

Regency Healthcare Limited

Acorn Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 18 and 26 July 2017. It was unannounced on the first day.

Acorn Nursing Home is a thirty-four bedded care home, which provides residential and nursing care. Bedroom accommodation consists of both double and single rooms situated on the ground and first floor of the building. There are communal rooms on the ground floor. There is ample car parking space at the front of the property and at the back there is an enclosed garden.

The last inspection report was published in January 2017. At that time the service was rated as requires improvement overall and was rated inadequate in the well led domain. The service was in breach of three regulations, two of these being continued breaches from the previous inspection report published in April 2016. The breaches were in relation to Regulation 10 (Dignity and respect) Regulation 17 (Good governance) and Regulation 18 (Staffing). The service remained in Special Measures because it was rated as inadequate in one of the key questions at two consecutive inspections. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was a registered manager in place. 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.

We noted the provider is registered for the regulated activity of personal care which is associated with the provision of services to people living in their own homes. We found no evidence they were delivering this kind of service and following the last inspection we asked them to submit an application to remove this regulated activity from their registration.

People told us they felt the home was a safe place. Staff knew how to report any concerns about people's safety and welfare. The service supported some people to manage their personal money and in most cases records were kept of all transactions. However, in one case where money was being provided by a person's relative appropriate records were not maintained. We recommended records be maintained of all transactions involving money spent on behalf of people living at the home.

There were enough staff to keep people safe although people who lived at the home and relatives told us staff always seemed very busy. The required checks were done before new staff started work and this helped to protect people from the risk of receiving care and treatment from staff unsuitable to work with vulnerable adults. Staff received the training and support they needed to carry out their duties safely and properly.

Risks to people's safety and welfare were identified and managed. The home was clean and was being refurbished, people told us it had improved over recent months in both cleanliness and décor. The gardens were in need of attention to make them safe and suitable for people to use.

People's medicines were managed safely.

People were supported to eat and drink and action was taken in response to unplanned weight loss. People's special dietary needs and preferences were catered for. People's meal time experiences had been improved due to changes in the way meal times were managed.

People were supported to have access to the full range of NHS services to maintain their health and wellbeing.

The service was working in accordance with the requirements of The Mental Capacity Act 2005 which helped to make sure people's rights were protected.

We saw staff were kind and patient and observed lots of good interactions which supported people's wellbeing. Staff knew about people's likes and dislikes and were attentive to their needs. People and their relatives told us they were involved in making decisions about their care and treatment.

People were offered the opportunity to take part in a range of activities in the home. There were no restrictions on visiting and people could receive their visitors at times which suited them.

People told us the registered manager was approachable and they felt confident any concerns raised would be addressed.

The provider had made improvements to the way they monitored and assessed the quality and safety of the services provided. These systems and processes needed to be further embedded and tested over time to demonstrate their effectiveness in sustaining improvements. In reaching our judgements we have taken account of the history of the service. Prior to this inspection the service had been in Special Measures since April 2016. The improvements which had been made were achieved during a period of reduced occupancy and close monitoring of the service by CQC and the local authority commissioning team. The provider needs to demonstrate these improvements can be sustained over a longer period of time before we can be assured people will consistently experience good quality outcomes.

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 not consistently safe.

Staff knew how to recognise and report abuse and this helped to keep people safe.

Risks to people's safety and welfare were generally well managed. Records were not kept for all transactions where staff dealt with cash transactions on behalf of people living in the home.

The building was clean and generally well maintained; refurbishment work was being carried out.

There were enough staff on duty to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were training to carry out their duties safely.

The service was working in accordance with the requirements of The Mental Capacity Act 2005 which helped to make sure people's rights were protected.

People were offered a variety of food and drinks and their dietary needs and preferences were catered for.

People were supported to maintain their health and had access to the full range of NHS services

Is the service caring?

Good 

The service was caring.

Staff were kind and knew about the people they were caring for.

People's privacy and dignity were respected.

People were supported to do as much as they could for themselves.

Is the service responsive?

Good ●

The service was responsive.

Staff responded well when people asked for help and were attentive to the needs of people who were unable to ask for help.

There were in house activities and some people were supported to go out and use local amenities.

