GB Care Limited

Acorn Hill Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 22 June 2016.

Acorn Hill Nursing Home provides nursing and personal care for up to 49 people. A number of people accommodated at the service had complex physical and mental health needs. Some people were living with dementia and others were receiving end of life care. The service is located in Leicester and accommodation is provided over three floors with a lift for access. At the time of our inspection there were 32 people using the service.

When we inspected the service did not have a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous manager de-registered in January 2016. A manager was in post and was in the process of applying to the Care Quality Commission for registration.

The service was last inspected on 30 July 2015 when the provider was found to be meeting their requirements.

The service had a welcoming atmosphere and improvements to the environment meant that the premises were homely and inviting. A new manager was in post and people said she was friendly and approachable. Staff were available at the times people needed them and greeted people with a smile and an offer of assistance. During our inspection we saw that people had opportunities to purse their hobbies and interests. This included both group and individual activities. These activities gave people something to focus on and provided them with stimulation.

People using the service were safe and staff had a good understanding of how to manage risks associated with people's care. Staff also knew how to support people if they became anxious, with a positive effect.

People received their medicines safely and at the required times. Medicines were kept securely and administered by trained staff. A few improvements were needed to medicines records to ensure they were complete and properly audited with issues addressed promptly where necessary.

Staff had undertaken most training the provider considered essential to meet people's care and support needs. We observed staff put their training into practice to support people in a professional and caring way. There were enough staff on duty to keep people safe and meet their needs. Training in crisis intervention had recently been introduced to the service to ensure staff could effectively meet the needs of people who may become agitated. If people needed restrictions on their lifestyles these were applied lawfully.

People's nutrition and hydration needs were mostly met and people had a choice of meals and drinks. If

people needed assistance with their meals staff provided this. Improvements were needed to the way one person's nutritional needs were monitored. People's health care needs were identified and met by staff at the service or local healthcare professionals.

People made many positive comments about the staff and were at ease with them. Staff communicated with people in a warm and friendly manner. People were offered choice about all aspects of their lives and we saw this in practice, for example during lunchtime and when people were offered personal support. Visitors were welcome at the service at any time.

Staff had a good understanding of people's social and healthcare needs and knew about people's lives, for example their past occupations, family circumstances, and likes and dislikes. People's preferences, for example getting up and going to bed times and personal care choices were included. Some care records were in need of improvement and the manager said she was in the process of reviewing and updating these.

People told us the manager was friendly and approachable. They said they would tell her if they had any concerns or complaints about the service. Staff said the manager always listened if they needed to talk with her and they had the opportunity in supervision sessions and staff meetings to raise any issues they might have.

The manager told us the service was subject to a programme of ongoing improvement. She said the views of the people using the service were central to this process and their opinions sought at every stage. Since we last inspected the service, on 30 July 2015, it had become more personalised and there was evidence that the people using it were more involved in how it was run.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. Records showed the provider had worked to a series of action plans to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service were safe. Staff supported people to manage risks whilst also ensuring that their freedom was respected. There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities. Some improvements were needed to the management and recording of medicines.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people effectively. People were supported to maintain their freedom using the least restrictive methods. Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet. People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with respect. Staff communicated well with people and knew their likes, dislikes and preferences. People were encouraged to make choices and be involved in decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some care records were in need of improvement. Staff encouraged people to take part in group and one to one activities. People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good

The service was well led.

The service had an open and friendly culture and the manager was approachable and helpful. The manager and staff welcomed feedback on the service provided and made improvements where necessary. The manager and provider used audits to check on the quality and safety of the service.

Acorn Hill Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 22 June 2016 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and nursing.

An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

Prior to our inspection visit we looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods during our inspection visit. We spoke with seven people using the service. We also spoke with the manager, two nurses, five care workers, an activity organiser, and the cook.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at six people's care records.

Good

Is the service safe?

