Statutory notifications had been submitted to CQC to inform us when events such as accidents, incidents and deaths had occurred.

Working in partnership with others

- Relatives were complimentary about how the service worked and communicated with them to ensure their loved ones got the best possible care. Comments included, "They communicate with me, they come straight to me. The slightest things they will let me know" and "[name] is a good manager. She will email me if she wants anything or I can email her. She is very flexible."
- The management team and staff had close links with a variety of professionals to ensure people's health needs were met.

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 provider understood their responsibility around the duty of candour and was committed to being open and transparent when something went wrong.
- Accidents, incidents and concerns were reported to the CQC and local authority appropriately.
- The service had a whistleblowing policy. Staff were encouraged to be open and honest.