People were given information about the complaints procedures.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People who used the service, relatives and staff had confidence in the management team. There was a clear commitment to continuous improvement from management and staff.

People were given the opportunity to share their views of the service.

Improved quality assurance systems were in place but these needed to be tested over time before we could be assured of their effectiveness in sustaining improvements.

Acorn 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.

The inspection took place 18 and 26 July 2017, it was unannounced on the first day.

The inspection team consisted of two adult social care inspectors 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. In this case services for older people.

On this occasion we did not ask the provider to complete 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. However, since the last inspection the provider has had an improvement action plan in place and they have been sending up regular updates.

Before the inspection we reviewed all the information we held about the provider. We contacted the local authority to ask for their views on the service and used the feedback they provided to help us plan the inspection. During the inspection we observed the meal service at breakfast and lunch time and observed how people were cared for and supported in the communal rooms. We spoke with three people who lived at the home, four relatives, four care assistants, two nurses, one housekeeper, the cook, the activities organiser, the registered manager and one of the company directors.

We looked at five people's care records and people's medication records. We looked at other records related to the day to day running of the home such as training records, maintenance records, meeting notes. We looked around the home, inside and outside.

We took all this information into account when making our judgments about the service.

Is the service safe?

Our findings

All the people we spoke to told us they felt safe at Acorn. We asked people what it was about the home that made them feel safe. One person said, "It is because of the people who live here." Another person said, "I feel safe because I am kept tidy and the meals are always alright." A third person said, "I feel safe because I am happy here."

Relatives we spoke with also told us they felt people were safe. One relative said, "I can tell my relative is happy here, there is always something going on and they like to be nosey." Another said, "My relative is very happy here, they love it and think it's brilliant. That is the main thing." Other comments included, "The staff are always friendly. We visit often and see how they treat other people as well as our relative and have never seen anything untoward." "Staff make sure my relative is alright and look after them well. They soon respond to people's needs."

All the staff we spoke with were aware of how to detect signs of abuse and were able to describe the types of possible abuse people living in a care home might experience. Staff told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously. One staff member said, "We have a duty to protect the people in our care and I feel confident staff would go to the manager if they felt a person was being abused." Another staff member said, "I can honestly say that I have never witnessed any type of abuse but I have attended the training and know what to look out for. The training we received was very good and made you aware of the different types of abuse and how people may react if they are being abused."

The registered manager told us the policy of the registered provider was not to hold money in safekeeping for people. They said wherever possible people's relatives or representatives were asked to take control of their finances if people did not have the capacity to do so themselves.

However, we found the service was supporting two people to manage their money and transaction sheets were in place showing amounts paid in and withdrawn. We looked at the transaction sheets and found no discrepancies.

We also found the relatives of one person using the service were giving staff money so they could arrange for the hairdresser to attend. The staff member then paid the hairdresser and returned the change and receipt to the relative. However, whilst this informal arrangement was recorded in the daily records, staff did not complete a transaction sheet. We recommended records be maintained of all transactions involving money spent on behalf of people living at the home.

The registered manager kept a record of safeguarding concerns. The records showed concerns were taken seriously, investigated and reported to the relevant agencies such as the local authority safeguarding team and the Care Quality Commission. This showed the provider had systems in place to protect people from abuse and to ensure that if abuse took place it would be identified and dealt with in a timely manner.

People and relatives told us there were usually enough staff on duty but said that staff seemed very busy. One person who lived in the home said, "Sometimes it's full of staff, sometimes they are short of staff." One person told us they usually had to wait just a few minutes for staff to answer their buzzer and another person said it could sometimes take half an hour. A relative said, "Sometimes they struggle to answer the [front] door."

On both days of the inspection we observed there were enough staff to meet people's needs in a timely way. For example, at lunch time we saw there were enough staff to make sure people did not have to wait a long time for attention and people eating in their rooms were served promptly. We also noted staff took care to make sure there was always a member of staff around the communal areas.

