

Regency Healthcare Limited

# Acorn Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection took place on 18 October 2016 and was unannounced. There were 25 people living at the home when we visited.

The last inspection was carried out in January and February 2016 and the report was published in April 2016. At that time we found the service was in breach of seven regulations. We found people were not adequately protected from harm and the recruitment procedures were not robust. People's rights were not protected because the service was not working in accordance with the requirements of The Mental Capacity Act 2005 and people were not treated with dignity and respect. People's medicines were not managed safely and records were not properly maintained. The service did not have a proper way of dealing with complaints and the governance arrangements were not effective. The service was rated as 'Inadequate', we served warning notices and requirement notices and the service was placed in 'Special Measures'. We carried out this inspection to check if the required improvements had been made.

Acorn Nursing Home is a thirty-four bedded care home, which provides residential and nursing care. Bedroom accommodation consists of both double and single rooms situated on the ground and first floor of the building. There are communal rooms on the ground floor. There is ample car parking space at the front of the property and at the back there is an enclosed garden which is accessible to people living in the home.

We noted the provider is registered for the regulated activity of personal care which is associated with the provision of services to people living in their own homes. We found no evidence they were delivering this kind of service and therefore have asked them to submit an application to remove this regulated activity from their registration.

There was 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 the service is run.

Staff working in the home knew how to recognise and report any concerns about people's safety and welfare. We found improvements had been made and more safeguarding concerns were being identified and reported. This assured us there was less risk that any abuse which did take place would be undetected.

There were enough staff on duty. However, the home did not employ enough nurses to make sure there was one nurse on duty at all times without using temporary or agency staff.

No new staff had been employed since the last inspection and we were not able to check if the correct recruitment procedures were being followed.

We found improvements had been made to the way people's medicines were managed.

We found the home was generally clean, safe and well maintained. The provider was continuing with the refurbishment programme. However, on the day we inspected the conservatory was cold and the radiators were not working all day.

Individual risks to people's safety and welfare which were as a result of their care needs were not always managed safely. This had been a concern at the last inspection and therefore we concluded the provider remained in breach of regulation.

Although staff told us they felt supported the training records showed a significant number of staff had not received any training on safe working practices such as fire safety and moving and handling. In addition, the majority of staff had not received training on privacy and dignity which had been identified as an area of concern at the last inspection. We found this was a breach of regulation.

People were offered a variety of food and drinks and their dietary needs, likes and dislikes were catered for. People's nutritional status was assessed and appropriate action was taken if people were having difficulty eating or had unplanned weight loss. However, we found the lunch time meal service was not well organised and people were not afforded the opportunity to enjoy the social aspects of meal times.

People were supported to have access to the full range of NHS services to maintain their health and wellbeing.

We saw staff were kind and patient and observed lots of good interactions which supported people's wellbeing. However, we also saw examples of where a lack of attention to detail meant people's dignity was not promoted. We concluded the provider remained in breach of this regulation. We found staff responded when people asked for help but were not always attentive to the needs of people who were, for whatever reason, unable to ask for help.

We saw people's needs were assessed and there were care plans in place. We saw the care plans were being checked by senior managers to make sure they had all the required information and were up to date.

We found people had opportunities to take part in activities in the home and some people were supported to go out and use local amenities. However, there was a lack of organised outings which was something that had been raised in 'resident and relative' surveys over the past two years.

There was a complaints procedure in place but information about how to make a complaint was not displayed in the home on the day of our inspection.

People who used the service, relatives and staff were given opportunities to share their views of the service by means of surveys and meetings.

The provider had made some improvements to the systems and processes in place to assess, monitor and improve the quality and safety of the services provided. However, we found they had not done enough to make sure these systems and processes were being operated effectively to ensure people consistently experienced safe and effective care and treatment. We judged the provider remained in breach of this regulation.

