Axelbond Limited

Acorn Nursing Home

Inspection report

125 Newton Drive,
Blackpool
FY3 8LZ
Tel: 01253 392440
Website: www.acornnursinghome.co.uk

Date of inspection visit: 24/03/2015
Date of publication: 11/05/2015

Ratings

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

Overall summary

The inspection visit at Acorn Nursing Home was undertaken on 24 March 2015 and was unannounced.

Acorn Nursing Home provides care and support for a maximum of 40 older people and people who may have a physical disability. At the time of our inspection the home was full. Acorn Nursing Home is situated in a residential area of Blackpool. There are ensuite facilities and lift access to all floors. A number of lounges are available so people can choose where to relax.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 10 October 2013, we asked the provider to take action to make improvements to how people's care and welfare was maintained. At the follow-up inspection on 23 January 2014 we observed improvements had been completed and the service was meeting the requirements of the regulations.

During this inspection, people who lived at the home and their representatives told us they felt safe. We observed

Summary of findings

staff were respectful and caring towards individuals and had a good understanding of how to protect them against abuse. Risk assessments were in place to protect people from the potential risks of receiving care and support.

Staff worked with individuals to ensure they received appropriate support and followed their agreed care plans. Care records were up-to-date and personalised. Staffing levels, skill mixes and medication processes were managed safely to ensure people were safeguarded against inappropriate care.

People told us they were involved in their care and were supported to make decisions and maintain their independence. We observed staff demonstrated an effective understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Systems were in place to protect people's human rights and we observed staff followed their recorded preferences and diverse needs.

We observed staff maintained people's privacy and dignity throughout our inspection. For example, staff knocked on bedroom doors and posters were placed about the home describing good practice about the principals of dignity. Staff effectively monitored people's health and worked with other providers to ensure their continuity of care.

We found there was a welcoming and friendly atmosphere in the home. Staff and people who lived at the home told us the registered manager was visible and promoted an open working culture. People were supported to express their views about the quality of the service they received. The management team carried out frequent audits to protect the welfare and health and safety of staff, visitors and people who lived at Acorn Nursing Home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe whilst living at the home and staff demonstrated a good understanding of related principals.

We found the management team had sufficient staffing levels in place to meet people's needs and new staff had been safely recruited.

We observed medication was administered safely.

Good

Is the service effective?
The service was effective.

People were supported by effectively trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were protected against the risks of malnutrition.

Good

Is the service caring?
The service was caring.

People told us staff were caring and sensitive to their requirements. We found staff promoted people's dignity and supported their diverse needs and independence.

People and their representatives told us they were assisted to maintain their relationships and were involved in care planning.

Good

Is the service responsive?
The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully occupied.

People told us up-to-date information had been made available to them about how to complain if they chose to.

Good

Is the service well-led?
The service was well-led.

People and staff told us the registered manager was supportive and promoted an open working culture at Acorn Nursing Home.

There were a variety of systems in place to support people to comment about the quality of the service they received. This included resident meetings and satisfaction surveys.

Good

Summary of findings

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

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 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. The expert by experience had experience of caring for older people.

Prior to our unannounced inspection on 24 March 2015 we reviewed the information we held about Acorn Nursing Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority in relation to people's safety at Acorn Nursing Home.

We spoke with a range of people about this service. They included the registered manager, three staff members, fifteen relatives and people who lived at the home. We also spoke with Healthwatch Blackpool and the commissioning department at the local authority who told us they had no ongoing concerns about Acorn Nursing Home. We did this to gain an overview of what people experienced whilst living at the home.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care on several occasions throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to five people who lived at Acorn Nursing Home and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe whilst living at Acorn Nursing Home. One person said, "I feel safe here in my heart and in my head". A relative stated, "My [relative] has been here for four years. She is very settled and safe. I know she is safe because she always says she is. She's settled, smiling and happy."

We checked how staff recorded and responded to accidents and incidents within the home. Documents included a brief outline of how accidents occurred and what actions were taken to reduce the risk of further occurrence. The registered manager had put systems in place to minimise the risk to people of receiving unsafe care.