The registered manager told us, and the duty rotas confirmed, there were usually six staff during the morning, one nurse and five care assistants. In addition the activities organiser supported people with their breakfast until mid-morning when they switched to their activities role. The service employed separate staff for housekeeping, laundry, catering, and maintenance and there was a part time administrator who worked three days a week. The registered manager told us staffing numbers and skill mix were kept under review to take account of people's needs and occupancy. The staff we spoke with told us they felt there were enough staff to keep people safe and meet their needs. They added all the staff worked well together as a team to make sure people received the right care and support.

At the last inspection we were concerned the home did not employ enough nurses to cover all the shifts. During this inspection the registered manager told us the provider, who had other homes in Yorkshire and Lancashire, employed bank nursing staff. The bank nursing staff were used whenever possible as this provided better continuity and agency nurses were only used as a last resort. They also told us they were in the process of recruiting another nurse to work at the home.

The registered manager told us they had only employed one new member of staff since the last inspection. We looked at this person's recruitment file and found all the required checks had been completed before they started work. This is important because it helps to protect people.

At the last inspection we found inconsistencies in the way risks to people's safety and welfare were managed which meant the provider was in breach of regulation. During this inspection we found improvements had been made. Within people's care records we saw risks to their safety and welfare had been identified and assessed. This included areas such as nutrition, falls, pressure sores, smoking and behaviours which challenged. The records included information about the measures in place to manage risks. For example when people were at risk of falling sensor mats were used to alert staff when they were moving around.

We found accidents and incidents were recorded and monitored by the registered manager. The records showed the actions which had been taken following the accident or incident and the measure put in place to reduce the risk of recurrence.

Relatives we spoke with were positive about the atmosphere at the home and told us the décor had improved during the last year. Work on refurbishing the home was on-going. Relatives said the garden was kept tidy but one relative said they felt the garden was in need of attention to make it more 'user friendly'. This view was supported by our observations and we discussed this with the registered manager and provider.

Everyone we spoke with told us the home was kept clean and fresh. One relative told this had improved over

the last 12 months. The local authority infection prevention and control team carried out an audit in February 2017 and the service achieved a 97% compliance score which is very good. We saw there were measures in place to reduce the risk of cross infection such as mattress checks and monthly hand hygiene checks. We spoke with one member of the housekeeping staff who told there were sufficient housekeeping hours to keep the home clean, tidy and free from offensive odours. The housekeeper confirmed they had all the cleaning products and equipment they required and we saw there was a cleaning schedule in place.

We looked at a selection of maintenance records and they showed checks on equipment and installations were carried out and were up to date. These included checks on electricity, gas, water and fire safety systems. Generally the home was well maintained. We saw a number of window frames at the back of the home were in need of repair or replacement. The provider told us they had already this as an area for improvement.

In people's care records we saw Personal Emergency Evacuation Plans (PEEPs) had been put in place. This meant staff knew what support people needed in an emergency. We saw fire drills were carried out to give staff the opportunity to practice how they would deal with a fire. However, there was no record that fire drills had been carried out with the night staff. This was discussed with the registered manager who assured us they would deal with it immediately. Following the inspection the provider confirmed this had been done.

People who lived at the home told us they received their medicines when they should and had access to pain relief when they needed it. People's relative told us the same.

Medicines were stored securely and the temperatures of the storage areas and medicines fridge were monitored to make sure they were within the recommended range.

No one living at the home was administering their own medicines at the time of our inspection. Medicines were being administered to five people covertly, which means they were given without the person's knowledge and consent. We saw best interest decision discussions had been held with all relevant people prior to people receiving their medicines covertly. The best interest decisions were documented. However, it is good practice to record each medicine which is to be given covertly and we found this was not always the case. This was discussed with the registered manager who said they would address it.

We found there was guidance for staff to follow when medicines were prescribed to be taken on an 'as required' (PRN) basis. Some medicines are prescribed with specific instructions about how and when they should be taken in relation to food. We found there were suitable arrangements in place to make sure these instructions were followed.

We looked at the MARs and saw a photograph of each person was attached to the front sheet to help ensure people were correctly identified. This reduced the risk that medicines might be given to the wrong person.

Certain medicines are classified as controlled drugs which means they have to be stored, administered and recorded in a specific way. At the time of our inspection there were no controlled drugs in use in the home. At the last inspection we found controlled drugs were stored and managed correctly.