We concluded the provider was still in breach of three regulations. Two of these were continued breaches from the last inspection and were Regulation 10 (Dignity and respect) and Regulation 17 (Good governance). The breach of Regulation 18 (Staffing) was new breach identified during this inspection.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The Commission is considering the appropriate regulatory response to the inspection 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?

**Requires Improvement** ●

The service was not consistently safe.

The building was generally clean and safe and was being refurbished. The conservatory was cold and the radiators were not working throughout the day of our inspection.

Risks to people's safety and welfare arising from their care needs were not always managed safely.

Staff knew how to recognise and report abuse and this helped to keep people safe.

No new staff had been recruited since the last inspection and therefore we were not able to confirm the required improvements had been made.

There were enough staff on duty to meet people's needs but the service relied on temporary and agency nursing staff to make sure there was always one nurse on duty.

People's medicines were managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff training on safe working practices was not up to date.

The service was working in accordance with the requirements of The Mental Capacity Act 2005 which helped to make sure people's rights were protected.

People were offered a variety of food and drinks and their dietary needs and preferences were catered for.

People were supported to maintain their health and had access to the full range of NHS services.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

We saw staff were kind and caring and knew about the people they were caring for.

Lack of attention to details meant people's dignity was not always protected.

### Is the service responsive?

The service was not consistently responsive.

Staff responded well when people asked for help but were not always attentive to the needs of people who were unable to ask for help.

There were in house activities and some people were supported to go out and use local amenities.

There was a complaints procedure but it was not easily accessible to people.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Although some improvement had been made we found the registered persons had not done enough to address all the areas of concern identified at the last inspection. This showed they did not have effective systems and processes in place to ensure people consistently received care and treatment which was safe, effective, caring and responsive.

**Inadequate** ●

# Acorn 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.

The inspection team consisted of three adult social care inspectors.

On this occasion we did not ask the provider to complete 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. However, following the last inspection the provider sent us an action plan and we took this into account when making our judgements about the service.

Before the inspection we reviewed all the information we held about the provider and contacted the local authority to ask for their views on the service.

During the inspection we spoke with four people who used the service and observed people being cared for and supported in the communal rooms. We spoke with five care workers, a team leader, a nurse, a cook, one of the housekeeping staff, the registered manager and one of the company directors. We spoke with one visiting health care professional.

We looked at nine people's care records and people's medication records. We looked at other records related to the day to day running of the home such as training records, maintenance records, meeting notes and audits.

# Is the service safe?

## Our findings

On arrival at 8am we found the lounge with the conservatory was cold and the two radiators in the conservatory area were not working and one of the windows was open. One of the people who used the service told us they were cold. This was brought to the attention of staff who closed the window and got the person who was cold a blanket. The registered manager told us the boiler was on a timer and the heating would come on, however, the two radiators were still cold at 4:30pm. This was discussed with the provider who told us they would deal with it immediately.

We found inconsistencies in the way risks to people's safety and welfare were managed. People's care records included information about risks to their safety and welfare. For example there were risk assessments in place about nutrition, falls and the risk of developing pressure sores. In one person's care records we saw they should have bed rails with bumpers, a crash mat and a sensory alarm in their bedroom because they were at risk of falls. We checked the person's bedroom and found these measures were in place.

However, when we looked in the bedroom of a person who was at risk due to epileptic seizures we found the alarm mat which should have been in their bed to alert staff was not in place. We asked the registered manager about this and they told us the mat had been damaged and sent away for repair two weeks prior to the inspection. We asked what other measures had been put in place to manage the risk and the registered manager told us the night staff carried out regular checks on the person when they were in bed. We looked at the person's care records and found the risk assessment had not been updated with this information. One of the company directors was present during the inspection and arranged for a replacement alarm mat to be purchased immediately. They told us they would make sure there was a spare mat available to make sure the person was not left without an alarm in future.

In the case of another person who was identified as being at risk of developing pressure sores we saw they had a pressure relieving mattress on their bed. However, when we looked in their care records we found there was no specific information about the type of mattress or the setting. Without this information there was a risk mattresses would not be set correctly and therefore would not be effective.

