HC-One Limited

Acorn Hollow General Nursing Home

Inspection report

419 Manchester Road
Lostock Gralam
Northwich
Cheshire
CW9 7QA
Tel: 01606 456030
Website: www.hc-one.co.uk/homes/acorn-hollow/

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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?	Requires improvement

Overall summary

This inspection took place on 15 January 2015 and was unannounced. We arrived at the home at 10am and left at 7.30pm. At our last inspection on 9 July 2013 the service met all of the regulations we inspected.

Acorn Hollow General Nursing Home is registered to provide personal and nursing care for up to 48 older people. On the day of the inspection 35 people were living in the home.

Summary of findings

The home has single room accommodation over two floors. Each floor has two lounges, dining areas and bathing and toilet facilities. There is access into the garden, which has seating and tables.

The home had a registered manager who had been in post for three months. 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.

The registered manager had resigned from post and was working her notice, there was no deputy manager and only one full time permanently employed registered nurse, leading to a heavy reliance on bank and agency nurses. This had resulted in a reduction in formal supervision of care staff, which meant there was a risk that care standards might not be maintained.

However, people told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. A relative told us they had no concerns about the way their family members were treated. Comments included: "The care is very good and the staff are very kind"; "They're all very nice"; "They know me well and I'm quite happy here"; "The staff treat mum well and I'm happy with the care overall".

People's needs were assessed before they moved into the home and care plans were developed to identify what care and support people required.

Staff reviewed people's needs regularly and people were referred to appropriate health and social care professionals to ensure they received treatment and support as required.

People received visitors throughout the day and we saw they were welcomed and included.

The staff ensured people's privacy and dignity were respected. We saw that bedroom doors were always kept closed when people were being supported with personal care.

The people we spoke with said they enjoyed the food provided. One person said "It's very nice, but there isn't much choice and sometimes I feel I haven't had enough and I'm hungry". Another said "The food's ok and I get an ample amount". Other people we spoke with said there were always drinks and snacks available; "You only have to ask".

We saw that people could choose how to spend their day and they took part in activities in the home and the community. The home employed an activity organiser who engaged people in activities in small groups during the day.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were processes to monitor the quality of the service and we saw from recent audits that the service was meeting their internal quality standards apart from those relating to staff training and supervision.

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 were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people.

There were enough staff to ensure people received appropriate support to meet their nursing and personal care needs.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

There were formal training and supervision processes to instruct staff and enable them to receive feedback on their performance .

Arrangements were in place to request heath, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed. Where staff had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and the correct processes had been followed regarding Deprivation of Liberty Safeguards.

Good

Is the service caring?
This service was caring.

People were provided with care that was with kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people in order to provide care that met people's individual needs.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People and their representatives were consulted about their care, treatment and support. Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

People were given choices throughout the day. People were given choice about activities, food and how they spent their day. People were supported to go out into the community and see their families.

People and their relatives were listened to and their feedback acted upon. Complaints were dealt with effectively.

Is the service well-led?

Requires improvement 

This service was not well-led.

There was a lack of stability in the leadership of the home which needed to be resolved to ensure that people's care continued to be delivered safely and to an appropriate standard.

There were systems in place to make sure the staff had reflected and learnt from events such as accidents and incidents and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

People were able to comment on the service in order to influence service delivery.

Acorn Hollow General 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.

This inspection took place on 15 January 2015 and was unannounced. The inspection was carried out by an adult social care inspector, who arrived at the home at 10am and left at 7.30pm.

Before the inspection, the provider completed a 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 looked at the PIR, reviewed all the information we already held on the service and contacted the local authority who funded the care for some of the people living there. We also contacted the local Healthwatch, who are the consumer champion for people in receipt of health and social care services, and were created to gather and represent the views of the public.No concerns were raised.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed 3 care records, staff training records, and records relating to the management of the service such as audits, policies and procedures. We spoke with five people who used the service and one relative. We also spoke with the quality assurance manager, the registered manager of the home and four other members of staff. These included one nurse, one senior care assistant, one care assistant and the activity organiser.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. The relative we spoke with told us they had no concerns about the way their family member was treated.