We carried out a random stock check of two medicines dispensed in boxes and found they were correct. We saw arrangements were in place for the administration of topical medicines such as creams and ointments which were administered by care staff.

When people were prescribed dietary supplements these were recorded on the MARs and administered by

nursing staff. When people were prescribed thickening powders to add to their drinks these were administered by care staff. The care staff filled in a chart which showed how much they had used. This meant it was easy to check that the thickening powders were being used correctly.

All the staff involved in the administration of medicines had completed training and competency assessments had been carried out to make sure they were following the correct procedures.

We concluded people's medicines were being managed safely.

Is the service effective?

Our findings

All the people and relatives we spoke to told us staff had the training needed to care for people.

One relative told us, "The staff are doing their job, there is no doubt about that. They all know what they are doing and they get on with it." Another said, "This is the third home my relative has been in and the staff here have managed to settle my relative down which was not the case in previous places, the staff here are definitely capable."

People living at the home told us they felt they received care from staff who knew what they were doing and added their care was delivered in the way they wanted.

At the last inspection we found staff training was not up to date which meant the provider was in breach of regulation. During this inspection we found improvements had been made. All the staff we spoke with said the training provided was good and assisted them to carry out their roles effectively. This was supported by the training records which showed staff had attended a variety of training on subjects such as moving and handling, safeguarding, infection control, food hygiene, dementia, challenging behaviours and customer services. In addition we saw nursing staff had been provided with training relevant to their roles such as person centred care planning and risk assessment.

Staff told us the training provided was face to face or by ELearning. They said they discussed training during their formal one to one supervisions with the registered manager. This was supported by the supervision records. Staff confirmed when they had completed ELearning the registered manager or a nurse always discussed the course with them to ensure they had fully understood the content.

One staff member said, "The training is very good and we receive a reminder if our mandatory training is due or overdue. [Name of registered manager] encourages staff to take up training opportunities and will support you if you find an external course you want to attend provided it is relevant to the needs of the people we care for."

Staff appraisals were carried out once a year and in between staff had regular one to one supervisions.

We asked people about the food and feedback was varied. Comments included, "It's alright" and "sometimes it's alright and sometimes it isn't, there are too many chips served."

Two people told us they were offered a choice and one person said, "I just eat what is put in front of me." We saw the menu had two choices for the lunchtime and evening and the breakfast menu was varied and included a cooked option. People told us they got enough to eat and drink.

All the relatives we spoke with told us the food was good and said there was plenty of choice. Other comments from relatives about the food included, "There is good portion size, it's a balanced diet and they cater for my relative's diabetes. My relative likes the food. They always have a drink in front of them when I

visit." "I have eaten the food myself and it is good. My relative won't eat much but the staff try to encourage them to eat, giving them different choices. My relative will drink coffee and eat biscuits all day long but they try and get him to eat and drink other things." "The food is cooked well, my relative eats it. There is plenty of choice and the menu is always written up on the board. My relative gets plenty to drink."

We observed meal service at breakfast and lunch time and saw people enjoyed their food. At lunch time we saw most cleared their plates and were offered second helpings. We saw the person whose relative told us staff at Acorn had got them to eat and they ate very well. People were given tea/coffee to drink with their meal and some had water as well.

We observed that very few people had water/juice on their tables but relatives told us this was not the norm and that access to fluids was good. We observed tea/coffee/juice being served mid-morning.

The dining room was small but tables were set with cloths and placemats but no napkins. There were baskets of fruit and menus on each table. Menus were also written up on a board on the wall. The main meal was served at teatime. The registered manager told us they had changed this because a lot of people liked a late breakfast which meant they were not ready for a full meal at lunch time. The registered manager told us they had seen an increase in people's weights and a reduction in food waste since changing the meal service.

We saw people's weights were monitored and action was taken in response to unplanned weight loss. When people's dietary intake was being monitored we found the food and fluid charts were well completed. This meant it was easy to check whether or not people were getting enough to eat and drink.

We spoke with the cook who was aware of people's dietary needs and preferences. They were aware of the people who were at risk of malnutrition and explained how the added calories by using full fat milk, cream, butter and milk powder. The service catered for special dietary needs and at the time of our inspection as catering for people with diabetes and people who followed a Halal diet.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found conditions were being met.

