Mrs Anita Lewis

Half Acre House

Inspection report

Roch Valley Way
Rochdale
Lancashire
OL11 4DB

Tel: 01706861098

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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

Summary of findings

Overall summary

The inspection took place on 9 May 2018 and was unannounced. At the previous inspection on 10 March 2017 we identified one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because risk assessments and risk management plans had not always been updated to reflect people's changing needs, particularly in relation to their risk of falls. At this inspection we found that risk assessments were now being updated regularly and included meaningful information about people's changing needs.

Half-Acre House is based in Rochdale and provides personal care and accommodation in 25 single occupancy bedrooms over two floors. The home has a number of communal areas as well as large grounds. At the time of the inspection there were 24 people using the service.

Half Acre 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.

There was a manager in place who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe at the home. The service had up to date policies relating to safeguarding adults and children and whistle blowing. Staff had undertaken training and were confident to report any concerns.

The recruitment system was robust and there were sufficient staff to help ensure people's needs were met. General and individual risk assessments were in place and were reviewed and updated regularly.

Medicines systems for ordering, storage, administration, recording and disposal were robust. Up to date health and safety and fire evacuation policies and procedures were in place. The home was clean and there were no malodours anywhere in the building.

There was evidence of a thorough induction for new staff and further training was on-going. Care files included a good range of health and personal information and food and fluid charts were implemented and completed appropriately where required.

Nutritional and hydration requirements were addressed appropriately. People told us they enjoyed the food and they were given a good choice of food and drink.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We observed care throughout the day and saw that staff demonstrated a commitment to providing care with compassion and kindness. People's privacy and dignity was respected by staff and we saw them offering care interventions in a discreet and sensitive manner.

Records were stored securely and appropriate information was given to prospective users of the service and their relatives. People were involved in care planning and reviews of care.

Care was person-centred and people's preferences, likes and dislikes were respected. There was a range of activities, events and trips out on offer at the home and people were encouraged to participate in meaningful activities during the day. Residents' and relatives' meetings were held regularly.

Complaints were responded to appropriately and the service had received a number of verbal and written compliments. Some staff were undertaking end of life training to help ensure people nearing the end of their lives would be cared for according to their wishes.

Staff felt supported in their roles. Staff appraisals were undertaken annually and staff meetings took place on a regular basis.

The service worked in partnership with local professionals and agencies. The business manager and provider attended a number of local meetings where good practice and new guidance were shared.

A number of audits took place at the service. Results of audits were analysed and used by the management team to look at how to continually improve the service.

The manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do.

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.

People felt safe at the home. There were up to date policies relating to safeguarding adults and children and whistle blowing. Staff had undertaken training and were confident to report any concerns.

The recruitment system was robust and there were sufficient staff to help ensure people's needs were met. General and individual risk assessments were in place and were reviewed and updated regularly.

Medicines systems were fit for purpose. Health and safety measures were in place. The home was clean and there were no malodours anywhere in the building.

Is the service effective?

Good

The service was effective.

There was a thorough induction for new staff and further training was on-going. Care files included health and personal information and food and fluid charts were implemented and completed appropriately where required.

Nutritional and hydration requirements were addressed appropriately. People said they enjoyed the food and they were given a good choice of food and drink.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

We observed care throughout the day and saw that staff demonstrated a commitment to providing care with compassion and kindness. People's privacy and dignity was respected by staff and they offered care interventions in a discreet and sensitive

manner.

Records were stored securely and appropriate information was given to prospective users of the service and their relatives. People were involved in care planning and reviews of care.

Is the service responsive?

Good

The service was responsive.

Care was person-centred and people's preferences, likes and dislikes were respected. Risk assessments were reviewed and updated regularly.

There was a range of activities, events and trips out on offer at the home. People were encouraged to participate in meaningful activities during the day. Residents' and relatives' meetings were held regularly.

Complaints were responded to appropriately and the service had received verbal and written compliments. Some staff were undertaking end of life training to help ensure people nearing the end of their lives would be cared for according to their wishes.

Is the service well-led?

Good

The service was well-led.

Staff felt supported in their roles. Staff appraisals were undertaken annually and staff meetings took place on a regular basis.

The service worked in partnership with local professionals and agencies. The business manager and provider attended a number of local meetings where good practice and new guidance were shared.