We found some window restrictors needed replacing and a top floor bedroom had damp damage that required attention. The registered manager assured us, "We have a new handyman who is beginning to address our ongoing maintenance issues. We are getting our windows at the front replaced and undertaking a redecoration programme."

We noted assessments were in place that were designed to protected people in an emergency. For example, care records contained fire evacuation plans that informed staff how to support people safely in the event of a fire.

When we discussed the principles of safeguarding people against abuse with staff, they demonstrated a good understanding of processes to follow. One staff member told us, "I would report any concerns to the nurse in charge. I would feel confident that any whistle blowing would be dealt with properly." Training records we reviewed confirmed staff had received guidance about safeguarding procedures to underpin their understanding. This demonstrated the registered manager had enabled staff to develop their skills in protecting people against abuse.

Care records contained an assessment of people's requirements and an evaluation of any potential risks whilst they lived at the home. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, mental and physical health needs, falls, moving and handling, pressure sores and nutrition. Records were in-depth and covered detailed actions to manage risk. This showed the registered manager had systems in place to minimise potential risks of receiving care to people it supported.

Posters were placed throughout the home to guide staff and visitors about good practice in maintaining infection control. This included effective hand hygiene and information about preventing the spread of infections. A relative told us, "The place is always clean and tidy and smells nice."

We checked rotas to assess whether people's needs were met by sufficient numbers of skilled staff. We noted skill mixes were suitable to support people and that staffing numbers had been increased in line with occupancy levels. A staff member confirmed, "Our staffing has just been increased because we have really filled up and now have 6 staff in a morning and 5 in evening."

This showed people were protected against unsafe care because the registered manager had assessed that staffing levels continued to meet their needs.

The use of agency staff was kept to a minimum and we were told staff who had stopped working at Acorn Nursing Home were retained as bank staff. This meant continuity of care could be maintained because staff that were utilised where familiar to people who lived at the home. All the people we spoke to told us the staff responded very quickly when they activated their call bells. One person said, "The staff look after me well, they are always there."

When we discussed staffing levels with staff and people who lived at the home, we were told these were adequate. We observed staff supporting individuals in a timely and unhurried manner, using a caring and patient approach. One person told us, "At night there are always carers around when you need them." A staff member stated, "The manager looked at our workloads and increased staffing numbers to support us in meeting the needs of the residents. I think there's enough staff on now."

We checked staff files and found correct procedures had been followed when staff had been employed. This included reference and criminal record checks, qualifications and employment history. One staff member told us, "My recruitment was very good and was done very professionally. I started off on placement and did my work

Good

Is the service safe?

experience here." A relative said, "When new staff come in they're a bit green. But they've got to learn somewhere. The more senior staff support them well and show them how to do things properly."

Additionally, records we reviewed showed that where staff were required to have a current professional registration in order to practice this was in place. The registered manager had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We checked how medication was dispensed and administered to people and observed this was done in a safe, discrete and appropriate manner. One person told us, "The staff make me feel safe, they give me my medication every day at the same time". We were informed the management team sought external support to ensure medication processes were safely managed. The registered manager told us, "We get support from the local authority with medication."

There was a clear audit trail of medicines received, dispensed and returned to the pharmacy. Related documents followed national guidance on record-keeping. Medication was stored safely and the management team undertook regular audits to check and act upon any identified issues that arose with medication procedures. All the staff who administered medication had received training to underpin their skill and knowledge. One staff member not directly responsible for administering medication told us, "We've had some training on medication, such as how to monitor people when they've been given a tablet, or if they refuse it or spit it out. But we don't give meds as we're not trained to do so." This ensured medication processes were carried out using a safe and consistent approach.

Good

Is the service effective?

Our findings

People and their representatives told us they felt their care was good and provided by experienced, well-trained staff. One person said, "When my catheter needed changing the carers changed it and it was done in a professional way." A relative stated, "The staff are very experienced and well-trained. They know what they're doing."

