

Oldham Property Investments Limited

Acorn Lodge 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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Acorn Lodge is a care home which provides accommodation and care for up to 85 older people across four separate units. One unit specialises in providing care to people with dementia. During our inspection the service was providing care to 73 people.

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

On the inspection we identified concerns about safety and governance. These amounted to breaches of legislation, although we did not identify anyone had suffered harm as a result. The provider and manager commenced immediate action to resolve the issues identified.

People had not always been safely assessed by a competent member of staff to use appropriate equipment for moving and handling transfers. The provider had addressed some of these issues before the inspection and work was ongoing. Two bath hoists were not fitted with appropriate lap belts. People told us there were sometimes not enough staff on duty. We have made a recommendation about the call bell system.

People and relatives were complimentary about staff's skills, who had been provided with training to help increase their awareness of people's needs. People's needs were assessed, and staff were provided with guidance to help inform their practice. Overall, people were complimentary about the range of food available and people who needed assistance to eat and drink were supported with sensitivity and patience.

Everyone we spoke with said the staff were caring. People told us they were happy and regarded the service as their home. People's privacy and dignity were maintained, and they were treated with respect, kindness and compassion. People were involved in discussions and decisions about their care.

Staff cared for people the way they preferred. However, these details were not always captured in people's care plans. Formal complaints were recorded and responded to appropriately. People were supported by Acorn Lodge as they came to the end of their lives. However, more detail was required in care plans to consider and support people's wishes. We have made a recommendation about end of life care training.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the services provided. However, audits had not identified risks to people's safety and shortfalls in person-centred planning. The management team were receptive to our feedback and started to make the required improvements immediately. They were committed to making improvements at the home, and ensuring effective systems were 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.

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 this service was good (published 5 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safety and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Acorn Lodge 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and two Experts-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

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

Day one of this inspection was unannounced. On day two, the management team knew we were visiting.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service and ten relatives about their experience of the care provided. We spoke with the registered manager, area manager, the chef, two activities coordinators and eight members of nursing and care staff. We also spoke with two health care professionals who visited the home during the inspection.

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 reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had not always been safely assessed by a competent member of staff to use equipment for moving and handling. The provider had planned before the inspection to rectify this and had appointed external agencies to carry out moving and handling assessments. This process had started prior to the inspection but some people still needed to be safely assessed.
- Two lower floor bath hoists were not fitted with lap belts and were not conspicuously marked as unsafe to use. The registered manager acted immediately to ensure the two bath hoists were signed as unsafe to use until appropriate lap belts were fitted. The provider told us they planned to update all four bathrooms at Acorn Lodge later this year.

Due to poor management of moving and handling people were placed at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Each person living at the home had their own risk assessment in place covering areas such as moving and handling, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated.
- Routine health and safety checks were carried out by Acorn Lodge's maintenance officer. These included regular testing of water and fire safety systems.
- New hygienic flooring had replaced old carpeting since we last visited Acorn Lodge.
- The home was clean and tidy on both days of the inspection.

Using medicines safely

- Medicines were observed to be administered safely. However, we identified shortfalls with certain aspects of medicines management including the administration and storage of topical medicines which the registered manager confirmed had been addressed immediately.
- One visitor told us they routinely found medicines had been left in a medicines pot in front of their relative who could not always be relied upon to take them independently. This had resulted in the medicines being found on the floor of the bedroom on several occasions. However, we could not substantiate this comment. We informed the registered manager about this.
- Care plans to administer medicines covertly lacked the detail required to ensure this was done safely and were not reviewed in line with current guidance. The registered manager immediately arranged to have these reviews carried out.

Staffing and recruitment

- Call bell audits identified that people sometimes had to wait between five and ten minutes for carers to answer their call whilst they were in their bedrooms. The registered manager told us this data was for a 'non-emergency' call bell and they do not audit response times for the 'emergency' bell. This meant that people could press the wrong bell in confusion or an emergency situation and have to wait a considerable amount of time for staff to respond.

We recommend the provider carries out a full review of the current call bell system so that people are responded to in a timely manner should there be an emergency.