A number of audits took place and results were analysed and used to inform continual improvement to the service. The manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do.

Half Acre 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.

The inspection was prompted in part by whistle blowing information shared with the CQC regarding poor staffing levels and other staff issues. This inspection examined the potential risks indicated within the information received. There was no evidence found at this inspection to support the allegations.

The inspection took place on 9 May 2018 and was unannounced. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

We had not requested a provider information return (PIR) from the provider as the inspection had been done at short notice, due to concerns received. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Prior to the inspection we looked at information we held about the service, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us by law. We also contacted a number of professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. The professionals told us they had no concerns about the service.

During the inspection we spoke with the manager, business manager, deputy manager, three night care assistants, two day care assistants, the chef and the kitchen assistant. We also spoke with three relatives and three people who used the service. We contacted a professional visitor to the service to gain their views. They had no concerns.

We looked at records including three care plans, three staff personnel files, training records, health and safety records, audits and meeting minutes. We observed part of the lunch time meal and 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.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure at the home. Relatives we spoke with all agreed that they felt their relatives were looked after extremely well and this gave them peace of mind.

The service had appropriate and up to date policies relating to safeguarding adults and children and whistle blowing. Staff had undertaken initial training and refresher courses and were able to explain how they would recognise and report any suspected abuse or poor practice. Staff we spoke with were confident any concerns would be dealt with swiftly and appropriately. We saw that safeguarding concerns had been documented and referrals made as required.

There was an up to date policy around accidents and incidents and these were recorded appropriately. We saw that accidents and falls were monitored and analysed for any patterns and trends and any issues identified were addressed with appropriate actions.

We looked at three staff files and saw evidence of a robust recruitment system. All appropriate documentation, such as application forms, employment history, interview questions and two references were present. All staff had been subject to Disclosure and Barring Service (DBS) checks. These checks helped ensure staff were suitable to work with vulnerable people.

We looked at staff rotas, which demonstrated that staffing levels were appropriate to meet the needs of the people who used the service. There was evidence that staffing levels were flexible to meet changing needs and some changes had recently been made to ensure enough cover was in place at all times of the day and night. Day staff we spoke with were happy with the staffing levels. One staff member said, "There are always enough staff so that we are free to sit with people, take them to the toilet or help with whatever they need". People who used the service and relatives we spoke with told us there were always enough staff. One relative said, "There are always plenty staff around".

We spoke with three members of night staff, two of whom had been on shift the night before the inspection. All felt the night staffing levels of two care assistants was sufficient. They explained that there was always a staff member who was competent to administer medicines on the shift and they also had an on call senior and a back-up on call member of the management team. All the staff said that the on call person always responded immediately when they needed support, for example, if someone was taken ill and admitted to hospital.

Medicines policies and procedures were in place. Standard operating procedures guidance for medicines were required to be read and signed by all staff who were responsible for administering medicines and their competence was checked annually to help ensure skills and knowledge remained current and relevant.

Medicines systems for ordering, storage, administration, recording and disposal were robust. The service used a measured dose system and we looked at medicines administration record (MAR) sheets each of which had a current photograph of the person. MAR sheets included details of any allergies and were

completed appropriately. Medicines taken as and when required (PRN) were recorded in line with protocols which were clearly outlined for staff to follow. These protocols included how to recognise the way each person expressed pain and the need for these medicines, especially if they were non-verbal. The medicines room temperature and medicines fridge temperature were recorded daily to ensure they remained within the manufacturers' recommended levels.

Where people required thickened fluids, there was information and guidance within their files to ensure staff were aware of the reasons for the thickener, consistency and amounts. Thickened fluids were recorded separately to MAR sheets so that it was clear how many drinks people had had during the day and night and that they were administered correctly. There were also separate topical cream charts with clear instructions about their administration. Regular medicines audits were carried out and any issues followed up with appropriate actions.

Personal emergency evacuation plans (PEEPs) were included in people's care files. These contained information about the level of assistance people would require in the event of an emergency evacuation. A copy of the PEEPs was kept in the office for easy access when needed. All PEEPs were reviewed and updated regularly to ensure information was current.

General and individual risk assessments were in place. Up to date health and safety and fire evacuation policies and procedures were in place. We saw evidence of an up to date thorough lift test, electrical installation certificate, fire risk assessment, fire and emergency equipment inspection and service report, gas safety certificate and employers' liability insurance. There was evidence of regular testing of water temperatures and legionella testing.