Our findings

During our inspection visit the atmosphere at the service was mostly calm and people using the service were safe. We observed an incident when one person, who was engaged in a quiet activity, was disturbed by another person. This caused the person some anxiety. We saw a staff member was quick to intervene. They knelt by the person doing the activity and listened to their concerns. They then spent nearly ten minutes reassuring this person and by the time they left the person was able to return to their activity and was content. This was an example of staff intervening to keep people safe.

One person raised a safeguarding issue with us which the manager and staff were already aware of. Care records showed staff had made a written record of this and reported it to the manager. At the time of our visit the manager had not yet referred this to the local authority in line with the provider's safeguarding procedure. She told us she was in the process of collating supporting information and completing an incident form before she did this. We discussed this with her and it was agreed that in future potential safeguarding incidents would be reported in the first instance to the local authority. This was so they could make a decision, in line with their responsibilities, as to who should investigate them.

Staff records showed that everyone who worked at the service was trained in safeguarding and staff spoken with had a good understanding of this. Posters were on display at the service telling people about abuse, how to recognise it, and who to tell if they thought it might be happening. These measures helped to ensure that people were kept safe.

We looked at people's care records and saw they included appropriate risk assessments. These were reviewed regularly and covered areas of activity such as personal care and mobilising. The advice and guidance in risk assessments was being followed. For example, when people needed one to one assistance at certain times of the day, or particular equipment to keep them safe, this was provided.

One person's risk assessments identified triggers for risky behaviour and advised staff to recognise from verbal cues and body language that the person might be becoming agitated. During our inspection visit we saw staff successfully using distraction techniques such as offering the person a cup of tea or engaging them in an activity to support them.

Another person's risk assessments described how they sometimes refused personal care and the opportunity to mobilise. Staff had clear guidance to follow when this happened which involved a level of compromise. Care records showed that due to the potential risks to this person, specialist healthcare professionals had been involved. From our observations, we saw staff were following their instructions.

Another person was at risk with regard to their tissue viability. We visited this person in their room and saw they were being supported in bed. They were using an airflow mattress designed to offer pressure relief which was protecting their skin. However, there were no records to demonstrate that the air pressure in the mattress was being monitored to ensure it was at the correct setting. We reported this to the manager who said she would follow this up.

The staff we spoke with knew when people were at risk and what to do to protect them. Staff records showed they had been trained in health and safety. Notice boards in the service highlighted health and safety issues, and who the fire marshal and first aiders were. This helped to ensure that staff had the information they needed to minimise risk at the service.

During our inspection visit there were enough staff on duty to keep people safe and meet their needs. We saw that staff were available in all areas and mostly quick in coming to people's assistance. One person told us, "There is enough of them [staff]." The rota showed the staffing levels we found were consistent with the service's usual staffing levels. One care worker told us they thought there were enough staff to meet people's needs. They said they had the time to sit and chat with people and that staff were 'great' and worked well as a team.

People's plans of care and risk assessments made it clear whether they needed one or more members of staff to assist them with various tasks and these were being followed. Observation charts confirmed this. The manager said staffing levels were constantly under review as people's needs changed. Records showed that a 'dependency tool' was used to calculate staffing hours. The manager told us this was based on research conducted with people living with dementia. She said she had negotiated staffing levels with the provider and both were satisfied with the current arrangements.

Records showed that no-one worked in the service without the required background checks being carried out to ensure they were safe to work with the people who used the service. We checked three staff recruitment files and all had the required documentation in place.

We observed people receiving their medicines at lunchtime in the dining room. This was done safely and people took their medicines as directed by nursing staff. One person told us, "I'm on a lot of tablets and I couldn't possibly keep track of them myself so I let the staff do it. As far as I can remember they have never made a mistake with them."

Medicines were stored safely in a secure designated room which only authorised staff had access to. The room was clean, tidy and well-organised with medicines stored at the correct temperatures and records kept to demonstrate this.

