Ackroyd House Limited

Ackroyd House

Inspection report

Ackroyd House
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Rotherham
South Yorkshire
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Tel: 01709364422

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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 22 October 2018 and was unannounced which meant the people living at Ackroyd House and the staff working there didn't know we were visiting.

The service was previously inspected in February 2018, when we identified five breaches of regulations. The registered provider did not ensure care was person-centred, did not manage risks to ensure peoples safety, was not meeting the requirements of The Mental Capacity Act, did not ensure people received adequate support to be able to meet their nutritional needs and there was ineffective governance and oversight by the registered provider. The service was rated as Inadequate and it was placed in special measures.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the service.

At this inspection we checked if improvements had been made. We found that the provider had addressed all the concerns raised at our last inspection and made sufficient improvement to meet the requirements of the regulations. The overall rating of the service improved to requires improvement and removed from special measures.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Ackroyd House' on our website at www.cqc.org.uk.

Ackroyd House 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 provides accommodation for up to 52 older people in one adapted building, including people living with dementia. It is situated on the outskirts of Rotherham. It is close to the local hospital and bus routes. At the time of our visit there were 51 people using the service.

At the time of our inspection there was not a registered manager in post. 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. However, the registered provider had appointed a manager who was in the process of registering with CQC at the time of our inspection.

Since our last inspection the registered provider had made changes in the management team, there was a new manager and a new deputy manager, who was the clinical lead. The new team were beginning to establish and lead the service. However, the systems in place to monitor the service were new and although had identified areas of concern, the concerns had not always been addressed as the systems required

further embedding into practice and improvements sustained by the new management team.

There were systems in place to manage medication administration and predominantly these were followed. However, we found issues with documentation that the providers audits had previously picked up but had not been addressed. This was actioned immediately by the provider.

People were safeguarded from the risk of abuse. Staff confirmed they received training in this subject and could explain what actions they would take if they suspected abuse.

Risks associated with people's care were identified and managed appropriately which kept them safe.

There were sufficient staff available to support people who used the service in a timely manner.

The service was clean and people were protected against the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received the training and support required for them to carry out their roles effectively. People received support from healthcare professionals when required and their advice was followed.

People were supported to maintain a healthy and balanced diet which included their choices and preferences.

We observed staff were kind, caring and considerate. Staff respected people's privacy and dignity and involved them in their care and support.

The service was responsive to people's needs. Care records we looked at contained current information required to assist staff in how to support people. People were involved in social activities and enjoyed a range of social events.

The provider had a complaints procedure which was available if people wanted to raise concerns. Complaints were dealt with appropriately and used to improve the service.

Further information is in the detailed findings below.

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 always safe.

Medicine management systems were in place. However, these were not always followed by staff.

Risks associated with people's care were identified and managed appropriately which kept them safe. There were sufficient staff available to support people who used the service.

The service was clean and well maintained.

Is the service effective?

Requires Improvement

The service was not always effective.

We found people were offered a well-balanced diet. However, the meal time experience could be improved.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff monitored people's healthcare needs, and referrals to healthcare professionals were made where appropriate. Staff received training and supervision to fulfil their roles and responsibilities.

Is the service caring?

Good

The service was caring.

People received care and support from a staff team who were kind and compassionate in their approach.

We observed staff interacting with people and found they maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's care needs were identified and the service was responsive to their needs. Care records we looked at contained current information required to assist staff in how to support people.

People were involved in social activities and enjoyed a range of social events.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered provider had systems in place to monitor the service. However, these processes were not always effective and required further embedding into practice.

People who used the service had opportunities to voice their opinion of the service and offer constructive feedback. This was used to develop the service.

Ackroyd House

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 checked 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.

This inspection took place on 22 October 2018 and was unannounced. The inspection was carried out by 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 service.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with the local authority and other professionals supporting people at the home, to gain further information about the service.

We also looked at the 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with eleven people who used the service and six relatives. We spent time observing staff supporting people and also 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 spoke with the registered provider, the compliance officer, the manager, the deputy manager, two nurses, two senior care workers, three care workers, the activities coordinator, the cook and a domestic worker.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of February 2018, this key question was rated as Inadequate. The registered provider did not always ensure risks to people we managed to ensure their safety.