This demonstrated risks to the safety and welfare of people who used the service were not consistently managed effectively and we concluded the provider remained in breach of Regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. However, when we looked at the staff training matrix we found not all staff had updated their training as required.

At the last inspection in January and February 2016 we were concerned that safeguarding concerns were not always identified and reported properly. Since then the records we hold about the service have shown



an improvement in the reporting of safeguarding concerns. During the inspection the registered manager showed us the safeguarding file where they kept a record of all the referrals made to the local authority safeguarding team. This provided assurance that the correct processes were being followed to ensure people were protected from harm.

The registered manager told us sufficient staff were employed for operational purposes and staffing levels were based on people's needs. We were told the usual staffing arrangements for the home were one qualified nurse and five care assistants on day duty and one qualified nurse and three care assistants on night duty.

We looked at the staff rota and found four of the five qualified nurses on the rota were employed by the home. We saw one of the five nurses was employed by an agency and was on contract to the home. The other was a 'bank' nurse which meant they had a zero hours' contract and worked when they were available. Following the inspection visit the registered manager told us the bank nurse worked full time hours however this still meant the home was reliant on agency or bank staff to maintain the minimum staffing level of one nurse on duty at all times. The provider told us they were aware this was not an ideal situation and said they were looking at ways of increasing the number of nurses they employed.

The registered manager told us either they or the deputy manager were on-call during the night and at weekends and staff were aware they could contact them at any time if they had concerns.

At the last inspection we were concerned that checks against the NMC (Nursing and Midwifery Council) register were not being carried out to make sure all the nurses employed in the home were registered to practice. The provider's action plan stated NMC checks would be carried out at six monthly intervals and a record would be kept in the home. During this inspection we found the checks had been done and a record was available in the home.

The registered manager was no longer registered with the NMC (Nursing and Midwifery Council) and therefore was unable to provide nursing cover. The records showed their registration with the NMC had expired on 31 March 2016 and they told us it had not been renewed due to an administration error. The registered manager told us they were in process of reapplying for NMC registration.

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. However, at the last inspection we found the registered manager had failed to carry out all the required checks prior to new staff starting employment and required them to take action to make the recruitment process more robust. On this inspection the registered manager was unable to demonstrate improvements had been made to the recruitment process as the service had not employed any new staff since our last visit. During the inspection the registered manager provided us with an updated copy of the action plan for the home. This stated the registered manager and administrator were in the process of checking all the staff files to make sure all the required documents were in place. The action plan stated this would be completed by 30 November 2016. In addition, the provider told us they were introducing a new procedure and all staff would be required to repeat DBS checks every three years.

At the last inspection we had concerns that people's medicines were not being managed safely. During this inspection we found improvements had been made.

We observed medicines being administered by a qualified nurse [agency] who demonstrated a good level of

awareness of the medicines they were administering. We saw they carefully checked the medicines administration records (MAR) prior to administration to ensure people were receiving the correct medication.

We found protocols had been completed for medicines administered to people on an "as and when required" basis (PRN) to ensure nursing staff had clear guidance on when these medicines should be administered.

Some medicines are prescribed with specific instructions about how and when they should be taken in relation to food. We found there were suitable arrangements in place to make sure these instructions were followed.

We looked at the MARs and saw a photograph of each person was attached to the front sheet to help ensure people were correctly identified. This reduced the risk that medicines might be given to the wrong person.

Certain medicines are classified as controlled drugs which means they have to be stored, administered and recorded in a specific way. We looked at the way controlled drugs were stored and administered and no concerns were raised.

We saw medicines were being administered to four people covertly, which means they were hidden in food or drinks and given without the person's knowledge and consent. We saw best interest decision discussions had been held with all relevant people prior to people receiving their medicines covertly. The best interest decisions were documented.