We checked eight people's medicines records. These were mostly in good order being clear and up to date. We saw that one person was receiving their medicines covertly (concealed in their food) and this had been authorised by their GP which meant independent approval had been sought for this practice. At our last inspection some people's PRN (as required) medicines protocols were in their general care plans, but not in their medicines care plans. This meant staff did not have easy access to them when they were administering medicines. At this inspection we found that PRN protocols were now kept with medicines records.

A few improvements were needed. One person's records did not contain their photograph. This person was relatively new to the service so the lack of photograph might make it difficult for staff to easily identify them. Not all the people who needed them had PRN (as required) medicines protocols in place. This meant there was no record for staff to consult with regard to when these should be administered and why. On occasions two staff signatures were required to witness alterations to a people's medicines routine, for example when a dosage had been changed. Records showed this had not always happened and sometimes only one nurse had signed. This meant staff had not followed the provider's medicines policy.

Records showed that senior nursing staff carried out weekly medicines audits however it was not always clear from these what actions were taken and by whom if shortfalls were found, or why some errors had not

been identified We discussed this, and other medicines issues, with the manager who agreed to address them as a matter of priority.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge they needed to provide effective care. One person said, "Sometimes I get very down and the staff talk to me. They know what to do and if I need to see my doctor."

Records showed staff had a thorough induction and ongoing training. They undertook a wide range of courses in general care and health and safety, in order to meet people's care and support needs. These were recorded on the service's training matrix and updated as necessary.

Staff told us they were satisfied with the training they received and could request further training if they needed to. One staff member said, "The training is good and it seems to have got better recently. We have enough training to look after people properly."

At out last inspection visit there were gaps on the staff training matrix which meant management were not getting up to date information about staff training. This had since been addressed and the staff training matrix was accurate. We saw that staff had completed most of the training the provider considered as being essential. However only a few staff had attended training in equality and diversity and dementia awareness, despite this being relevant for the people who used the service. The manager said the service's training programme was ongoing and staff would attend this training the next time it was scheduled.

The manager told us training in crisis intervention had recently been introduced to the service. This followed an incident where a person became agitated and a staff member found the situation difficult to manage. This training will help to ensure that staff can effectively meet the needs of people who may at times display behaviour that can cause distress or anxiety to themselves or others.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were and related assessments and decisions had been properly taken and kept under review.

During the inspection visit we saw that one person was trying to leave the premises. When this happened staff reassured and distracted them. We checked this person's care records and saw they had a DoLS restriction in place which meant they were not able to leave the premises unaccompanied. This was lawful

as the provider had followed the proper procedures to put this restriction in place.

The service had a DoLS matrix in place so staff were clear who had restrictions in place and when they needed to be reviewed and further applications made as necessary. This meant that people were not subject to any unlawful or outdated restrictions on their lives.

The provider had an up to date policy supporting the principles of the MCA. This stated that people using the service were assumed to have capacity unless it was established that they lacked capacity. If a decision was made on behalf of someone lacking capacity it must be made in the person's best interests.

The provider also had a policy with regard to people who may lack the capacity to make some decisions for themselves. This stated that if there was evidence a person lacked capacity in particular circumstances staff would carry out an assessment to determine whether or not that was the case. At our inspection visit we saw that although there were forms in place for this they had not been used. The manager said capacity was always considered when people were assessed, but written records of this had not always been kept. She said that in future a record of these would be made using the forms.

All the people we spoke with said they were satisfied with the food served. Comments included "The food is good, I get a choice" and "The food is good". When we observed lunchtime in the dining room we saw that the majority of people finished their meals which indicated that the food was acceptable to them.

Before the meal began staff went to people individually asking them if they would like orange or blackcurrant squash. They took a cup of each with them so people could see the drinks on offer before they made their choice. This showed staff understood the needs of people with communication difficulties and offered choices. The day's main choice was either a vegetable and cheese bake or chicken with a provençal sauce. Two people requested something different and one had a jacket potato with cheese, and the other tinned fish on toast. Dessert was rice pudding or mousse. One person who asked for an alternative was given a plate of prepared fresh fruit instead. This showed people were offered a good choice of menu and alternatives.

