

Axelbond Limited

Acorn Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Acorn Nursing Home is a nursing home supporting up to 40 people over the age of 65 with varying physical and mental health needs. At the time of the inspection there were 35 people living in the home. The home is over three floors and there is both lift and stair access to each. There is a large kitchen and laundry on the ground floor. There is one large communal area on the ground floor and at the time of the inspection two further communal rooms were being redecorated for use by the people in the home.

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

We found some records and audits were not dated and there were some inconsistencies around the accuracy of records to support the implementation of the Mental Capacity Act. We have given two recommendations about these concerns. Where records had not been updated to reflect people's current circumstance, we were assured this did not impact on the delivery of correct care as information on people's needs were clearly and accurately recorded on handover records and in communication books. 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 mostly supported this practice. Where we identified some incorrectly completed paperwork, we were told they would be immediately rectified. People told us they felt safe and were supported by well trained staff. Medicines were safely managed, and a medicines champion was in place to oversee this.

People told us they liked living at Acorn Nursing Home, we found positive staff relationships and meaningful activity taking place throughout the inspection. Staff treated people with dignity and respect and people were consistently given both choices and asked for their consent prior to any interaction.

The culture amongst the staff was positive with many staff describing their peers as "family". The rota was mostly covered by permanent staff who had been in post many years. Audits were in place and were regularly completed on both management and care records.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 April 2022) and there were 3 breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15, 16 February and 3 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of medicines,

confidentiality and respect and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Nursing Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Acorn Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 completed by 2 inspectors.

Service and service type

Acorn Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acorn Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we have received since the last inspection and reviewed information available in the public domain. We also sought feedback from key stakeholders. We used all this information to plan our inspection.

During the inspection

We spoke with 9 staff and 5 people who lived in the home. We reviewed 4 recruitment records and 7 care plans. We looked at accident and medicines records for the whole home and reviewed management information. We also observed staff interactions with people and looked around the home, including the communal areas, kitchen, laundry and people's rooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We delivered feedback to the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong
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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. However, we found some contradictions in the newly developed electronic records for the assessment of people's capacity and the associated best interest decisions. We reviewed the care people were provided and found people were not at risk of harm.
- We discussed this with the registered manager who assured us it was a training issue. We reviewed other additions to the system, and these were completed correctly. We were advised further review of the records would be undertaken.

We recommend the provider ensures paperwork supporting the implementation of the Mental Capacity Act is reviewed to ensure its accuracy.

- The registered manager ensured information was available to staff to manage? risks to people's health and wellbeing.
- Accidents and incidents were reviewed, and action was taken as required.
- Where people had specific dietary requirements, the chef was aware of this, and these were met.
- Risks associated with immobility such as pressure damage were managed, and people received regular repositioning.

Using medicines safely

At our last inspection the provider had failed to ensure records to safely manage people's medicines were kept in line with best practice guidelines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Procedures in place for the management of medicines ensured medicines were administered, recorded and stored correctly.
- Everyone's Medicine Administration Record (MAR) had full details of people's identification including their picture, room number and if they had any allergies.
- Prescriptions were followed and administered correctly including an early morning medicine round for those medicines required before food and timed records for those medicines that required a time between doses.
- Staff we spoke with were confident in administering medicines and knew people well. They were supported by good person-centred information on when "as and when required" medicines should be administered. This was particularly important when people could not clearly make their wishes known.

Staffing and recruitment

- There was enough suitably qualified and competent staff who were safely recruited to meet peoples' needs.
- Appropriate references were received, and checks were made with the disclosure and barring service. Some DBSs for staff who had been in post a number of years were to be completed a second time
- Once in post, staff were inducted to their role and when the registered manager identified any further training needs, they ensured they were delivered.
- Where appropriate, staff competence was tested and signed off including for the administration of medicines.
- Some fire training had recently expired but this was scheduled to take place as soon as practically possible.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with knew safeguarding procedures well and when to seek support to ensure people were safe.
- Staff were trained and referrals to the safeguarding board were made as required. One staff member told us, "If I had concerns, I would ring the Local Authority number or depending on the type of abuse potentially the police."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider had an open-door visiting policy with limited restrictions in place to protect mealtimes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; ensuring people are well treated and supported; respecting equality and diversity

At the last inspection staff did not consistently promote people's privacy and dignity. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Throughout the inspection we observed positive interactions with people living in the home and, we saw staff spent time engaging with people. We did not see anyone express any needs which were not met or addressed.
- Care plans had mostly moved onto the electronic system and those we reviewed were written in a respectful way and held confidentially.
- Staff spoke respectfully of people in the home, and we did not see or hear any inappropriate conversations or interactions.

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

- People who were supported in their rooms told us they were asked if they wanted to attend activities and go into the lounge.
- People we spoke with told us they were listened to. One person told us, "Staff are kind and caring."
- We saw people were asked throughout the day if they wanted to be involved in any activities or where they wanted to eat their meal.
- Care plans were reviewed mostly monthly, and we saw people's views, or their representatives were included in decisions and action agreed.
- One person told us, "It's a nice place to live, I like living here."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the registered manager and provider had failed to have effective oversight of the quality of care, risk and governance. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were effective systems for the governance and oversight of the service. Some minor amendments were required in order to ensure good audit trails and sign off of the identified actions. There were also some records in people's files that required review to ensure their accuracy since the last audit.
- Audits were in place which identified where action needed to be taken to drive improvement. However, on some occasions these were not dated, or the completion of the actions was not dated. We discussed this with the registered manager who told us the most recent audit was always the available audit in the file, but these could be better managed over time if they were consistently dated. We were assured this would happen moving forward.

We recommend that all documents and audits are dated in line with good practice, and monitoring of care records is completed to ensure their accuracy specifically following accidents or incidents.

- Audits were completed on all areas of provision including medicines and care records. The new nominated individual assured us all actions from audits would be included in an overall service improvement plan which would be overseen by them.

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; working in partnership with others

- Management worked well with the staff and people in the home. Staff felt included, their views were sought in regular team meetings and through open communication channels.

- Staff we spoke with spoke highly of working in the home and when asked if they would place a family member in the home, we received positive responses. One staff member said, "Yes because it's caring, staff attitudes towards people, you can see the love and care."
- People's health needs were regularly reviewed, and staff worked well with external professionals. Staff spoke of good relationships with local GPs, district nurse teams and their pharmacy.