The temperatures of the rooms used to store medicines and the medicine fridge were checked daily to make sure medicines were stored correctly. We saw medicines were administered either from their original containers or from a monitored dosage system.

We saw a stock check was carried out every time medicines not included in monitored dosage system were administered. We randomly checked a number of stock control figures against the actual amount held and found no discrepancies. We saw nursing staff carried out daily checks on medicines to ensure the stock control figures were correct and a full medicines audit was undertaken once a month. This assured us that people's medicines were properly accounted for.

Most people's MARs were printed by the supplying pharmacist. In some cases people's MARs were hand written, when this was necessary we saw they had been checked and signed by two staff to reduce the risk of transcribing errors.

We saw arrangements were in place for the administration of topical medicines such as creams and ointments and an audit system had recently been implemented to ensure they were applied correctly by the care staff.

We concluded people were protected against the risks associated with medicines because people's medicines were managed safely.

We looked around and found the home was clean and generally well maintained. When we visited earlier in the year the provider had started a programme of refurbishment and during this inspection we saw this was continuing. We found improvements had been made to the outside bin storage area which we had concerns about at the last inspection.

The local authority infection control team carried out an audit of the service in March 2016. The service scored 87% which equates to medium risk. We saw the registered manager had been carrying out monthly infection control audits since then. They told us they discussed their findings at staff meetings and we saw evidence of this when we looked at the staff meeting minutes. We talked to one of the housekeeping staff and they told us they followed daily cleaning schedules. They also told us each room was given a deep clean on a regular basis and this included washing down the mattresses. However, we found there was no system in place to show clearly how often rooms should be deep cleaned and therefore there was a risk that some rooms would not be thoroughly cleaned as often as others. This was discussed with the registered manager.

The kitchens were inspected by the Local Authority Environmental Health Department in November 2015 and given a score of three stars out of a possible five, which means 'Generally Satisfactory'.

At the last inspection there was an enforcement notice in place which had been served by West Yorkshire Fire & Rescue Services. Before this visit we checked the Chief Fire Officers Association Register and found the service had complied with the notice. This meant the provider had taken the necessary action to make sure the premises were compliant with fire safety legislation. In the care records we looked at we saw people had PEEPs (Personal Emergency Evacuation Plan) to inform staff about the help they would need in the event of fire or other emergency.

We looked at a selection of maintenance records and they showed checks on equipment such as hoists and lifts were carried out in line with manufacturer's guidelines. We saw hot water temperatures were monitored, Legionella checks were done and portable electrical appliances were checked annually. The service had an electrical wiring certificate to show the hard wiring had been checked and was satisfactory. We saw the gas appliances had been checked and were found to be in a satisfactory condition in July 2016.

## Is the service effective?

### Our findings

The registered manager told us that all new staff completed an internal induction training programme on employment. The registered manager also told us the organisation had a designated training officer and in future all staff with no previous experience in the caring profession would complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager also told us new staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

The registered manager confirmed that following induction all staff completed a programme of essential training which covered topics such as moving and handling, infection control, food hygiene, health and safety and safeguarding. We saw training was provided in a number of different ways including distance learning, and staff attending internal and external training courses. The registered provider also informed us they were going to introduce E Learning for some topics in the future. The registered manager told us they were now working to the QCF (Qualifications and Credit Framework).

The training matrix we looked at during the inspection visit showed that with one exception all care staff had achieved a National Vocational Qualification (NVQ) at level 2 or above.

However, following the visit we asked the registered manager for clarification on this and they sent us an updated copy of the training matrix. The updated version listed 25 care workers and showed 11 were qualified and had obtained an NVQ (National Vocational Qualification). A further 12 staff were shown as working toward an NVQ qualification and two staff were shown as 'Highly qualified', there was no explanation of what that meant.