- Most people and relatives told us there were enough staff at Acorn Lodge. However, one staff member, three people and four relatives raised concerns about staffing levels and the reliance on agency staff. Comments included; "There are not always enough staff on duty. There are always a lot of agency staff covering. Staff response times can vary", "It can be busy around teatime with a substantial wait for support from staff" and "The home can be understaffed, especially at weekends. There are also a lot of agency staff who don't know [person's] needs."
- Staff recruitment processes were safe and there was enough staff to meet people's needs on both days of the inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. People told us they felt safe and this view was confirmed by relatives. One person said, "There is always someone around and I'm not on my own". A relative said, "From day one I felt [person] was 100 % safe and well cared for."
- Staff were knowledgeable about what action they would take if abuse were suspected. They raised no concerns about staff practices and told us that action would be taken if safeguarding concerns were raised.

Learning lessons when things go wrong

- Accidents and incidents had been managed appropriately.
- Following a recent incident involving a moving and handling manoeuvre, the management team arranged an independent reassessment for all people who transferred using equipment. Reassessments were ongoing at the time of the inspection and were being carried out in priority order.
- In response to this incident the management team had also arranged for all staff to refresh their moving and handling training and for eight staff to complete additional moving and handling training allowing them to assess people within the home and provide safer outcomes.
- The management team took immediate steps during the inspection to address the concerns we raised and to make improvements.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's physical, mental health and social needs had been considered and assessed. Staff were provided with guidance to help ensure they supported people in accordance with best practice guidance. For example, staff were provided with guidance about how to support one person when they were feeling anxious or depressed.
- Some care plans required more detail to ensure they were fully person-centred. Staff were already working on care files to update them at the time of the inspection.

Staff support: induction, training, skills and experience

- Staff had completed training which the provider considered essential for their roles. Specific training for care staff was being sourced in relation to end of life provision.
- People and relatives told us they had confidence in staff's abilities. One person told us, "The staff seems efficient and effective. I've got the highest confidence in the staff here."
- Staff received regular supervision from the management team and told us they felt well supported.

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

- People were generally complimentary about the food choices and quality at Acorn Lodge. One relative commented that they would like to see more fresh vegetables on the menu.
- The lunch time experience was observed to be peaceful and pleasant. However, there were not always napkins or condiments on tables for people to use.
- Staff promoted people's independence. For example, a staff member offered minimal support to assist one person so they could eat independently. Another person was assisted with a soft diet in a patient, encouraging manner.
- Food was prepared to meet individual dietary requirements. One relative commented, "The mealtimes seem very pleasant and the regular staff will always make alternatives to the food on offer."
- Where people were at risk of malnutrition they had been prescribed supplements, or their meals were being fortified. People's weight and nutritional assessments were reviewed every month and actions were taken if people were at increased risk.

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

- The inspection team noted that parts of the building were tired and in need of decoration. Some areas were sparsely decorated. The registered manager told us that a decoration programme was underway.
- There were some modifications to meet the needs of people living with dementia, such as colour

contrasting handrails and signage. The provider told us they were committed to providing an appropriate environment for people living with dementia.

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

- The service had positive working relationships with community medical services. Evidence was in people's files of their access to doctors, community nurses, physiotherapists, dieticians and speech and language therapists. A visiting health and social care professional told us, "People seem well cared for here. In my experience staff are responsive to people's needs."
- People were also referred to local podiatry services, optical and dental services who could make visits people at the service.

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.

- Staff had a good awareness of MCA and DoLS.
- People who had a health condition that had the potential to affect their decision-making, had their capacity assessed in relation to specific decisions.
- When people were unable to consent to staying at the home, DoLS applications had been made. There were effective systems in place to ensure DoLS that had been authorised were monitored and managed appropriately.
- Some people had Lasting Powers of Attorneys (LPA) that enabled others to make decisions on their behalf. The registered manager had assured themselves that people had appropriate legal authority by obtaining copies of documents before liaising and sharing information with others.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us staff were caring. One person said, "I think that the staff members are kind. I love it here and staff supported me very well in the early years."
- A relative told us, "I think they have a good staff here. They are considerate and kind. They treat us with respect and would do anything for us. They show [person] respect by knocking on the door. They will also pass the time of day with us. I feel that privacy and dignity are respected. [Person] seems to feel comfortable with all aspects of personal care."
- Many of the staff had worked at the service for a number of years and had built strong relationships with people and their loved ones.
- Staff were observed to treat people with affection and respect throughout the inspection.