Staff told us they had attended or were due to attend training on the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. The staff we spoke with had a general understanding DoLS and were able to name people living at the home who had an authorised DoLS in place.

Staff also told us, and we saw, there was an up to date list of people who either had an authorised DoLS in place or who had been referred to the supervisory body. This meant staff could easily access this information. The information provided showed if any conditions had been applied to the DoLS by the supervisory body.

The registered manager and qualified nurse we spoke with had a clear understanding of the MCA. This provided assurance the legal rights of people who lacked capacity to make their own decisions would be protected.

All the people we spoke with told us staff gave them time to digest information, explained what they were doing and asked for consent before providing care

We saw staff asked people's permission and provided clear explanations before and when assisting them with personal care. For example, we saw one person was reluctant to change their stained clothing following the lunchtime meal. However, the staff member showed the person the stains and gently persuaded them to change, which they happily did after a short period of time.

One relative told us they a Lasting Power of Attorney (LPA) and the home had spoken to them about this. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. It is important staff have information about this so they know what decisions can be made.

One person we spoke with told us staff contacted the doctor for them if needed, another person was not so sure. A third person told us staff did not always contact the doctor when asked. However, we did not find any evidence to support this. All the relatives we spoke with told us people were referred to other healthcare professionals such as doctors, dentists and chiropodists appropriately.

Most of the people who lived at the home were registered with one GP practice. A GP from the practice visited the home every week which meant people had the opportunity to see a doctor regularly. The service also used the 'Telemedicine' system. This provides a video link to health care professionals based at a local hospital. As well as providing immediate access to medical advice the 'Telemedicine' system helps to reduce unnecessary trips to hospital which people can find distressing. Within the care records we saw people had regular access to a range of health and social care professionals. This provided assurance people were being supported to meet their health care needs.

We saw the signage to communal rooms was good. There were photos on people's bedroom doors to help them identify their room. There were dementia friendly clocks and date boards in the lounges and dining room. Activities were written on a large noticeboard. There were cuddle dolls in one lounge and the activities organiser showed us some of the sensory (fiddle, twiddle) cushions they had started to introduce. These cushions are made with different colours and textures and can be comforting to people living with dementia.

Is the service caring?

Our findings

At the last inspection we found the provider was in breach of regulation and improvements were needed to ensure people's dignity and human rights were consistently protected and promoted. During this inspection we found improvements had been made.

The majority of people we spoke with told us staff were kind to them. One person said, "They are always offering us cups of tea." Another person said, "Staff are alright, if you want something you get it." All the visitors we spoke to told us staff were kind and caring. One relative said, "The staff are very friendly." Another said, "Staff are champion, you can have a bit of fun with them. Even when my relative was aggressive they handled them well. They are always helpful, kind and polite." The home had a comments book for visitors and we saw a visiting health care professional had commented, "I am always glad to visit Acorn. Staff are helpful and it's a very friendly, homely atmosphere."

Whilst some people could not recall if staff knocked on their bedroom doors before entering the majority of people told us staff respected their privacy and dignity. Relatives told us staff knocked on doors and waited before entering a person's room. Not all the relatives knew if their relative's privacy was respected when personal care was administered but all of them felt confident that it would be. When we looked around the shared rooms we saw there were privacy curtains in place and people's toiletries were stored in separate baskets with their names on. This helped to promote people's privacy and dignity. We saw staff were mindful of people's dignity when helping them to move with the aid of a hoist. For example, when assisting a woman who was wearing a skirt we saw staff used a blanket to cover their legs when they were in the hoist.

We observed people looked well-groomed and all the relatives we spoke with told us their relatives always appeared well groomed and cared for. All the people we spoke with told us they could have a bath/shower when they wanted to. Relatives confirmed this, one said, "Staff are very good at what they do; pay good attention to people's personal appearance."

Staff told us they were aware of the importance of assisting people to maintain their appearance and supported them to do this by ensuring their clothing was clean and assisting them with their personal hygiene. One staff member said, "The ladies especially like to look nice and it is important to them that their hair is brushed and they have nice clothes on. Wherever possible we encourage people to choose the clothing they wear and make sure they have their own personal toiletries."