The provider had safeguarding policies and procedures in place to guide practice and staff training records showed that safeguarding training had been delivered to staff.

All staff, including agency staff, were given a copy of the whistleblowing procedure so they knew how to raise concerns outside the organisation if necessary.

Staff that we spoke with told us what steps they would take if they suspected abuse and were able to identify the different types of abuse that could occur. They said they were confident about raising concerns with the manager and that appropriate action would be taken. One member of staff told us, "If I saw something, I would stop it happening and report it to the manager, who would tell CQC and social services." The information held by the Care Quality Commission (CQC) and the local authority demonstrated that the registered manager followed the correct procedures when any alleged abuse was reported.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks to people and knew what steps needed to be taken to manage them. Where people had behaviours that challenged, management plans were drawn up to inform staff about what may trigger this behaviour and the best way to support the person to defuse the situation.

The provider consulted with external healthcare professionals when completing risk assessments for people. For example, where people had been identified at risk of choking because of swallowing difficulties, we saw that they had been referred to the appropriate health professional and the professional's guidance was followed by staff.

Staff took appropriate action following accidents or incidents. These were reviewed by the home's health and safety committee to make sure that steps had been taken to minimise risk.

The manager told us that staff rotas were planned in advance according to people's support

needs. The manager told us that although they used staffing ratios to work out the number of staff on each shift, people who used the service could be provided with additional support during the day to meet their needs should this be required. Staff said there were enough staff to keep people safe and provide for their basic personal care needs, although one member of staff said they would like to have more time to chat with the people who used the service.

The home had four vacancies for qualified nurses, but the registered manager told us that the provider had commenced a national recruitment drive and reviewed their terms and conditions to try to attract more nurses. Agency and bank staff were used to cover vacancies and the registered manager had arranged with the agencies for the same staff to work in the home on a regular basis in order to provide continuity of care for the people who used the service.

Records showed that all the necessary checks were carried out on staff before they were employed to ensure they were suitable to work in a care home.

There were policies in place to make sure medicines were safely administered. Medicines were stored safely, securely and administered in accordance with prescriber's directions. We saw medication administration records and noted that oral medicines entering the home from the dispensing pharmacy were recorded when received and when administered or refused. However, we did note that staff were not consistent in their recording of when external preparations such as creams or ointments had been applied. The registered manager said she would address this with the staff. Appropriate arrangements were in place for disposal of any unused medicines.

The home was clean, spacious and well-lit. There was clear signage on toilets and bathrooms to help people find them easily. Appropriate equipment was provided, such as hoists and assisted bathing facilities, to keep people safe. Equipment was checked and serviced at the required intervals and staff were trained in its use.

Emergency procedures and contact numbers were available for staff to use when required.

Good

Is the service effective?

Our findings

The people we spoke with said they enjoyed the food provided. One person said "It's very nice, but there isn't much choice and sometimes I feel I haven't had enough and I'm hungry". Another said "The food's ok and I get an ample amount". The relative we spoke with said "It must be ok because mum always eats it all". Other people we spoke with said there were always drinks and snacks available; "You only have to ask". We observed tea being served. Staff offered assistance in a sensitive manner and people seemed to enjoy their meals.

The care records showed that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded. Some people required special diets and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy. When the meals were delivered to the dining room a chart was provided for the staff stating what each person had ordered and what type of diet they required. Staff were also able to tell us what people's food likes and dislikes were.

People were weighed at least monthly to make sure they were maintaining a healthy weight. If anyone lost weight we saw that their care plan was reviewed and additional measures were put in place, such as weekly weights, offering food more frequently and offering a fortified diets. There was evidence that appropriate referrals were made to a dietician or GP for further guidance and advice.