The updated training matrix also showed there was no moving and handling training recorded for 15 care workers and 13 care workers had no training recorded for adult protection (safeguarding), infection control and health and safety. Four care workers had no fire training recorded, 14 had no food hygiene training recorded and eight had no challenging behaviour recorded. In addition, we saw only four care staff had completed dignity and respect training and there was nothing recording under some headings including palliative care, customer care and pressure care. All these subjects were listed on the training matrix as 'Care Staff Essential Training Requirements'. The lack of training meant people who used the service were not adequately protected from the risk of harm.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings and their annual appraisal. However, when we looked at the supervision matrix it was apparent that while some staff had regular formal supervision with their line manager other staff had only one or two supervision meetings since January 2016. The provider's policy, as stated in their action plan dated 18 December 2015, was that all staff must be offered supervision every six weeks. This was discussed with the registered manager who confirmed they would address this matter.

This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 saw where DoLS had been authorised any conditions had been incorporated into the persons care plan. However, the registered manager told us one person's DoLS authorisation had been granted with four conditions and they had not been informed what the conditions were. We discussed the importance of contacting the supervisory body which granted the authorisation to make sure they were able to put a plan in place to meet the conditions and safeguard the person's rights.

Our observations showed staff explained what they were proposing to do and asked people's permission before carrying out any task to ensure it was what the person wanted or needed. This showed staff ensured people were in agreement before any care was delivered.

We asked people who used the service about the meals at the home. One person told us, "It's alright." Other comments from people living in the home included, "I like the food." "The food is good and there is always plenty of choice. We have a good cook." "I have no complaints some meals are better than others but generally the food is very good."

We saw people were offered a choice at breakfast which included porridge, cereals and toast as well as a cooked option. People were offered hot and cold drinks during the morning as well as biscuits and high calorie snacks. At lunch time we saw people were offered choices, they were shown two meals and asked to choose which they wanted to eat which helped them to make an informed choice.

We spoke with the cook who had worked at the home over 20 years and they told us they provided a variety of meals including halal, vegan, pureed meals and diabetic diets. The cook told us halal meat was purchased from a local supplier and included beef, lamb and chicken.

The cook had a good understanding of people's dietary needs and confirmed they worked with the nursing staff to ensure people who were at risk of malnutrition received a fortified diet. This included using full fat milk and added cream when preparing meals.

We saw nutritional risk assessments were in place and there was evidence people were referred to relevant healthcare professionals if they experienced significant weight loss.

We saw one person was on both a fluid input and output chart and a food chart. When we cross referenced the two charts we found a number of discrepancies. This was discussed with the registered manager who acknowledged having two different charts in place was perhaps causing confusion and increased the chance of staff not completing them correctly. They told us in future staff would only complete one chart which would include all the relevant information.

Care workers we spoke with told us if they had any concerns about people's health they would tell the nurse

on duty, who would then take any necessary action. We spoke with a visiting hospital consultant who told us staff had followed their instructions and as a result the person was much more comfortable. In the seven care records we looked at we saw people had been seen by a range of health care professionals, including GPs, speech and language therapists, community psychiatric nurses dentists and opticians. The registered manager told us most of the people who lived at the home were registered with one GP practice and the GP carried out a weekly surgery at the home. This showed people's health care needs were being met.

## Is the service caring?

### Our findings

At the last inspection in January and February 2016 we found people were not always treated with dignity and respect. During this inspection we found that some improvements had been made. However, further improvements were needed to ensure people's dignity and human rights were consistently protected and promoted.

The staff we spoke with were clear in their understanding of protecting people's rights to privacy and informed us they always knocked and sought permission before entering a person's room. Staff also informed us they ensured doors were closed when providing personal care.

We saw staff were kind and patient with people. We observed they got down to eye level with people to engage with them and to get a response. For example, we heard one care worker say to one person, "You look a bit down today" and saw they stayed with them until they got a smile.

However, we also observed some practices which did not promote people's dignity. For example, we saw one person's zip on their trousers was undone when we arrived at 8am and this was still the case until lunchtime when staff changed their trousers. In another example when we looked around the home we found much of the bed linen looked faded and had not been ironed.

