Acacia Care (Nottingham) Ltd

Acorn House

Inspection report

1 Oak Street
Nottingham
Nottinghamshire
NG5 2AT
Tel: 0115 9605981

Date of inspection visit: 1 & 2 April 2015
Date of publication: 05/06/2015

Ratings

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

Overall summary

This inspection took place on 1 and 2 April 2015 and was unannounced. Acorn House provides accommodation for up to 64 people with or without dementia and people with physical health needs. On the day of our inspection 54 people were using the service. The service is provided across three floors, comprising of a rehabilitation service for people wishing to return to their own home, support for people living with dementia and residential care.

The service had a registered manager. 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.

At an inspection in April 2014 we found that the provider was not meeting the legal requirements in respect of people's care and welfare, management of medicines and quality monitoring systems. During this inspection we found that the provider had made the required improvements. People received the care they needed and

Summary of findings

medicines were safely managed. The provider had made improvements to the quality monitoring procedures, however further improvements could be made to further enhance the quality of care provided.

There were not sufficient numbers of staff to care for people in a timely manner on the ground floor. However, people were supported by a sufficient number of staff on the other floors. The provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored.

People felt safe living at the home and staff were aware of how to protect people from the risk of abuse. Relevant information about incidents which occurred in the home was shared with the local authority. Risks to people's safety, such as the risk of falling, were appropriately managed.

People were given the opportunity to provide consent. The Mental Capacity Act (2005) (MCA) was used correctly to protect people who were not able to make their own decisions about the care they received. Staff generally had the knowledge and skills to care for people effectively. Additional training was scheduled immediately after our inspection.

People were provided with sufficient quantities of food and drink appropriate to their needs. People received support from healthcare professionals such as their GP and district nurse when needed. Staff followed the guidance provided by healthcare professionals.

People were able to be involved in the planning and reviewing of their care and told us they were able to make day to day decisions. People were not always treated with dignity and respect by staff.

People received care that was responsive to their changing needs and staff had access to detailed information in their care plans. People knew how to complain and the manager took complaints seriously in order to try and improve the service.

Accurate records were not kept about the care that had been provided to people. There was a positive and transparent culture in the home, however not everybody knew who the manager was. There were different ways people could provide feedback about the service and these were utilised by people. The quality monitoring systems had identified areas where improvements were required.

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 not always safe.

There were not sufficient numbers of staff to meet people's needs on the ground floor. People received their medicines as prescribed.

People received the support required to keep them safe.

Requires improvement

Is the service effective?
The service was effective.

People were cared for by staff who received appropriate support. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were provided with sufficient food and drink and staff ensured they had access to healthcare professionals.

Good

Is the service caring?
The service was not always caring.

People felt that staff were caring, however staff did not always take the time to maintain positive relationships with people. Whilst people's privacy was maintained, staff did not always speak with or about people respectfully.

People were able to be involved in making decisions about their care.

Requires improvement

Is the service responsive?
The service was responsive.

People received care and support in line with their needs and were provided with regular activities.

People felt able to complain and complaints were responded to appropriately.

Good

Is the service well-led?
Staff did not always maintain accurate records about the care they had provided. There was a quality monitoring system in place to check that the care met people's needs which had identified some areas for improvement.

There was an open and transparent culture in the home, however not everybody knew who the manager was.

Requires improvement

Acorn 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 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.

We visited the service on 1 and 2 April 2015, this was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 21 people who used the service, seven visitors, five members of care staff, two members of domestic staff, a healthcare professional, the manager, a quality consultant and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care plans of four people and any associated daily records such as the food and fluid charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

Requires improvement

Is the service safe?

Our findings

At our inspection in April 2014 we found that medicines were not always properly stored, recorded and administered to people. The provider submitted an action plan detailing the improvements they planned to make. During this inspection we found the required improvements had been made because people received their medicines when required and they were safely stored.

People told us they were happy with the way in which their medicines were managed. The relatives we spoke with told us they felt medicines were properly managed. We observed staff administering people's medicines and saw that they followed safe practice when doing so. Staff told us they received training in giving out medicines and also had their competency checked on a regular basis.

Medicines were stored securely in locked trolleys and kept at an appropriate temperature. People benefitted from procedures that were in place to ensure that their medicines were ordered in a timely manner. Medicines which were unused or no longer required were disposed of safely. Staff correctly recorded the medicines they had administered to people on their medication administration records.