At this inspection we found the registered provider had taken sufficient actions to address the issues raised at our last inspection. However, we identified errors with medication management. We found discrepancies with recorded amounts of medication in stock and records showed topical creams were not always administered as prescribed. Medicines prescribed to be given as and when required were not properly recorded so it was not possible to determine if they were effective. Returned medication was not recorded so there was no audit trail to ensure medicines were accounted for. We saw the provider was aware of these issues in their October 2018 audit and action plans showed they were proactive in trying to address these concerns but changes were not yet embedded. We saw a clinical lead had started the same day of the inspection and their role would be to ensure medicines were managed in a safe way. The registered provider agreed to carry out a full in-depth audit of all medicines immediately following our inspection.

After the inspection we received the full audit and action plan from the registered provider. This evidenced the provider had acted to ensure medicines were managed safely.

People were safeguarded from the risk of abuse. Safeguarding training was completed as part of the induction package. Concerns were reported when required and appropriate actions had been taken. Staff we spoke with knew what action to take if they suspected abuse. One person said, "I am confident I would recognise if someone was being abuse. I would report it straight away and I am confident that appropriate actions would be taken."

Everyone we spoke to told us they felt safe in the home. One person said, "Yes definitely [feel safe] they [the staff] take care of everything."

Relatives we spoke with all said they had confidence in the abilities of staff to care for their loved ones when they were not there. Some relatives told us they visited every day and observed staff going about their duties. They had nothing but praise for the way the staff cared for people. One relative told us, "I feel reassured [persons name] safe here, it's a good place."

Risks associated with people's care and support were identified and action was taken to ensure people were as safe as they could be. Care records included risk assessments for areas such as falls, malnutrition, choking and the use of bed rails. One person had a risk assessment for weight loss and this had identified the person to be losing weight. The provider had taken appropriate actions to address these concerns and involved healthcare professionals for advice and guidance. People we spoke with confirmed staff knew how to care for and support them. One person said, "The staff know how to look after me."

We saw personal emergency evacuation plans (PEEP's) were in place to ensure people could evacuate the premises safely in the event of an emergency. These contained good detail to guide staff and other

personnel and clearly stated if the person was unable to self-evacuate and what support they would need.

There were enough staff on duty to meet people's needs. The provider used a dependency tool to determine the care hours required and we saw this was up to date and in line with people's needs. Staff we spoke with told us they felt there was enough staff. The provider was relying on some agency staff but this was always provided when required. People we spoke with also commented that there was always staff around. One person said, "There is always someone here to look after us." All people we spoke to told us the levels were appropriate and expressed confidence that if they need attention it would be given in a timely fashion.

Where accidents and incidents had occurred, we saw the provider had taken appropriate steps to ensure any trends and patterns were identified and actioned. Following an accident or incident an accident form was completed and stated what immediate actions had been taken. The person recording this also looked at what could have been done to prevent the incident and took actions to address this. For example, accidents which occurred as a result of people falling, were analysed as to the time of day or night it occurred and where. This helped the provider identify if there were any environmental factors which has contributed to the fall.

The service was well maintained and clean. Maintenance checks were carried out in line with regulations. These included, the five-year electric testing, yearly testing of portable electrical appliances, testing of fire extinguishers, and testing of moving and handling equipment.

The cleanliness of the service had improved since our last inspection. A new housekeeper was in post and many of the works to improve the environment had been completed ensuring surfaces were easy to clean and maintained in a good state of repair. For example, the laundry had been completely refurbished and new furniture had been purchased. The provider told us they also had plans to replace floor coverings in corridor's and dates for this had been scheduled. A maintenance and renewal plan was in place to ensure continual improvements to the home.

Requires Improvement

Is the service effective?

Our findings

At out last inspection of February 2018, this key question was rated as inadequate. We found the registered provider was not always compliant with the Mental Capacity Act 2005 and peoples nutritional needs were not always met.

At this inspection we found the registered provider had taken sufficient actions to address the issues raised at our last inspection. People were provided with a varied diet, which people told us was very good. One person said, "The food is alright, I can't fault the place." However, we observed that the meal time experience could be improved for some people.

We observed the breakfast and lunchtime meal in the main dining room and the lunchtime meal on the unit for people living with dementia. In the main dining room people had a choice of what they wanted to eat at breakfast including a cooked choice. People came into the dining room at different times and were not rushed or hurried. Staff gave support where required in a sensitive way. At lunchtime there was also a choice and people were chatting with staff there was joking and banter and there was a lovely inclusive atmosphere.