Drinks were available throughout the day and we saw staff regularly asking people if they wanted a drink. Cold drinks dispensers were filled with squash so those that were able could help themselves. We saw that fluid intake charts were in place for those at risk of dehydration.

The care records showed that, when necessary, referrals had been made to appropriate health

professionals. For example, one person had lost weight and we saw that their doctor had been contacted and they had been referred to a dietician. Another person had mobility problems and they had been referred to a wheelchair assessment centre. Other health professionals consulted included opticians, dentists, speech and language therapists and mental health professionals.

People received care from staff who were aware of their responsibilities and had the knowledge and skills to carry out their roles effectively. Records demonstrated that induction training was provided to all new staff. This covered all the Skills for Care Common Induction Standards. Staff also shadowed more experienced staff until they were assessed as competent to work on their own.

Staff we spoke with were aware of their roles and responsibilities and had the skills, knowledge and experience to support people using the service.

The provider had a comprehensive training programme, which covered all mandatory training topics and included a training package on dementia care called 'Open Hearts and Minds'. We viewed the staff training records and saw that 70% of the staff were up to date with required training. This did not meet the provider's own standard of 85%.The registered manager said that they had had problems with the computer system used for staff to access e:learning, but this had now been fixed, and showed us the plan in place to address the training shortfall. Records showed that staff had not had up to date, recent supervision and annual appraisals because of a shortage of permanently employed senior staff. If staff don't have the appropriate support processes in place to instruct them and enable them to receive feedback on their performance, there is a risk that they may not deliver care safely and to an appropriate standard. The manager had also drawn up a timetable of supervisions to address this.

The staff we spoke with said the manager was very approachable and supportive, listened to their suggestions for improvement and acted upon them.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training in these topics and had read the policies available. They were aware of recent changes in DoLS practice and were in liaison with the local authority to ensure the appropriate assessments were undertaken to ensure people who used the service were not unlawfully restricted in any aspect of their care and accommodation. We looked at the records of people with dementia and saw that mental capacity assessments had been carried out

Good

Is the service effective?

and multi-disciplinary meetings had been held for those people who lacked capacity to make certain decisions. As a result best interests decisions had been made for some people and DoLS were in place.

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received. Comments included: “The care is very good and the staff are very kind”; “They’re all very nice”; “They know me well and I’m quite happy here”. The relative we spoke with said “The staff treat mum well and I’m happy with the care overall”.

We looked at the feedback cards staff had received from people who used the service and relatives. Comments included: “The standard of care has been excellent”; “A lovely place to live”; “Your professional care and friendship are a huge support”.

Staff we observed and spoke with showed a caring attitude towards those in their care and said they were taught to treat people who used the service like one of their own relatives.

People said they were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were person centred and reflected people’s wishes. People’s life history was recorded in their care records, together with their interests and preferences in relation to daily living. Staff we spoke with were familiar with the information recorded in people’s files.

People were able to make choices about their day to day lives. We saw that people were able to spend time in the lounges or the privacy of their bedrooms and were able to decide what time they got up and how they spent their day. We heard the activity organiser asking people whether they wanted to take part in the knitting club or exercise session taking place that day, and during the knitting club they were asking people for suggestions of activities they’d like to take part in.

We saw that people were supported with kindness, patience and compassion. We observed a member of staff comforting one person with dementia who was upset and noted that a few minutes later the person was smiling and enjoying a conversation about where they used to go on holiday when they were a child. The staff member said that she knew the person had fond memories of childhood holidays from their life history in the care records, and had used this to distract the person from their sad thoughts.

We also saw staff treated people with dignity and respect. When they provided personal care, people were discreetly asked if they wanted to use the toilet or to have a bath or shower. Staff always knocked on bedroom doors before entering and ensured doors were shut when carrying out personal care. Staff chatted to people who used the service while they moved around the home, and when approaching people, staff said ‘hello’ and informed people of their intentions.

People’s bedrooms were personalised and contained photographs, pictures and ornaments that people had chosen to bring with them.