The people we spoke with on the middle and top floors felt there were sufficient staff to meet their needs and our observations confirmed this. However, feedback from people on the ground floor was less positive, one person said, "There are not enough staff, I had to wait an hour to go back to my room the other day." Another person said, "I have been waiting for about half an hour to go to the toilet." A relative told us they felt there weren't enough staff on the ground floor and that their loved one sometimes had to wait to be supported. Two out of four recently completed satisfaction surveys noted that staff were not always available to provide support. We also spoke with a healthcare professional who visited the home on a regular basis. They told us they felt there were not always enough staff to care for people in a timely manner.

We observed delays in people receiving support in the communal areas of the ground floor. For example one person asked to be supported to use the toilet and waited ten minutes before the support was provided. The staff we spoke with on the ground floor told us that they were often busy and could not always respond to people as quickly as they would like. There were people in this area who were at risk of falling and there were numerous occasions when there were no staff in the main lounge on the ground floor. The manager told us there should be a member of staff observing this area at all times. However, this was not always possible because there were only three care staff on duty on this floor. There were occasions when the senior care worker was occupied giving out medicines and the other two care staff were attending to people's care needs elsewhere.

We looked at records of staff response times when people used their bedroom call bell. The provider had highlighted examples where the response had exceeded their accepted standard of approximately seven minutes. The majority of these instances had occurred on the ground floor.

People received support in a timely manner on the middle and top floors and staff working on these floors told us they had sufficient staff to meet people's needs. The manager carried out an assessment of the numbers of staff that would be required on each shift which was based on people's dependency levels. However, this had not resulted in a sufficient number of staff on the ground floor.

We found that the registered person had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us they felt safe at the care home. One person said, "I am very safe in the hands of care staff." Another person told us, "Certainly, I feel safe here." A visiting relative said, "[My relative] is very, very safe." The atmosphere in the home was calm and relaxed and we did not see any situations where people were affected by the behaviours of others. Staff told us they were confident in managing any situations where people may become distressed or affected by the behaviours of other people. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Requires improvement

Is the service safe?

Information about safeguarding was displayed in the home. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. Staff also were aware of how to contact the local authority to share the information themselves and we saw relevant information had been shared with the local authority when incidents had occurred.

People were supported by staff to manage risks to their safety and the support was provided without restricting people's freedom. One person told us that staff were supporting their recovery from a recent hospital stay by supporting them to walk more independently. Another person said, "I like to go out of the home on my own to the shops. Staff always make sure I have everything I need before I go out." A relative told us they had observed staff supporting people around the home and felt it was done safely.

Staff had access to information about how to manage risks to people's safety. There were risk assessments in care plans which detailed the support people required to maintain their safety. We observed that this support was provided to people and staff told us they had access to the information and equipment required. People lived in an environment that was well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm, and measures followed to prevent the risk of legionella developing in the water supply. Staff reported any maintenance requirements and action was taken in a timely manner.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they were cared for by staff who were well trained and supported. One person said, "The staff are very good at what they do." Another person told us, "The staff know what they are doing, they always seem to be doing some training."

People received care from staff who were provided with the knowledge and skills needed to carry out their role. Staff told us they were given a lot of training relevant to their role and this helped them to provide effective care. Staff were also complimentary about the quality of the training they had received and how they were able to apply that to their role. Although training records showed that not all staff had completed all of the training relevant to their role, there were plans in place for this to be rectified. Several training courses were booked for the weeks immediately after our inspection and staff were aware of what training they were required to complete.

Staff felt supported by the manager and the deputy managers on each floor. Staff received regular supervision with one member of staff commenting, "I receive regular supervision but can go to the manager at any time." We saw from records that staff received regular supervision and an annual performance appraisal where they received feedback on how they were working and identified any areas of development.

People were supported to make decisions about their care and were given the opportunity to provide consent where possible. One person said, "I have signed my care plan to say I agree to it." Another person told us they had given a relative the authority to consent to their care plan. People also told us staff sought their consent for day to day decisions and before any care was provided. One person said, "The girls [care staff] will always ask first before doing anything."

We observed that staff asked people for their consent before providing any care and support. Records showed that people were provided the opportunity to sign their care plan to confirm their consent. Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The MCA is designed to protect the rights of people who may lack capacity to make their own decisions. The manager had completed MCA assessments and best interest decision checklists. These clearly showed the nature of the decision that was being assessed and these had been recently reviewed. Not all of the staff we spoke with understood the principles of the MCA and how this applied to the people they cared for. The manager and provider took immediate action to arrange additional training and support for staff.

The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone's freedom they had appropriate procedures in place to do so lawfully. The manager had made recent applications to the local authority and was awaiting the outcomes of these. Where there were restrictions on people's freedom, these had been appropriately assessed and the relevant applications made to the local authority.