We observed care interactions which were kind and gentle. Staff got down to people's level to engage with them. At lunch time we saw two people in the dining room required help and staff were gentle, kind and caring with them. We observed one person who could not communicate and although the staff member did not engage with them verbally they maintained good eye contact which seemed to reassure the person. In another instance the person had limited communication and the staff member engaged with them, chatting and keeping them focused on eating and encouraging them to eat and drink. We observed one person becoming agitated at lunch and staff successfully distracted them and encouraged them back to the dining table to finish lunch.

One person told us staff encouraged their independence by letting them get on with things. At lunch time we saw staff encouraged independence by cutting up food so people could eat themselves. We also saw some people had their food served in bowls so that they could eat without relying on staff to help them. We saw staff kept a discreet watch and intervened to offer help when people needed it. Relatives also told us they felt people were encouraged to maintain their independence. They cited examples of people being encouraged to walk, to eat independently and to make decisions about their day to day lives. We saw an example of this at lunch time when people who were finding it difficult to choose what they wanted to eat were shown plates of food, one with sandwiches, one with the hot meal to help them make a more informed choice.

Relatives told us they could visit at any time and always felt welcome, they added they were always offered a drink.

When we asked people and relatives about involvement in care plans the feedback was mixed. One person said they had seen their care plan, another person was not sure. Another person said, "Staff are very helpful, it's never a problem if you ask anything, if they cannot answer or sort it out they get someone else." All the relatives we spoke with told us staff listened to their relatives and to them. Two visitors told us they had been involved in their relatives care plans. They told us this had included discussions about planning for end of life care. We saw some people had DNACPR (Do not attempt cardio pulmonary resuscitation) forms in their care records. Relatives told us they were contacted if their relative's needs changed and felt they were kept well informed.

We observed that staff knew people's likes and dislikes and we this information was recorded in people's care plans.

We spoke with the registered manager about the Equalities Act 2010 and how the service took account of people's protected characteristics. The protected characteristics include religion, age, disability, gender, gender reassignment, marital status and race. They told us people's religious and cultural dietary needs were catered for and people were supported to attend religious services of their choosing. We found some people living at the home were from a South Asian background. Some of the staff had a similar background which meant they were able to communicate with people in their first language. This helped to make sure people's cultural needs were identified and met.

Is the service responsive?

Our findings

A relative we spoke with told us how much their relative had improved since moving into the home. They said, "The staff got my relative to eat well and to walk which they were not doing when they came into Acorn."

We found staff to be very knowledgeable about people's needs and how they preferred their care, support and treatment to be provided. We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. For example, one staff member saw a person living with dementia was becoming upset and immediately stopped what they were doing to reassure them. We saw the staff member remained patient whilst the person sought constant reassurance and asked them repetitive questions.

We saw another person behaving in a way which challenged in one of the lounges. Staff were quick to respond to the situation and reassured both the person concerned and other people in the immediate area.

The staff we spoke with told us they were encouraged by the registered manager to read the care plans in place to make sure they provided accurate and up to date information. One of the care staff said, "Although the nursing staff complete the care plans the care staff inform them of any significant changes in people's needs so that their care plan can be updated." Another said, "We are kept well informed of people's changing needs through the daily handover meetings which are extremely useful and ensure people receive appropriate care and support on a day to day basis."

We saw people's needs were assessed and there were care plans in place dealing with areas such as personal care, communication, mobility, eating and drinking, sleeping and social care. The care plans were up to date. We found some people's care plans were more person centred than others. The registered manager told us they were working with staff to improve this.

Two people we spoke with were aware of the activities in the home and of being helped to maintain contact with family. Another person told us about a range of activities organised by the home.

The relatives we spoke to were aware of the variety of activities on offer and spoke highly of the activities coordinator who clearly knew people very well. Relatives felt there was enough for their relatives to do if their relative wanted to be involved

One relative we spoke with told us how well staff had helped their relative who had been used to living alone and found it very difficult to cope with all the people being around. They started by playing music in the person's room because they liked music. Over a period of months they got the person to come downstairs and play a few games. They found the person a quiet place to sit where they would be overwhelmed by the volume of people.