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

- People and their loved ones were involved in planning their care.
- People would let staff know daily what they would like to do.
- Regular staff knew people well and used their knowledge to support people to make choices and reassure them as needed.
- One relative told us, "The staff encourage [person] to make everyday choices and do as much as they can on their own."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff looked for other signs like facial expression or body language to establish what people wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person said, "They always knock at the door before coming in. Everything is done properly."
- A relative told us, "Staff do try to support independence and encourage [person] to do as much as possible for themselves."
- People's private records were stored securely at the home to maintain confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs may not have been met in line with their preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Acorn Lodge had received positive feedback and thank you cards about the care they provided to people coming to the end of their lives. However, people's wishes at the end of their life, and the wishes of their relatives were not always explored or recorded in their files. Since the inspection the registered manager informed us that people and relatives wishing to plan for end of life care had been offered the opportunity to do so.
- Nursing staff and senior care staff had been trained in end of life care principles. However, some care staff had not completed training in end of life care despite the home offering this service. We recommended during the inspection that the provider sourced appropriate training.
- Not everyone on the dementia unit had a recent photograph to help them identify their bedrooms. Regular staff knew people's needs well. However, life histories or care preferences had not consistently been translated into care files to assist new or agency staff care for people in a person-centred way. After the inspection the registered manager informed us that photographs and life stories had been completed.

Improving care quality in response to complaints or concerns

- People and their relatives had regular opportunities to discuss any issues or concerns they had at meetings and the registered manager confirmed their door was always open.
- Complaints that had been logged formally were responded to and investigated in line with the providers complaints policy. However, information received prior to the inspection suggested the provider had not been receptive to concerns raised by email. The registered manager said, "Complaints received by telephone and email are added to complaints log and followed up in the same way that written complaints are handled."

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.

- People were given information they could understand, staff supported people with any questions they might have.
- There were signs, pictures and explanations for people up on the walls so that they could understand and access information. This included guidance on how to complain, the food menus, activities and general information. Staff used specific communication methods with each person. This included hand

signs, objects of reference and pictures.

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 could have visitors at any time and loved ones often spent time at the service joining them for meals or spending time in the communal areas or bedrooms.
- Activities were managed by two enthusiastic and interactive coordinators. Most people told us they were happy with the range of activities on offer. However, one relative said they wished there could be more daily skills activities available. For example, folding laundry and setting the tables. The local church held a regular service at the home.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant improvements were ongoing and needed to be embedded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits were completed in areas such as care plans, medicines and environmental safety. However, provider systems and processes failed to identify risks to the health, safety and welfare of service users.

The provider and registered manager had failed to mitigate risks relating to moving and handling management. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team and care staff had a good understanding of their responsibilities.
- Appropriate policies and procedures were in place.
- There were daily handovers for staff and daily meetings held with the heads of unit to ensure the manager had an overall view.
- There was a staffing structure which provided clear lines of accountability and responsibility. There were always senior staff and trained nurses available to monitor people's health and well-being and be available to less experienced staff to offer advice and guidance.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager knew and understood their responsibilities to inform the CQC, people, relatives and other agencies of incidents or events.
- Surveys were sent out annually to people and relatives to gather feedback about the quality of the service provided.
- Staff attended meetings to receive updates and share their ideas.

Continuous learning and improving care; Working in partnership with others

- There was organisational oversight of the service. The registered manager told us, "I am well supported by the area manager who visits the home regularly."
- There were monthly management meetings to discuss issues and share ideas.
- Staff worked closely with other professionals such as GP's and physiotherapists to ensure people's needs were met and they were supported to maintain their independence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to provide care and treatment in a safe way and do all that is reasonably practicable to mitigate risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Provider systems and processes failed to identify risks to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.