However, on the unit where people were living with dementia, we found the meal experience could be improved. People were not offered a choice; no picture menus were available to help people understand what was for lunch. The room was small and had no natural light. A television was on very loud and this is all that could be heard in the dining room. We discussed this with the registered provider who agreed to undertake a meal time experience to see how they could make improvements. Following our inspection, they have confirmed in writing that they are to extend the dining room into the room next door which has a large window. This would create a larger room with natural light. The work commences on 29 October 2018. The provider told us they were committed to ensuring the experience for everyone living at Ackroyd House was good and would always look at ways to improve the service.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the home was meeting the requirements of the Act, this included having copies of legal documents that evidenced that named people could act of people's behalf. Care records had been improved since the last inspection, so they better reflected each person's capacity to make decisions. People told us staff involved people in decisions and gained their consent before providing care or support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We saw DoLS applications had been submitted to the local authority as necessary.

People told us they were free to do their own thing when they wanted to, they could go into the garden as they wished. One person said, "It's my own choice about everything I do."

People were supported by a staff team who received appropriate training and support to carry out their role. Staff we spoke with told us they received regular training and found the sessions useful. One care worker said, "I thought the training was very good and informative." Another care worker said, "I receive training to do my role and it is updated regularly."

People we spoke with told us the staff were very knowledgeable and understood their needs. Relatives also told us the staff were very good. One relative said, "They're [the staff] well trained. We watch them, and they do look after everyone here extremely well."

We spoke with the management team regarding training and was informed that training packages were a mixture of videos and eLearning followed by a competency test. Training took place in small groups so that staff can support each other. This showed the provider acknowledged different learning styles. The registered provider had a trainer who supported staff through the training sessions.

Staff also received one to one support in supervision sessions. The provider's policy stated that staff should receive four supervision sessions per year, one being an annual appraisal of their work and to identify training needs. One care worker said, "Supervisions and appraisals take place and are useful. Managers give you feedback on your performance which is good to learn from."

Good

Is the service caring?

Our findings

At out last inspection of February 2018, this key question was rated as requires improvement. We found the registered provider did not always ensure care and support was person-centred.

At this inspection we found the registered provider had taken sufficient actions to address the issues raised at our last inspection.

People we spoke with all told us that the staff were very good and that they were kind and caring. One person said, "They're all extremely helpful and caring." Another person said, "They [staff] come and check me during the night to see I'm okay. They are very good."

Relatives we spoke with also praised the staff. On relative said, "Oh yes, they definitely care." Another said, "Staff are very caring and friendly when I come to visit, they make me feel welcome." People told us they felt at home, visitors said it had a community feel as soon as they walked in.

We observed staff interacting with people who used the service and found they were very caring and kind. For example, we saw a person being taken by wheelchair to their room. Two staff supported the person and escorted them, they talked the person through though each movement to put them at ease.

Staff were relaxed and gentle in their approach and assisted people in a safe manner. People were involved in their care and staff took time to explain care interactions and ensured the person was happy to proceed. Staff and people shared a good relationship and friendly, appropriate banter was exchanged.

People's likes and dislikes were included as part of their care records. For example, one person's care record started that their religion was Church of England, although the person no longer practiced their faith, they had requested to be involved in any church services taking place at the home.

Staff we spoke with knew people well and were committed to providing care which met people's needs and included their preferences. One care worker said, "It's important to remember that people have lived a life and got lots to share."

Staff told us they respected people's privacy and dignity by closing doors and curtains when delivering personal care and also explaining to people what they are doing. One carer said, "Care is intimate and you need to talk to people as you are delivering care. Explain everything that you are doing and take it step by step. It's your manner and approach that makes all the difference."

Good

Is the service responsive?

Our findings

At out last inspection of February 2018, this key question was rated as requires improvement. We found the registered provider did not always ensure care and support was responsive or person-centred.

At this inspection we found the registered provider had taken sufficient actions to address the issues raised at our last inspection.

During our inspection we found people's needs were assessed before they began using the service; this enabled the service to ensure they had the appropriate resources to meet people's needs. We saw in people's care records that support plans had been developed and contained a range of in relevant information and risk assessments to help staff meet people's needs in a person-centred way.