People’s wishes for end of life were also recorded and the relative confirmed they had been involved in the discussion about this.

There were arrangements in place for people to access an advocacy service if they had no-one to represent them.

Good

Is the service responsive?

Our findings

We asked whether call bells were responded to promptly and people who used the service said they were.

People who used the service told us they had opportunities to take part in activities and one said “There’s enough to do”.

The provider employed an activity organiser to support activities and entertainment for people who used the service. This person was very enthusiastic and also wanted to extend the opportunities for people to become involved in activities. The activity programme was displayed on the noticeboard and showed group activities such as a gentleman’s club, bingo, arts and crafts, board games and films, together with individual activities including hairdressing and manicures. The home also had access to a minibus for trips out.

All of the care records we looked at showed that people's needs were assessed before they had moved in. The assessments were reviewed again on admission and appropriate care plans were drawn up. Care plans were reviewed at monthly intervals or when people’s individual needs changed.

We saw that staff responded appropriately to people’s needs for support and always asked people for their consent before assisting them.

All the staff we spoke with were familiar with people’s needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and the relative we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives’ care and the staff were responsive to requests.

People said they knew the registered manager and felt she would respond if they had any concerns. We observed the manager in various parts of the home throughout the day speaking to people who used the service and staff. She knew them all and was welcoming to the visitors.

People told us they felt they were consulted about the service and relatives’ meetings were held about every three months.

There was guidance on how to make a complaint which was displayed on a notice board in the reception area. People told us they were aware of how to make a complaint and were confident they could express any concerns. The previous manager had submitted information to us before the inspection that showed there had been two complaints from people who used the service about the food, one from a relative about lack of communication, and two from staff that referred to staffing levels. As a result, a survey had been carried out in relation to the food and feedback had been given to the chef. Staffing levels had also been slightly increased.

Requires improvement

Is the service well-led?

Our findings

At the time of this inspection there was a lack of stability in the leadership of the home. The registered manager had only been in post for three months and had handed in her notice. There was no deputy manager, although the registered manager said that the provider had shortlisted applicants and was about to interview for the deputy post. In addition, there was only one full time permanently employed nurse and most of the nurses were bank or agency staff. There had been a high staff turnover in the previous year. This had resulted in staff supervisions not taking place frequently and staff annual appraisals being overdue. This meant there was a risk of standards not being maintained.

People who used the service knew the registered manager and told us they felt comfortable speaking with her. Staff told us the manager was approachable, valued their opinions and treated them as part of the team. They said they felt well supported and could easily raise any concerns and were confident they would be addressed appropriately.

Staff meetings were held on regular basis and issues of concern noted and addressed. The staff we spoke with told us they were informed of any changes occurring within the home through staff meetings and daily handovers, which meant they received up to date information and were kept well informed.

The provider had a good quality assurance system and evidence was provided that recent checks had been carried out. We saw evidence that the registered manager undertook audits of the service. These included health and safety audits and care audits as well as a 'walk around' of the building each day making observations of care practice and the environment. Five people's medicines were audited every day and any discrepancies were addressed with the staff member concerned. One of the provider's quality assurance managers also visited the home monthly to carry out an audit.

We were provided with evidence of a computer based system that allowed all accident and incidents within the service to be reported electronically for immediate analysis. This enabled the provider to identify if there were any patterns to accidents and to review how risks to people who used the service could be reduced. Incidents and accidents were also reviewed at health and safety committee meetings. The provider had key performance indicators for safeguarding, pressure ulcers, weight loss, falls, bedrail usage, infections and hospital admissions. These were also audited monthly to identify any trends and determine whether any action needed to be taken.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.

The provider sought feedback from people who used the service and visitors through questionnaires. People we spoke with confirmed they had been consulted about the quality of service provision and could provide this information anonymously if they wished to. The manager said that, where any concerns were identified, this was discussed with people who used the service and their relatives and improvements made. We looked at a sample of these questionnaires from the previous six months and saw that the comments were positive.