Prior to lunch time one person did not want to go to the dining room. Later we saw this person eating their meal in the lounge. Staff explained this person was served their meal whenever or wherever the opportunity arose as they did not like being asked to eat at set times. This was an example of staff responding flexibly in order to meet a person's nutritional needs and preferences.

We looked at people's nutritional records to see how they were supported to eat and drink enough to maintain their health. These were mostly in order. However we saw that one person had been referred to a dietician due to concerns they were losing weight. Following the assessment the dietician had written to staff telling them to weigh this person and complete a MUST (nutritional screening tool) once a month. However there were no records of this being actioned. We brought this to the attention of the manager who said she would arrange for this to be done.

The service accommodated people with both nursing and non-nursing needs. That meant that some people's health care needs were met by the nursing staff, and others by community nurses based at local GP practices. One person told us, "If I'm ill staff call the GP for me if I need them to. They also call my family as well."

When people were first admitted to the service their health care needs were assessed and action taken where necessary. For example one person, who was admitted a few weeks prior to our inspection visit, had

already been seen by a GP, mental health team, and a SALT (speech and language therapist). This showed that staff had taken action to ensure this person's health care needs were met.

People had access to a wide range of health and social care professionals. These included GPs, dentists, CPNs (community psychiatric nurses), chiropodists, physiotherapists, consultants, and social workers. Records showed that staff took prompt action if there were concerns about the health of any of the people who used the service. All interactions with health and social care professionals were noted in people's files and plans of care were adjusted as necessary and staff had followed any advice they had given.

Good

Is the service caring?

Our findings

People made many positive comments about the staff including, "The carers are great" and "I really like the girls. [care workers]" We saw people were at ease with staff who talked with them while they were providing support. We saw one person called staff over using their first names which suggested they knew them well.

One person told us they felt the staff understood them and the things that were important to them. Another person said they liked the staff and thought they were kind. A staff member told us they used the information about people's life histories in their care records to get to know them. For example, they found out that one person had been in the forces and had spent time talking to them about this which the person enjoyed.

Staff mostly communicated well with people and were warm and friendly towards them. We saw many examples of positive interactions during our inspection visit. On one occasion we heard a staff member saying to a person, "Would you like to go to your room?" The person said they would so the staff member said "Shall we go together?" and both went off arm in arm.

However, on a few occasions staff interaction could have been improved. For example during lunch staff did not always take up opportunities to engage with the people in the dining room. We saw them walk by people without acknowledging them and move people in wheelchairs to make room for others with no warning or explanation given. We discussed this with the manager who said she would remind staff to interact with people at every opportunity.

Staff told us people were always offered choice about all aspects of their lives, for example bed and getting up times, meals, and activities. An example of this was when we saw a staff member offer to assist a person to their room to "freshen up" after lunch. The person, who was engaged in an activity, said "It doesn't desperately need doing, I am happy to wait." The staff member said they would come back later and told the person, "Let me know if you need me to do it before." This was an example of a person being enabled to determine their own routine.

One staff member described how they promoted and protected people's privacy and dignity. They gave examples of this which included making sure doors were closed when people were receiving personal care. Another staff member said, "Each person's bedroom is their own space and we would never just walk in without knocking and asking for permission first."

Visitors were welcome at the service at any time. If a person using the service was ill or receiving end of life care their visitors could stay overnight if they wished and were provided with food and drink.

Requires Improvement

Is the service responsive?

Our findings

One person told us, "I am independent so I only need help with certain things and the staff know what they are so they don't bother me unless I need them to. That suits me." During our inspection we saw staff were responsive to people's needs. If a person needed assistance they were quick to provide it, but they were also flexible in their approach. For example, if a person declined personal care staff were willing to come back later when the person felt ready.

Senior staff assessed people's needs prior to them being admitted to the service and this formed the basis of their care plans. Assessments included information about people's health and social care needs, lifestyles, and cultural needs. People's preferences, for example getting up and going to bed times and personal care choices were mostly included. This helped staff to provide care in the way people wanted it and we observed this is practice.