The home was clean and there were no malodours anywhere in the building. One relative said, "There is no smell". Another said, "I was impressed when I visited because of the cleanliness and lack of smells around the home". There was an infection control file with guidance for staff and information about any infection outbreaks. The results of last year's annual audit, undertaken by the local infection control team, was a score of 81% which was an amber rating. The team had commented, "The home was a very pleasant environment with no odour and clearly had good management processes in place with motivated staff".

Staff had undertaken training in infection control and used appropriate personal protective equipment (PPE) such as plastic aprons and gloves when carrying out personal care. The manager planned to have a staff member as an infection control champion in the near future. This member of staff would be responsible for ensuring all current guidance was in place and staff were aware of good practice in this area.

Good

Is the service effective?

Our findings

We saw evidence of a thorough induction, including orientation to the home and the service, reading of key policies and training. New staff were required to undertake the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. One staff member, who was still completing their induction programme, told us, "The induction is thorough, I have done three or four days shadowing and three shifts in the evening shadowing. I have done lots of training"

We saw evidence of on-going training and regular refreshers of mandatory training, such as safeguarding, moving and handling, food hygiene and health and safety. Staff we spoke with felt training opportunities were plentiful. Formal supervisions were not undertaken regularly, though staff and management communicated on a daily basis. We saw evidence of thorough annual appraisals where staff could reflect on the past year and identify training and development needs for the coming year. We discussed with the manager the need to formalise regular one to one supervision sessions as soon as possible and she agreed to implement this immediately.

Care files included a good range of health and personal information and there were care plans in place for all areas of daily living, such as communication, personal care, eating and drinking, mobility, behaviour, moods and health problems. There was clear information about the level of support people required and care plans were regularly updated to ensure information remained current and relevant. There was information about oral care and the manager told us they planned to have a member of staff as an oral care champion to lead in this area. They would be responsible for keeping up to date with current guidance and ensuring all staff were administering oral care as required.

There was general information in the front of each file which was copied and sent with them in the event of an admission to hospital. Information produced by the service could be accessed in large print or other formats if people required this. Staff told us that, where people were unable to effectively read and understand information in their care files, they would endeavour to explain it to them in simple terms to help ensure their understanding.

Where issues had been identified, such as weight loss, appropriate referrals were made to other professionals and agencies to help ensure a joined up service for people. Professional visits were logged in the files. Referrals made to other agencies, such as Speech and Language Therapy (SALT) were appropriate and timely and advice was recorded and followed. Food and fluid charts were implemented when required and these were completed accurately. Some files included Do Not attempt Resuscitation (DNAR) forms, which were appropriately completed.

The service had achieved a Five Star food hygiene rating, which was very good. We spoke with the chef and looked at the menus, which demonstrated a good choice of food and drinks throughout the day. The chef was able to explain about people's dietary needs, likes and dislikes and alternative meals that could be given if the two main meal choices weren't to people's tastes. They told us that they were kept supplied with plenty of fresh and dried food. We saw that two people had requested bacon or bacon and egg sandwiches

each morning and these were made for them. There was a hydration station with juices and snacks which was available to people who used the service and their relatives throughout the day.

We observed part of the lunchtime meal using a 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 saw that the tables were set really nicely, with cloths, place mats, condiments and flowers. The atmosphere was quiet and calm and people were offered clothes protectors if they wanted them. Some people were assisted discreetly and respectfully with their food. The meal looked nutritious and appetising and people were given a choice of drinks. A person who used the service said, "The meals are good". Another said, "First class food, excellent". One relative told us, "My [relative] never complaints about the food". Another said, "The food is good. The chef chats with everybody to see what they like to eat".

We looked around the premises which were bright and pleasant. Bedrooms were decorated nicely and bathrooms were clean, tidy and well equipped. Communal areas, such as the lounge, conservatory and dining room, were light and well furnished. There were notice boards with clear information about forthcoming events and photographs of recent events and outings. The gardens were large and well established and there was a sensory garden where people could sit and enjoy the smells and sights. People told us they liked to sit outside and enjoy the lovely surroundings. We discussed with the manager whether the inside of the premises could be improved with more dementia friendly signage and pictures. This is something that will be considered by the service going forward.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files included consent forms for issues such as participation in outings, photographs and the sharing of information. These were signed by the person who used the service or where relevant, there representatives. Mental capacity assessments for day to day decision making were included where required and the service participated with best interests meetings when these were needed.