At lunch time we saw there were only three dining tables and these were in the conservatory area. Only three people sat at the dining tables for their lunch, nine people stayed in their bedrooms, one person had gone out and the remaining people stayed in their armchair with tables in front of them. The registered manager told us people preferred not to eat sitting at the dining table. However, this meant people missed the opportunity to engage in the social aspects of meal times.

We observed the dining experience was disorganised which did not enhance people's experiences. For example, in the lounge/conservatory area we saw staff served all but two people. These two people waited for 25 minutes before staff returned with their food and supported them with their meals.

We saw in one person's care plan they did not like to have a shower or change their clothing. We saw this person had not had a shave and was wearing dirty clothing. The registered manager told us only they and one of the nurses were able to assist this person with their personal hygiene needs. However, this did not happen on the day of our visit and the person was taken out by a care worker looking unkempt.

We concluded the provider was still in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We found information in people's care files about their life experiences and personal preferences. This information helped staff to understand people and appreciate them as individuals. Staff we spoke with were knowledgeable about the people they cared for.

We did not meet any visitors during our visit. Care workers told us visitors were always offered a drink and could stay for a meal if they wished. People's care records contained information about significant relationships and maintaining contact with family and friends. The registered manager told us there were no visiting restrictions and family and friends were encouraged to visit their relatives anytime.

We asked the registered manager how the service took account of people's protected characteristics as set out in the Equalities Act 2010. The protected characteristics are religion or belief, age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. They told us people's religious and cultural dietary needs were catered for and people were supported to attend religious services of their choosing. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. We saw people appeared relaxed and confident in the presence of staff and the staff were able to communicate well with people. For example, where people had limited levels of verbal communication it was evident the staff understood their needs and responded accordingly.



## Is the service responsive?

### Our findings

Many of the people who lived at the home had complex needs and were not able to tell us if staff were responsive to their needs. However, one person told us, "Some staff are very good but others are not so good."

Throughout the inspection we saw staff responded appropriately if people requested assistance and support. We noted wherever possible people were involved in their care and staff always explained what they wanted to do and asked for people's consent before providing assistance.

We saw examples of care workers showing a good understanding of people's needs and preferences. For example, at lunchtime we saw one person was not eating their dinner and was just running their fingers along the edge of the plate. We heard one care worker ask them if they wanted a cup of tea which was then given to them. We then saw the person pick up their spoon and start to eat. We spoke with the care worker who explained the person would not eat unless they had tea in one particular cup.

We saw staff responded in an appropriate way to people who requested assistance; however, we also saw examples of staff not being as attentive as they should be to the needs of people who were unable to ask for assistance. For example, during lunch we saw one person spilt their drink over themselves. A care worker responded quickly and took them to their room to get changed. However, when they stood up it was clear they had been incontinent of urine and their trousers were very wet. This was not pleasant for the individual or for other people who were still eating their lunch.

We looked at the care file for the last person who moved into Acorn Nursing Home. We saw staff from the service had completed an assessment of their needs before they moved in so they could be sure they could provide the right care and support.

People's care records included care plans which contained information about their needs and the action staff should take to support them to meet these needs. We found the care plans were being checked by senior staff to ensure they were up to date and contained all the required information.

One of the care workers told us the activities co-ordinator was on holiday but their working hours were 8am to 4pm Tuesdays to Fridays and from 8am to 12pm on Saturdays. In their absence another care worker was responsible for organising activities. We looked at the activities file and saw ball games, bingo, reminiscence sessions and Karaoke were some of the things on offer.

A small number of people went out and used the local amenities on a regular basis, one person attended a day centre twice a week and another person went to an Italian social club once a week. At the last inspection we found there was a lack of organised outings which meant the majority of people did not get an opportunity to go out. During this inspection we found that had not changed.