People told us they were given enough to eat and drink and that the quality of the food was acceptable. One person said, "I had the pie and vegetables today, it was nice." Another person said, "The food is very good." Another person told us, "I do not always like the choices on the menu, however they will fetch me something else if that is the case." We observed that people enjoyed their meals and ate good sized portions. People were offered drinks throughout the meal and throughout the day and also had access to a range of snacks and fruit between meals.

People were provided with food appropriate to their culture or religion where this was requested. Kitchen staff were informed about specialised diets such as people who required soft food and low sugar alternatives and these were catered for. Where people required support to eat and drink this was provided in a calm and unhurried manner. The staff we spoke with told us people were provided with sufficient amounts of food and drink.

People told us that they had access to the relevant healthcare professionals when required. A person who resided on the rehabilitation floor told us that staff supported them to understand any medical information relating to their recovery. Another person said, "Staff make the appointments for me, they are very good." We observed that a range of healthcare professionals visited the home during our inspection. Staff told us that there was an effective system in place to ensure that healthcare appointments were made for people in a timely manner.

Good

Is the service effective?

The care plans we looked at confirmed that people received input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff also supported people to access specialist services such as the dietician and dementia outreach team. For example, staff had noted that one person who was losing weight and had contacted a dietician for advice. The dietician had provided guidance which was incorporated into the person's care plan and followed in practice. Staff were aware of this information and ensured the person received the support required to try and increase their weight.

Requires improvement

Is the service caring?

Our findings

People were complimentary about staff and told us staff were caring and compassionate. One person said staff were, "Genuinely caring." Another person told us, "Staff are very helpful." The relatives we spoke with felt that staff were kind and caring, one relative commented, "They seem to be caring and kind from what I have seen."

However, staff did not always speak with or about people in a caring manner. For example staff sometimes referred to people by their care needs rather than as an individual, using terms such as 'walkers' to refer to people. Staff did not always take the time to foster caring relationships because they were focussed on completing tasks. We observed this to be the case particularly during the lunch period when staff were busy washing up and had not noticed that a person was not eating their lunch and may have required some support. This person was eventually offered support after a delay.

At other times we observed that staff were caring and showed genuine concern for people's well-being and responded quickly to alleviate any distress. One person started to cough repeatedly and staff quickly saw that the person was uncomfortable and offered them a drink. We saw that some staff had developed positive relationships with people and enjoyed talking with them. The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care. People's diverse needs were catered for by staff. For example, local religious organisations provided services in the home. The kitchen staff were aware of how people's cultural background and religion may impact on the way in which they prepared food.

People told us they were treated with dignity and their privacy was respected by staff. One person said, "Staff always knock on my door." Another person told us, "The staff are respectful, they treat us well." The relatives we spoke with said they felt staff treated people with dignity and respect.

However, staff did not always speak with people in a respectful manner and, on occasions, appeared to become impatient if people did not respond to them. For example, staff were not always patient with people who may have required additional time or explanations to understand what was being asked. On two occasions we heard staff speak with people abruptly when attempting to administer their medicines.

People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. People and their visitors had access to several private areas to spend time together if required. People were encouraged to remain independent where possible. For example, some people visited local shops independently and people were able to make their own drinks. People who resided on the rehabilitation floor were encouraged to carry out tasks independently to aid their recovery.

People were able to be involved in making decisions and planning their own care. One person said, "I feel involved in choices." Another person said, "I could be involved in my care planning if I wanted to be." A relative told us that they had been involved in planning the care for their loved one. People made day to day choices about how they wished to spend their time. One person said, "I tend to prefer staying in my room and the staff respect my choice."

People were given choices such as how they wished to spend their time and whether they required staff support with personal care. Staff offered people support when required and also encouraged people to carry out tasks independently when they were able to. Staff told us they supported people to be involved in making decisions about their care, such as by involving them in care plan reviews or by asking if they remained happy with their care. The manager told us they sometimes found it difficult to get people involved in reviews of their care plan. Alternative ways of achieving this were being looked at, such as by making care plan reviews less formal. The care plans we viewed showed that, where possible, people had been involved in planning their care on arrival at the home.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Good

Is the service responsive?

Our findings

At our inspection in April 2014 we found that people's care plans did not always contain adequate information about the support they required. The provider submitted an action plan detailing the improvements they planned to make. During this inspection we found the required improvements had been made. There was detailed information about people's care needs available which staff were aware of and applied this in practice.

The people we spoke with told us they felt that staff provided the care and support they needed. One person said, "Any problems that I have, I tell them and they give the proper advice to me." Another person told us, "I am happy and have never been unsatisfied." A relative told us, "The care does meet [my relative's] needs."