Staff had undertaken training in MCA and DoLS and those we spoke with demonstrated a good knowledge of the issues involved. They were able to tell us about the process of decision making, best interests, who was subject to a DoLS and what techniques they used to address people's desire to leave the home unaccompanied. DoLS applications and authorisations were included within people's care files and there was a list of DoLS authorisations in the office for staff to check if necessary. The manager told us they planned to include separate care plans for people on a DoLS in the near future to record any conditions and techniques used to help guide staff.

Good

Is the service caring?

Our findings

A person who used the service told us, "A very old friend was here so I already knew the place. It was a smooth transition. All staff are good to get on with. Nothing is too much trouble". Another said, "Staff are excellent, it really is very nice. I feel better, I am talking better. It is a nice place and nothing is too much trouble for staff". A third commented, "I am happy here. Very happy with staff and food. The home is spotless and very friendly". One visitor told us, "We looked at various places and did our research. This home was recommended by others and we are very satisfied. We are made welcome when we visit". Another said, "Very welcoming. I am always offered a cup of tea or lunch".

Staff we spoke with told us they were happy working at the home. A staff member told us, "I think it is a good home in all honesty. I am very happy". Another commented, "It is really good here, one of the better homes. The routine leaves more time for residents. They are looked after really well".

We observed care throughout the day and saw that staff demonstrated a commitment to providing care with compassion and kindness. During the inspection we observed warm and friendly interactions between staff and people who used the service.

People's privacy and dignity was respected by staff and we saw them offering care interventions in a discreet and sensitive manner. People were able to return to their rooms or remain in communal lounges, the conservatory or, if the weather permitted, enjoy the outside surroundings. Keys were available for people to lock their bedrooms if they had capacity to make that decision.

There was a policy and procedure for data protection. Records were stored securely and staff we spoke with were aware of the need for confidentiality and data protection.

There was a service user guide and statement of purpose for people who were considering using the service and their relatives to read. This included details of staff, criteria for admission, aims and objectives, community links, consultation, surveys, facilities, fire and emergency procedures, religious services, care plans and reviews and routines.

There were residents' and relatives' meetings held regularly and we saw minutes of recent meetings. Discussions included activities, meals, communication, laundry, inspection and surveys, maintenance and refurbishment, infection control, safeguarding and health and safety.

We saw people were involved in care planning and reviews of care. Staff would explain the care plans in simple terms to those who were unable to read and understand the records. We discussed with the management team how people's diversity was supported at the home. They explained that the way people who used the service were spoken to and cared for included consideration for their human rights, gender identity, religion and beliefs, culture and abilities. They were committed to ensuring the service was inclusive to all people, whatever their backgrounds.

Staff training included subjects such as diabetes, continence, dementia awareness, cultural awareness, person-centred care and challenging behaviours. These courses helped build knowledge and skills to help staff recognise and meet people's diverse and changing needs. We saw that the service had plans to reinforce and extend activities on offer for people living with dementia and those with visual and hearing impairments. They planned to do this by making one staff member responsible for this to help the activities be more inclusive to all.

Good

Is the service responsive?

Our findings

Care plans included information about people's behaviour and moods, hobbies and interests, backgrounds and beliefs. At the last inspection risk assessments were found to be out of date and reviews were not being carried out as required. Risk assessments had been re-visited by the new manager and were reviewed and updated on a regular basis. The manager had supported staff to write more meaningful information on updates to ensure they reflected people's changing needs.

The manager had also recently introduced 'Resident of the day' which was a thorough monthly review of everything to do with that person. It included reviewing the care plans and risk assessments, auditing equipment used, checking the person's room and surroundings, talking to the person about any issues or wishes around food and drink, activities and daily living routines. This was working well and would help ensure all the people who used the service would have the opportunity to be involved in a thorough review at least once a month.

People's choices, such as the time they wanted to get up or go to bed, were respected. We had arrived early to do the inspection and some people were not yet up and dressed. Those who wished to be up early were supported with this and offered a hot drink and toast. Night staff we spoke with were able to tell us about how they responded to people's differing preferences and varying needs from night to night. One staff member said, "People can stay in bed if they want to. We always ask and ensure they are clean and comfortable".