Staff told us they received training to support them to carry out their responsibilities effectively. A staff member said, "We do a lot of training, it's really good here. For example, I've done training on catheterisation, venepuncture, syringe driver, fire safety and food safety." Another staff member told us, "I have done my level 2 NVQ [National Vocational Qualification] in health and social care and I'm now looking to do my level 3. The managers are supportive for us to access training."

We checked the training matrix the registered manager had in place, which confirmed staff had guidance relevant to their role. This highlighted training had been provided in moving and positioning, fire safety, infection control, hand hygiene, health and safety, respect and food safety. The registered manager told us, "The community support team are very helpful. They've given a lot of support to us with care planning, pressure relief, tissue viability and general advice." A staff member added, "I did an eight week course on dementia provided by [the local authority]. That was great and I learned such a lot." This showed the registered manager sought a variety of reliable sources to ensure people received support from effectively trained staff.

Staff told us they received supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. We noted records of supervision meetings indicated staff received this every three months. This covered areas such as a review of their progress, performance, training needs and any personal/professional issues.

We observed staff communicated with people using an effective approach. For example, we saw staff kneeling down and speaking with individuals at eye level. When supporting individuals to transfer, staff gave clear explanation and reassurance throughout the procedure and ensured people understood instructions.

We were told an effective communication system was in place at Acorn Nursing Home. A staff member said, "We have a communication book and every shift we have a handover and we talk with each other. We look at care plans to check for any changes. We communicate well as a team." This meant the registered manager had established communication systems to protect people against inappropriate care.

Care records contained documented evidence of people's consent to their care and support. This included information about people's preferences with regard to, for example, personal care, activities, getting up times and meals. A relative told us, "The staff and manager always check how [my relative] likes to be supported." We observed staff checking with individuals what they wanted to drink and where they wished to sit, as well as asking people, "Can we open the windows?"

A staff member told us, "We try to take residents' wishes into account first. For example, a man's wife recently said he would have soup, he wanted corned beef hash; we gave him what he wanted and he ate it all. People's tastes can change over time; another person has recently started taking sugar in her tea again." Another staff member said, "If people cannot communicate we check with their family and we also check people's care plans." This demonstrated people were supported to make decisions about their care and support.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There had been no applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection. Staff had a good understanding of basic principals in relation to the MCA. A staff member told

Good

Is the service effective?

us, “We talk with residents and help them to make decisions, such as what they want to do. We explain things properly and we know our residents and their needs. We take the time to do this and explain things properly.”

People were supported with their nutritional needs wherever they chose to eat. Staff engaged with individuals using a quiet and discrete approach. For example, staff sat with people and encouraged them to socialise. We observed appropriate equipment was in place to support people who found it difficult to eat or drink. A relative told us “The staff encourage my [relative] to eat.” The cook explained, “I purchase what I need. I don’t have too much restraint on this, although I have to answer to the owner. It’s good, fresh produce and proper meals.”

Staff checked with people about what they wanted to eat and ensured they had ample portions. The cook had in place a four-week meal programme to provide people with a variety of menu options. One person said, “The food is beautiful with lots of choice and is very healthy.” The cook told us, “I talk with the residents to check menus and change this after their feedback. It’s about giving people what they want, including special diets, like diabetic and others related to people’s conditions.”

The main meal choices during our inspection were roast lamb or chicken and we sampled the food provided. We found this to be well-presented, nutritious and of a good standard. Lunch was a relaxed and social occasion and sufficient fluids were provided to assist with the maintenance of people’s hydration. Care records we checked contained nutritional risk assessments and documents to monitor people’s weights and fluids to assess people against the risk of malnutrition and dehydration.

We found the kitchen clean and hygienic. Records, such as cleaning schedules and appliance temperature checks, were in place to ensure people were protected against the risks of poor food safety. Acorn Nursing Home had been awarded a four star-rating following their last inspection by the Food Standards Agency. This graded the service as ‘good’ in relation to meeting food safety standards about cleanliness, food preparation and associated record-keeping.