Staff had access to detailed information about people's care needs and applied this in practice so that people received care and support that was responsive to their needs. The staff we spoke with were able to describe people's needs and how they had changed over time. People's care plans were regularly reviewed and updated as people's needs changed. For example, one person had been assessed as being at an increased risk of developing a pressure ulcer. The guidance to staff had been updated to take this change into account. The staff we spoke with told us they found the information in people's care plans was helpful. There was also an effective system in place to ensure that staff were informed of changes to people's planned care.

Adjustments were made and equipment provided so that people were able to remain independent. For example, people who required pressure relieving equipment had this in place and staff ensured it was available to them at all times. Staff ensured that people who required glasses or hearing aids had access to these and that they were in good order.

People told us there were activities available which they could participate in if they wished to. One person said, "There are adequate activities." Another person said, "I enjoy some of the activities and joined in with the bingo today." A game of bingo was enjoyed by many people whilst staff respected the wishes of people who did not wish to participate.

During our visit staff spent time with people, when they were able, carrying out activities such as reading and creating Easter bonnets. Staff also spent time talking and reading with people which was appreciated. The communal areas were set out so that people were able to watch TV if they chose to or sit in a quieter area. There were items such as books that people could help themselves to.

People told us they felt able to raise concerns and knew how to make a complaint. One person said, "I would speak to one of the deputies or the manager if I needed to." Another person told us, "I've never had cause to complain but I'm sure it would be properly dealt with if I did." A relative told us they had resolved some minor concerns with the manager and this was dealt with to their satisfaction. People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home.

We reviewed the records of the complaints received in the 12 months prior to our inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication maintained with the complainant throughout the process. The manager arranged to meet with the complainants to discuss their concerns in more depth when this was required. The outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice.

Requires improvement

Is the service well-led?

Our findings

At our inspection in April 2014 we found that adequate systems weren't in place to obtain people's feedback about the quality of the service they received. The provider submitted an action plan detailing the improvements they planned to make. We saw that the planned improvements had been made and people had access to different ways of giving feedback about the service. The provider had identified further improvements that could be made to further enhance the quality monitoring procedures.

Staff did not keep accurate or up to date daily records about the care they had provided to people. For example, we looked at food and fluid charts for the days prior to our inspection and found that they had been inconsistently completed. We spoke with three of the people whose records we looked at who confirmed they had eaten and drank more than had been recorded by staff. During our inspection we observed that staff did not always record the care and support they had provided, meaning there was a risk they may forget to record this later on in their shift.

The people we spoke with were aware of the different ways in which they could provide feedback about the service, one person said, "I know they gave me a survey to complete recently." Another person said, "There are meetings for residents which I attend sometimes, they are informative and give us the chance to have our say." We saw that people were informed in advance when the next meeting was due to be held.

People were provided with different ways of giving feedback about the quality of the service. Satisfaction surveys had been recently provided to people and their relatives to complete. The surveys that had been returned were mainly positive about the service being provided. In addition, there were regular meetings which people were encouraged to attend. Records of recent meetings showed that people had provided input in relation to the types of activities they would like to take part in.

The quality of service people received was assessed through regular auditing of areas such as medication and care planning. The provider had recently appointed a quality consultant who had developed a comprehensive action plan to address areas for improvement they had identified. This had identified that record keeping was an area which required improvement, however had not detected the issues with staffing levels and the way staff spoke with people as identified in our report. The provider also completed visits to the home to check that people were receiving a good quality of service. Where these visits had identified improvements that could be made, an action plan was put into place to monitor improvements to the service people received.

The service had a registered manager and she understood her responsibilities. Some of the people we spoke with did not know who the manager was. One person said, "I do not know the manager, never been introduced." Another person commented, "I do not know the manager." The relatives we spoke with told us that the manager spent most of their time on the middle floor and was not seen as much on the other two floors of the home.

People benefitted from the clear decision making structures that were in place within the home. Staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines and reviewing of care plans. Staff told us that resources were made available to support them and to ensure a good quality service could be provided.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

There was a positive culture in the home and people felt able to be involved and included in the development of the home. One person said, "There is a nice atmosphere here, I feel like I belong." Another person said, "I am one who likes to make my views known and there is no issue with that here." We observed that people were relaxed in the home and the atmosphere was calm.

The staff we spoke with felt there was an open and transparent culture in the home. There were regular staff meetings and we saw from records that staff were able to contribute to these meetings. The manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. Staff were able to make suggestions and raise concerns during these meetings and they were taken seriously and acted upon.

People and staff could speak with the manager and make suggestions or raise concerns in a variety of different ways.

Requires improvement

Is the service well-led?

The manager told us she operated an 'open door' policy whereby people could speak to her at any time. People could also make suggestions anonymously if preferred by using a suggestion box.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed. Regulation 18 (1).**