

Countrywide Care Homes Limited

Acorn House Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Acorn House Care Home is a residential care home providing accommodation, care for up to 32 people aged 65 and over, some of who were living with dementia. At the time of the inspection, there were 31 people living in the home.

Acorn House Care Centre is a purpose-built home over two floors. People had access to a number of communal areas, including quiet spaces and a garden.

People's experience of using this service and what we found

Systems and processes safeguarded people from the risk of abuse. People told us they felt safe and staff were confident the management team would act quickly to keep people safe. Effective systems were in place to ensure lessons were learnt from any incidents and the management team understood their responsibility to be open and honest when something went wrong.

Environmental risks and risks to people's health, safety and wellbeing were managed well and kept under review. Equipment was safe to use and regularly serviced and maintained. Recruitment processes had improved and ensured staff were suitable to work with vulnerable people. There were mixed views about staffing, particularly in the evening. The registered manager had recently changed ways of working and this was currently under review.

The home was clean and odour free and staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic. Medicines were managed safely. People and their relatives told us staff were kind and caring and were complimentary about the improvements made. The service had equality and diversity policies and procedures in place. People's privacy and dignity were respected.

People were supported to live healthy lives and had access to professionals, a well-trained staff team and a choice of a nutritious diet. The home worked with partnership with other organisations to provide effective and consistent care. Staff received the training and support needed to carry out their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team and staff had worked hard to address the shortfalls found at the last inspection and were clear about further improvements needed. There were effective systems to check the quality of the service and to monitor staff practice with clear evidence improvements had taken place. People's views were sought about the service and acted on. Where possible, people were involved in decisions about their care and support; care was being planned in a person-centred way and regularly reviewed which helped ensure good outcomes for people. Records were accurate and organised. The service engaged with external

professionals to ensure people received prompt and coordinated care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 October 2019). There were breaches of regulation in relation to recruitment processes, supervision and support for staff, medicines management, care planning, record keeping and ineffective monitoring systems. We also made recommendations about capacity assessments, dementia friendly environments and involving people in decisions about their care. After the last inspection, the provider completed an action plan to show what they would do and by when, to improve.

During this inspection, the provider demonstrated that improvements have been made in Safe, Effective, Caring and Well-Led. However, the rating is limited to requires improvement as there is a breach of regulation in one of the other key questions. The service remains rated requires improvement.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains at Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn House Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The rating is limited to requires improvement as there is a breach of regulation in another key question, which was not assessed during this inspection.

Details are in our well-led findings below.

Acorn House Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Acorn House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted local authority commissioners and Healthwatch and asked them for their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with four people living in the home, the registered manager, the deputy manager and the housekeeper.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, three staff recruitment records, staffing rotas, minutes from meetings, maintenance certificates and records related to the auditing and monitoring of service.

After the inspection

We spoke with three relatives and three care staff. We also spoke with a healthcare professional who regularly visited the service. All feedback was positive. We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us before and after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had failed to ensure recruitment of staff was managed safely. This was a breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- The registered manager had established systems to monitor the number of staff deployed in the home. People said there were not always enough staff particularly during the busy evening period. One person said, "The staff do their best. I don't have to wait too long but there are not enough staff on at night." Staff had mixed opinions about staffing in the evening/night; however, they were confident people's needs were always met. The registered manager told us about recent changes made to both day and night time staffing and night time tasks; this was currently under review.

Using medicines safely

At our last inspection, the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. People told us they received their medicines when they needed them.
- The service had consulted best practice guidance in relation to medicines management and policies and procedures were available to all staff.
- Staff were suitably trained to administer medicines and checks had been carried out on their practice.

Systems and processes to safeguard people from the risk of abuse

- Management and staff protected people from the risk of abuse. People told us they felt safe and were

happy with the care they received. People said they felt safe and relatives spoken with had no concerns about the safety of their family members.

- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.
- The provider had carried out environmental risk assessments and equipment was safe and regularly serviced.

Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. The home was clean and odour free with additional cleaning processes in place. We discussed providing additional guidance around the home; this was acted on.
- The infection prevention and control policy was up to date. Personal protective equipment was being used safely and regular testing of staff and people using the service was being carried out. One person said, "I feel safe here, we are tested for Covid-19 and so are the staff so I feel safe."
- The registered manager and staff were following safe guidance to ensure visitors were not at risk of catching and spreading infections. A secure and safe visiting pod was available to ensure people could see and speak with their relatives; systems were in place to manage this safely.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings.
- Management and staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends; evidence showed action had been taken to improve people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated requires improvement. At this inspection, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff received adequate supervisions and appraisals to support them in their roles. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Discussions with staff and records of training supported this. We noted the overall training matrix showed dates when training was due and not when last carried out. The registered manager shared this with senior management for action. Individual staff training records were maintained.
- The registered manager provided new staff with in depth induction training to support them with their role. Staff told us they could approach management for support.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At the last inspection, we recommended the service consulted legislation to ensure all capacity assessments were robust.