At the last inspection in January and February 2016 we had concerns that the provider did not have an effective complaints procedure in place. During this inspection we there was a complaints procedure in

place. The manager kept a record of complaints and this showed action had been taken in response to concerns raised by people who used the service or those acting on their behalf. However, there was no evidence of analysis to identify possible trends and patterns which could help to reduce the likelihood of the same things happening again. Information about how to make a complaint was not on display in the home on the day of our inspection, this had been raised at the previous inspection. The registered manager told us the information had been on display, however after checking the notice board with the inspectors they acknowledged it was not displayed on the day of the inspection.

# Is the service well-led?

## Our findings

The rating from the last inspection was displayed in the home as required by law.

We saw the results of a satisfaction survey were displayed in the reception area. However, there was no date to show when the survey had been carried out. The registered manager told us the report had been done in September 2016 and 18 people who used the service and/or their relatives had returned questionnaires. Overall the survey showed people were happy with the services provided. The recommendations listed following the survey were for more outings for people who used the service, more daily activities and staff training on safeguarding and privacy and dignity. During our visit we found improvements had been made with regard to the daily activities but there was no evidence of any change to the arrangements for outings which had also been raised in surveys in October/November 2015. We also found significant numbers of staff had not completed training on safeguarding and privacy and dignity as detailed in the 'effective' section of this report.

The registered manager told us there had been one meeting for people who used the service since our last inspection. It had taken place on 16 July 2016. The notes of the meeting showed people were generally satisfied with the service they were receiving.

The care staff we spoke with told us the registered manager was approachable and they could speak with them at any time if they concerns. The records showed there were regular staff meetings.

One staff member said, "I feel really well supported by the manager and all the qualified nursing staff and have learnt a lot from them." Another staff member said, "It's a nice place to work, all the staff get on and try hard to make the home a comfortable place for people to live."

Following the last inspection the provider made changes to the way they monitored the safety and quality of the service. One of the senior management team visited the home at least once a month and written reports were completed following each visit. The reports showed all aspects of the service were checks for example, staffing, premises, food and meal service, medicines and care records. The visiting senior manager also spoke with people who used the service, relatives and visitors and checked that audits were being done. In addition, the provider told us they had engaged the services of a consultant to support them in ensuring their services were working in accordance with the Fundamental Standards and to support continuous improvement.

Our findings during this inspection demonstrated that further improvements were needed to ensure the processes for monitoring; assessing and improving the safety and quality of the services provided were operated effectively.

For example, risks to people's safety and welfare were inconsistently managed. One person had been left without a sensor alarm for two weeks and there were no instructions in place to guide staff on the actions they should take to manage the risk in the absence of an alarm. In another case there was no information to

tell staff what the setting for a pressure relief mattress should be to ensure it worked effectively. Individual cleaning staff followed had their own routines for deep cleaning bedrooms and cleaning mattresses, however, there was no system in place to show clearly how often rooms should be deep cleaned and therefore there was a risk that some rooms would not be thoroughly cleaned as often as others.

In another example, we found a significant number of staff had not attended training on safe working practices. In addition the majority of staff had not received training on privacy and dignity which had been identified as an area of concern at the last inspection.

In July 2016 the provider's compliance manager carried out an audit of people's care plans. They highlighted a concern about senior care staff completing all the daily care records for people who used the service. There was no evidence to show what if anything had been done to address this concern.

We found there was no analysis of safeguarding concerns, accidents and incidents or complaints to identify trends or patterns which could help to reduce the risk of recurrence. In addition, we found the complaints procedure was not displayed; this had been raised at the last inspection.

We concluded that although improvements had been made and the degree of risk to people who used the service had been reduced the provider remained in breach of Regulation 17 (1)(2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider was in breach of Regulation 17(2)(e) of the same regulations because they had failed to act on the findings of the last inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 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  Staff had not received appropriate training to enable them to carry out their duties and the arrangements for staff supervision were inconsistent. Regulation 18(2)(a)
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	