People were encouraged to participate in meaningful activities during the day. For example, we saw that one person liked to help with small tasks around the home, such as giving out biscuits. This helped them feel useful and valued. Another person liked to use Skype to speak to their family who lived abroad and this was fully supported.

There was a range of activities, events and trips out on offer at the home. We saw photographs of recent events and a newsletter outlining forthcoming activities. These included board games, crafts, baking, floor games, flower arranging, entertainment, large print bingo, pets as therapy, mind games and physical exercise. There were also cultural events to help raise awareness of other cultures like Chinese new year, commonwealth day, themed dinner parties, films and talks.

Children from the local nursery were regular visitors to the home and people told us they also enjoyed sitting outside, enjoying the sensory garden and walking around the grounds. Religious beliefs were supported with visits and services from local churches. The service had introduced a 'men's club' to help ensure male users of the service had activities that they enjoyed.

One visitor said, "There are lots of activities, days out and trips. They have just celebrated commonwealth week and had a world war one weekend to celebrate dignity action day. There is also an alterations service so that people's clothes can be altered for them".

People who used the service had opportunities to comment on the support they received via an annual survey. We saw the results of the most recent survey which were very positive around areas such as management and staff, facilities, cleanliness, communication, visiting, links with the community and activities. Comments included; "Half Acre is a most welcoming place where I am always offered a cup of tea with a smile" and, "Communication is great from both sides, kept informed on [relative] and what is happening daily". Results of the surveys were collated and used to inform improvements to service delivery.

We looked at the system for managing complaints in the service. There was a complaints procedure in place and information was also on display in the communal areas to advise people how they could provide feedback on the service they received. One visitor we spoke with told us, "No complaints, only minor issues that are sorted out straight away". We saw that complaints were taken seriously and responded to appropriately and in a timely manner.

The service had received a number of verbal and written compliments. One relative had written, "I … observed first-hand the warmth, empathy, kindness and professionalism of your staff. Throughout my visit [relative's] dignity was observed and the vigilance of your staff is to be commended". A health professional had written, "I have to say that your staff are amazing and exceptionally helpful. The senior staff on duty .. was very professional, caring and helpful".

Some staff were undertaking the end of life passport training facilitated by the local hospice. This was to help ensure people nearing the end of their lives would be cared for according to their wishes.

Good

Is the service well-led?

Our findings

There was a manager in place who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people if the management of the home were approachable. One visitor told us, "I have no problem with any of the staff. The new manager is settling in fine". Another told us, "The home is run the right way. The manager is very approachable".

Staff we spoke with told us they felt supported in their roles. One commented, "Staff couldn't be more helpful. I am confident if I don't know what to do I can go to other staff for help. The teamwork is brilliant. Management are always available to help".

Staff appraisals were undertaken annually and were very thorough. Staff meetings took place on a regular basis for all staff sectors and we saw minutes of recent meetings. Discussions included staffing, compliments, changes, work issues, training, care plans, environment, infection control and health and safety".

A professionals' survey indicated confidence in the manager's performance, excellent care at the home and a pleasant and clean environment. Staff had also completed a survey, which was very positive in all areas. Comments included "I feel fully supported to complete my job to the highest standard" and, "The manager is very knowledgeable".

We saw evidence that the service worked in partnership with local professionals and agencies, such as the local safeguarding team, pharmacy team, palliative care nurses and the mental health outreach team. These professionals were able to offer guidance and support for staff.

The business manager and provider attended safeguarding quality meetings arranged by the local Clinical Commissioning Group (CCG). They also attended local authority provider meetings and the local care home association meetings where good practice and new guidance were shared.

A number of audits took place at the service. These included activities, care plans, baths and showers, dignity, food charts, hand hygiene, medicines, night cleaning and mattress checks. All audits had issues identified clearly recorded and appropriate and timely actions were implemented. Results of audits were analysed and used by the management team to look at how to continually improve the service.

We saw that a log was maintained of any accidents, falls and incidents which had occurred; this was reviewed regularly to see what lessons could be learned to help improve the service people received. Before our inspection we checked the records we held about the service. We found that the manager had

notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.