- The registered manager understood when an application for a DoLS authorisation should be made. Appropriate applications had been made to the relevant authority, to deprive people of their liberty in the

least restrictive way possible and capacity assessments were recorded in sufficient detail. The registered manager worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.

- Staff received training and demonstrated an awareness of the MCA and relevant policies and procedures were available to guide staff in their roles. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. We observed staff asked for people's consent before providing care and respected their decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out assessments of people's needs before they came to live at the home, to ensure they could be looked after properly. Assessments from health and social care professionals and discussions with people and their relatives were used to plan effective care.

- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, falls, oral health and skin integrity. This supported a good quality of life for people.

- The initial care assessment considered people's protected characteristics, such as age, disability, religion or belief.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager and staff made sure people's nutritional needs and dietary preferences were met. Staff monitored people if they were at risk of poor nutrition and advice from appropriate healthcare professionals was sought, as needed.

- We observed the lunchtime period and saw that the atmosphere was calm, and people were not rushed; we overheard friendly banter during the meal. People who needed support and encouragement with their meals, were assisted with patience and dignity. People were shown the meals on offer and asked about where they preferred to dine. People told us they enjoyed the meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently.

Adapting service, design, decoration to meet people's needs

At the last inspection, we recommended the provider consulted best practice guidance to ensure the environment met the needs of people living with dementia.

- The provider had made internal and external improvements to the home to ensure people were safe and their needs met. There was a development plan and improvements were ongoing. Maintenance processes ensured prompt attention to any reported issues.

- People were happy with their bedrooms and the communal areas. Communal areas were comfortable and homely, and bathrooms were suitably equipped.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process. Staff said, "The care is good, and people are safe."
- People and their relatives complimented the care and support they received. They said, "The staff are very kind and caring" and "I am really pleased with the home and I am happy living here." Relatives said, "The staff are very caring. [Family member] gets physical contact from staff which is good as we can't visit in person" and "I cannot praise the staff enough."
- Staff interacted with people in a warm, kind, caring and friendly manner and people were comfortable in the presence of staff. Staff were described as kind, caring and respectful. Staff and people living in the home had developed good relationships. Staff took time to sit and talk to people and knew about their preferences and how best to care and support them.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences. Relatives said they were kept informed and involved in decisions about their family member's care.
- The registered manager and staff consulted people about their care needs. People confirmed they were able to make choices and decisions.
- Staff encouraged people to express their views as part of daily conversations, regular meetings and customer satisfaction surveys. Information displayed around the home and regular newsletters kept people informed of proposed events and any changes.
- People had access to information about accessing advocacy services and other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- The provider had policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting. Staff encouraged and supported people to maintain their independence whenever possible. Bathrooms, toilets and people's bedrooms were fitted with appropriate locks.
- People's information was stored and held in line with the provider's confidentiality policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question remained the same.

Whilst there are no breaches in regulation in relation to how the service is led, the rating is limited to requires improvement as there is a breach of regulation in another key question, which was not assessed during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider and registered manager failed to ensure records were accurate and person-centred, failed to ensure audits drove improvement and failed to meet the action plan submitted to us. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. Everyone we spoke with was complimentary about the service and improvements made by the new management team. They told us they had recommended the service to others. A relative said, "All the staff deserve praise and credit for being a good team." The registered manager was described as 'approachable'.
- The registered manager and staff encouraged people to make decisions about their care and support. The registered manager told us further work was underway to ensure more people were involved in decisions about their care.
- Staff were committed to providing high standards of care and felt supported. Staff enjoyed working at the service and received appropriate support from the management team. They said, "It is a good place to work and resident's needs are put first" and "Since the registered manager took over the morale is improving."
- The registered manager and deputy manager demonstrated a good knowledge of people's needs and the needs of the staff team. Staff understood their individual responsibilities and contributions to service delivery. The registered manager and provider were knowledgeable about their legal responsibilities. Records were accessible and completed to a good standard.
- The provider had improved the quality monitoring systems which covered all aspects of the service. When shortfalls were discovered, improvements were actioned, and changes made.
- The provider and registered manager encouraged a strong culture of continuous learning and development within the service. Staff meetings and handovers were used to ensure learning and

improvements took place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff to improve practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager actively supported people, their relatives and staff to be engaged in the development of the service. The registered manager and staff were described as approachable.
- The registered manager encouraged feedback from people. The quality of the service was monitored by speaking with people, regular meetings, newsletters and annual customer satisfaction surveys to monitor whether they were happy with the service. People told us the monthly residents' meetings gave them the opportunity to share their views.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs.
- The registered manager had systems that ensured all staff were kept up to date and promptly notified of any changes.

Working in partnership with others

- The registered manager worked in partnership with external agencies where they could learn and share valuable knowledge and information that promoted the continued development of the service. They had good working relationships with a variety of professionals to enable effective coordinated care for people.