Where an individual’s health needs had changed, staff worked closely with other providers to ensure they received support to meet their ongoing needs. Care files contained a record of professional visits, including the reasons for this and any ongoing actions to manage people’s health. A relative told us “The staff keep me informed about any health issues.” A staff member told us, “I report any health changes to the nurse in charge. We call the GP or an ambulance, if necessary. We document all this and commence appropriate charts.” The registered manager ensured people were supported to maintain their health by having access to other services.

Good

Is the service caring?

Our findings

People who lived at Acorn Nursing Home and their representatives told us staff were caring. One person said, "The staff are very caring and nice and respectful, they are also affectionate when I am down." Another person explained, "I never see a carer in a bad mood, there is a happy ambience about them." A third person told us, "The carers even check the water to make sure it's not too hot, they are very caring." A fourth person stated, "I have known the staff a long time they are very caring."

We observed staff consistently protected people's privacy and dignity. For example, staff knocked on people's doors and spoke with people in a respectful manner. One person told us, "I trust the staff they listen to me and if I tell them something in private I know they won't tell my family." Another person said, "The staff are brilliant."

We saw posters placed at various points within the home that highlighted the importance of maintaining good standards in dignity. These were sourced from the Health and Social Care Advisory Service (HASCAS) and provided staff with guidance about what good standards in dignity meant. This showed the registered manager provided guidance that was underpinned by evidence-based, best practice.

Policies and various care documents in place referred to the diverse needs of people who may be vulnerable and are classed as protected characteristics under the Equality Act 2010. For example, care files contained an assessment form where staff recorded people's religion, ethnicity and sexual orientation.

When we discussed protecting people's rights and diverse needs with staff, they demonstrated a good understanding. A staff member told us, "We had a gentleman who was Jewish for end of life care and had quite comprehensive instructions for when he died, which we had to follow exactly. He told me that he was never as strict with his diet and he would like to have some chicken, so we gave him some." This showed the registered manager took into consideration people's diverse and cultural needs when delivering care.

We reviewed five care records to check how people were involved in their care planning. We found records were comprehensive and checked people's individual preferences. We noted care plans were personalised to the needs of the people they concerned. Records identified individual requirements, agreed actions to support people along with expected outcomes. One person told us, "My care has been discussed with me." A relative confirmed, "The staff discuss [my relative's] care plan with her and my son."

People additionally told us how important their independence was to them and that staff were instrumental in assisting them to maintain this. One person said, "If I have a shower or a bath the staff help me and they give me confidence." Another person explained, "The carers encourage me to be independent, they treat me with dignity and respect." We observed staff had a good understanding of people's agreed, planned requirements. One staff member told us, "Good care is about being friendly, having choices and helping residents to feel like this is their own home. Having a laugh and a joke with people."

People told us they were supported to maintain their important relationships with family and friends. A relative said, "The staff are absolutely fantastic. They're very caring, supportive and kind. They have a laugh with us and are always welcoming and friendly." We found staff had kept people and their relatives informed about ongoing health concerns. One person told us, "The staff keep a fluid conversation going, they explain about my health and what medication I am on."

Good

Is the service responsive?

Our findings

All the people and relatives we spoke with felt staff were responsive to their needs. One person said, "The staff are very kind and caring, they are very responsive to my needs." One person told us, "Whether it's early morning or late at night, no matter what I have asked for or requested, they always help me."

Care records we checked had been regularly evaluated, which meant staff were kept informed about responding to people's changing care requirements. Records were detailed, organised and personalised. We noted not all documents had been signed and dated by staff. We discussed this with the registered manager, who assured us this would be reviewed and addressed in line with national guidance on record-keeping.

Our discussion with staff demonstrated they understood how best to meet people's changing needs. Staff told us they updated themselves to care plans in order to ensure they grasped people's care requirements and individual preferences. For example, a staff member explained, "We currently have one lady who only wants personal care from female carers. So we make sure she has female carers, it's not a problem".

During the afternoon of our inspection, we observed staff engaging people in various activities. This included games, such as dominos and cards, on a one-to-one basis and in small groups. We saw people laughing and interacting with staff in a fun and appropriate manner. A staff member told us, "I come to work enjoying it. I enjoy having a laugh with the residents, playing games and that."