We observed a sing song in the afternoon which was attended by a lot of people. The activities coordinator

was energetic and encouraging. There were a variety of activities on offer and the activity coordinator was particularly keen to do lots of activities with music to stimulate people especially those who could not communicate verbally. Other activities included painting, bat and ball games and exercise and music groups. People sometimes went out to the park and there were one to one activities for people who preferred to stay in their rooms. No past or future activity schedules were recorded in the activities file. This information would be helpful in evaluating the activities and helping to ensure a variety of activities to suit all interests were provided. People's individual participation in activities was recorded.

People living at the home told us they had not made any complaints nor were they aware of the complaints procedure. However, people told us they would not hesitate to talk to one of the staff if they had any concerns. Two relatives were aware of the complaints procedure and all told us they would be happy to approach the manager if there were any complaints. None of the relatives we spoke with had complained.

The provider had a complaints policy and procedure which was made available to people. We looked at the complaints file and found there had been one complaint since the last inspection. This had been investigated by the provider.

The home also kept a record of comments and compliments. We looked in the comments book and saw a number of positive comments. One person had written "It's lovely to see (name) so well groomed with her skin moisturised and her nails done." Another stated, 'My relative is so happy here, settled here the first day.' A third person had commented, "I find staff caring and respectful."

Is the service well-led?

Our findings

At the last inspection we found the provider was in breach of regulation because they did not have effective governance systems in place. During this inspection we found improvements had been made.

On both days of our inspection the registered manager was a visible presence throughout the home. Staff spoke positively about the way the home was managed and how approachable the registered manager was.

Staff told us they were involved in making plans to improve the service with the focus always on the needs of people who lived there. They told us they felt well supported by the registered manager and there were clear lines of communication and accountability within the home.

One staff member said, "We have a good staff team who work well together for the benefit of the residents. We have regular supervision and staff meetings which help to make sure all staff are aware of people's changing needs and any changes in policies and procedures." The records confirmed there were regular staff meetings.

Another staff member said, "I am very happy working at Acorn, all the staff are friendly, morale is good and the manager is approachable and listens to what you have to say." A third staff member said, "I think things have improved a lot since the last inspection. The staff team appear more motivated and are focused on making sure people are well cared for."

Many of the people who lived at the home had complex needs and were not always able to remember when we asked them about how the home was managed. However, most people were aware of who the manager was and felt they could talk to them. They were able to tell us they felt well looked after and we saw they were comfortable with the manager and staff.

Relatives we spoke with all knew who the manager was and felt the home was well managed. We asked them what it was that made them feel the home was well managed and comments included, "It's the way they look after them." "Staff stick to their own jobs, keep up to things, all departments run smoothly, its well organised, never any disarray or panic." "Staff here seem better qualified, maybe they can tolerate and manage challenging behaviour more." "There is no panicking, they change the room around for activities, its well organised and they get residents involved." "You cannot get any better, it's nice and clean inside and out, staff are good, people looked after well and the manager is good."

All the relatives we spoke with told us they would recommend the home.

There were meetings for people who lived at the home and their relatives. Meetings had been held in February and May 2017 and the topics discussed included CQC inspection reports, the refurbishment plan, activities and menus.

People had also been given an opportunity to share their views of the service in a survey carried out in February 2017. Thirteen people had responded and overall the feedback was positive. One person who lived at the home had commented, "I think the place is very good in general." A relative had commented, "We are satisfied with her care and staff, Mum is happy." We saw action had been taken in response to the survey, for example, the menus had been reviewed in April 2017.

There were systems and processes in place to monitor the quality and safety of the services provided. These included monthly audits of the premises and people's care such as weights, pressure sores and medicines. A member of the provider's quality assurance team carried out monthly visits to check various aspects of the service and the directors visited on a regular basis.

We found accidents and incidents were monitored and the required notifications were sent to the Commission.

We found these quality monitoring systems were more effective than they had been in the past at identifying areas for improvements and concluded the service was being well managed. While it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

The rating from the last inspection was displayed in the home as required by law.