We looked at five care records and found they all reflected the support package the care workers were delivering. For example, people who required the use of a hoist to mobilise, were assisted in line with their care plan. The care plan for moving and handling gave instructions regarding the type and size of sling to use and the loop configuration to use. We observed staff assisting people safely and in accordance with their care plan arrangements.

Care records were person centred and included information about how people liked to be supported. We saw staff followed the plans of care so people's decisions were respected.

People we spoke with confirmed staff understood how to support them and were responsive to their needs. Relatives also told us the staff knew people and how to care for them. One relative said, "They [staff] tailor the care to each person individually, they know everyone."

The registered provider had policies and procedures in place to ensure staff knew how to support people at the end of their life. Care plans were in place for people who were at the end of their lives. However, an end of life care plan we saw required more information to ensure this person's preferences were considered in regard to how they wanted to be cared for while they were ill not just what they wanted when they died. The provider agreed to update this to ensure this was reflected in the plan.

The registered provider had a complaints procedure which was displayed in the home. We looked at how the service managed complaints. There was an up to date complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint. The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event that they raised a formal complaint. The manager kept a record of complaints received which showed concerns raised had been taken seriously and used to enhance the service. Complaints received had been dealt with in a timely manner and in accordance with the providers complaints policy and procedure.

One person we spoke with told us they were aware of the complaints procedures and knew how to complain, but said, "I've never had a complaint. I just can't fault the place."

There was a range of activities and social stimulation provided. There was a dedicated activity coordinator who arranged external entertainers to visit the home and planned in house activities for people. We saw games and quizzes taking place during our inspection. There were also photos displayed of activities that had taken place during the summer. There had been many varied activities, which people told us they had enjoyed. The staff also did reminiscence activities with people living with dementia. The compliance officer had introduced 'Namaste' boxes. This translated meant to honour the spirit. The boxes contained fragrances and items that could arouse memory. For example, one contained cold tar soap, one person smelt this and could recall memories from their childhood. The staff said this encouraged them to engage in conversation and had a positive impact on their wellbeing.

People we spoke with told us they enjoyed the activities. One person said, "We sing and do quizzes." Relatives also told us the activities were good. One relative said, "The church come in and they sing songs. [relative] loved the church, so this is very good."

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were assessed during their pre- admission assessment process and plans put in place to ensure staff could communicate with them as effectively as possible.

Requires Improvement

Is the service well-led?

Our findings

At out last inspection of February 2018, this key question was rated as Inadequate. There was a lack of governance and oversight as the service had not been effectively managed. At this inspection we found the registered provider had taken actions to address the issues raised at our last inspection. We saw a new leadership team in place and our discussions with the registered provider, manager and deputy manager showed they were competent and capable of managing the service. However, because the management team were new to working at Ackroyd House this meant changes they had made to drive improvements at the service were either still in development or not yet embedded.

The quality monitoring and governance systems in place to monitor the service were new therefore required further embedding into practice. For example, we found although concerns and errors had been identified the actions had not always been followed up to ensure they were rectified. This included the management of medication. The monitoring systems had also not always identified areas that could be improved. We found the meal time experience for people living with dementia was not always a good experience. Following our inspection, the provider carried out a meal time audit and has instigated improvements to ensure the service provides person-centred care. This evidences the registered provider's commitment to improving the service provision.

Audit systems were being used and included areas such as infection control, weights, accidents and incidents, medicine management and care plan documentation. At this inspection we found systems had improved and generally actions were completed following audits and lessons learnt.

In addition to these audits the senior management team had oversight of the governance in the home. Monthly managers' report from the manager of the home were sent to them. This included any issues identified on the manager's monthly audits and gave the provider an oversight of current issues.

People who used the service had opportunities to voice their opinion of the service and offer constructive feedback. This was used to develop the service. Residents meetings took place regularly and were attended by the activity co-ordinator and the administrator. The recent topics discussed were decoration in the home, food, dining experience and any problems with the type of care people received. Any concerns were raised with the management team to action.

Relatives of people who used the service also had an opportunity to meet and discuss issues with staff. These took place every six months. Quality surveys were sent to relatives prior to the meetings and the results of the surveys were shared with relatives when they met. Although relatives we spoke with could not recall being asked for their views.

We saw staff meetings took place regularly to ensure staff had the opportunity to discuss issues relevant to their job and the home in general. Staff we spoke with told us they found these meetings useful and felt able to contribute to them.