Most people we spoke with were happy with the activities and entertainment. However, one person said, "I would love a bath every day but I only get one a week, I would be quite happy to use that time as an activity." When we raised this individual comment with the registered manager, we were told activity programmes would be reviewed to look at the requirements of everyone who lived at Acorn Nursing Home.

The registered manager informed us they were planning for the future needs of people living with dementia, including support to improve their memory and social interaction skills. For example, they told us, "We are purchasing 'Remipods'. This equipment helps to aid reminiscence for residents with memory problems. It could be a shop or old style cinema with an old TV and other equipment to aid memory." This was because people newly admitted to the home were presenting with more complex needs, including early onset of dementia. This showed the registered manager had considered ongoing improvements to the service for the benefit of all the people who lived at the home.

We found the complaints policy the registered manager had in place was current and had been made available to people who lived at the home. The registered manager had ensured people were enabled to comment about the service they received by placing the complaints procedure in the service user guide. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. At the time of our inspection there had been no complaints.

We discussed the management of complaints with staff, who demonstrated a good understanding of the various processes. People and their representatives told us they felt their concerns were listened to and managed appropriately. One person said, "I have no complaints but if I had I would go to the manager she is very approachable." A relative stated, "I would know how to complain, as I would just go and see the manager. But I've not needed to and I wouldn't change a thing."

Good

Is the service well-led?

Our findings

Everyone we spoke with said they knew the registered manager and thought they ran the home efficiently. People told us they thought the registered manager was respectful and caring. The atmosphere in the home was welcoming and relaxed. A relative told us, "If I had to give the staff and manager a score between one and ten, it would always be ten. It's a lovely team and [the registered manager] is lovely. She's a good manager and she's very caring."

Staff told us they worked well as a team and that the registered manager was supportive and promoted an open working culture. A staff member told us, "It's nice here and I think we have a really good team. It's got a lovely atmosphere, like a family." The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day-to-day duties. Any performance issues could be addressed as they arose. One staff member told us, "The managers are supportive about anything. I can go to them anytime. [The registered manager] is very good. She works with us as a team on the floor and is really supportive."

Team meetings were held every six months or more frequently if required. The last meeting looked at, for example, staffing levels, management, laundry processes and care provision. We saw evidence that the registered manager followed up identified issues to ensure these were managed effectively. For example, staffing levels had been increased due to greater workloads. A staff member told us, "If we have any ideas [the registered manager] always listens to us."

Resident meetings were held every six months, whereby people were supported to express comments about the service they received. Minutes from the last meeting looked at the Gold Standards Framework, standards of care, fundraising, meals and activities. Comments we saw on thank you cards from people who lived at the home and their relatives included: "A very big thank you for making [my relative's] last few weeks comfortable for him. It is very much appreciated."

People told us they were further supported to comment about the service through other sources, for example satisfaction questionnaires. This had been provided in different formats, such as large print, to enable people with different requirements to complete the document. We reviewed completed forms from the last survey, which was very positive about the quality of the service provided. One person commented, "I have been here just over a year and the care and kindness I have had has been wonderful. The staff taught me how to walk again".

The registered manager told us they had passed the National Gold Standards Framework for End of Life Care. The external assessor had provided training and rated the service in how staff and the management team provided care for people nearing their end of life. Information about the award was made available to people who lived at the home and their relatives. This demonstrated the management team valued people by implementing training for staff to support individuals to a high standard.

In addition, the management team regularly carried out a range of internal quality audits. These ensured the service provided remained consistent. Quality checks included accidents and incidents, infection control, health and safety, compliments and medication. Additionally, the registered manager regularly undertook a care review audit, which checked that care plans, records, weights, risk assessments and other assessments were up-to-date. The service's gas and electrical safety certification were current. There was a business continuity plan established to protect people against untoward incidents that might stop the service from working. This meant the registered manager monitored whether the home was maintaining an effective service and acted upon identified problems.