Some care records were in need of improvement. For example, one person's care records stated they had a urinary catheter in place, but there was no care plan for this. This could make it difficult for staff to provide consistent care or to know what to do if there was a problem with the catheter. Two other people's care records were incomplete in that the 'All about me' section (which gave staff personalised information about the person in question) had not been completed. Another person's assessment stated they were living with dementia and diabetes, but no care plans were in place to advise staff on how to support the person with these conditions. There was also little personalised information in this person's care records although they had been at the service for six weeks.

There were also some errors in care records. We found two examples where the gender of the person in question was wrongly recorded. We also saw that a number of care plans were undated so it would be difficult for staff to know when they had been written and when they were in need of evaluation. We discussed these issues with the manager who said she was in the process of reviewing and updating care records. She said she would take action to ensure they were accurate and contained the information staff needed to provide responsive care.

During our inspection we observed that one person, seated in a reclining chair, was repeatedly sliding down until they were in a lying position. Each time this happened staff assisted the person back into a sitting position, but within a short period of time they slid down in the chair again. Although this person did not appear uncomfortable or distressed the chair did not meet their needs in that it did not support them in a seated position. We discussed this with the manager who said she would request an OT (occupational therapy) referral for this person. This request was made during our inspection.

Two part-time activities organisers had been employed since we last inspected. On the morning of our inspection visit we saw they had supported people to take part in various activities such as colouring, reading, and crafts. Most people were doing these in the dining room, although one person was painting in the lounge and another in their bedroom. The activities organisers were going back and forth supporting people with activities in the various parts of the service and ensuring they had the materials they needed.

These activities gave people something to focus on and provided them with stimulation.

We looked at the activities folder. This contained some good examples of activities having a positive effect on the people using the service. For example, on one occasion people were shown images of the seaside during a reminiscence session. They had responded by discussing past holidays and travel experiences with staff and other people using the service. The activities organisers had been trained in dementia care and records showed group and one to one activities were planned to meet the needs of people living with dementia and others.

We saw one person, who was living with dementia, carrying out a housekeeping activity in the corridor which staff were supporting them with. Staff told us the activity related to their previous occupation. The person was enjoying the activity and keeping active while doing it.

At the rear of the premises was a large well-kept garden. This had level pathways and was accessible to people with limited mobility. Within the garden were seating areas, a water feature, raised flower beds with herbs, and bird feeding stations, although these were empty at the time of our visit. Two people using the service told us they used the garden. One of them said, "It's very peaceful." During the afternoon we saw staff accompany another person into the garden for a short walk.

People said they would tell the manager or the staff if they had any concerns or complaints about the service. One person told us, "I did have a worry about something so I mentioned it to the staff. They told the manager and she came to see me in my room. She was very helpful and we managed to sort things out."

The provider's complaints procedure was in their statement of purpose and also on display at the service. It advised people what to do if they were unhappy about any aspect of the service. It included both verbal and written complaints so people had a choice about how they raised issues. The complaints procedure also explained how people could take complaints to others outside the service if they felt they needed to. It described the roles of the local authority, the ombudsman, and CQC in complaints investigation and monitoring. This was useful information for people using the service and visitors.

Good

Is the service well-led?

Our findings

The service had a welcoming atmosphere. Improvements to the environment had made the premises more homely and inviting. Tea and coffee was available in the foyer and visitors could help themselves. Staff were available when visitors arrived at the service and greeted people with a smile and an offer of assistance.

Since our last inspection, improvements had been made so that the service had become more personalised with a focus on providing support in the way people wanted it. Efforts had been made to involve people in this transformation and they had helped to choose the new décor and activities programme.

We saw that the improved culture at the service meant that people with communication difficulties had more opportunity to make choices about their lives. For example, the service now used photos to help people decide what meals they would like. Staff said that this had positive results. They told us that one person, who previously would only eat jacket potatoes, now chose a varied diet because seeing pictures of the meals available enabled them to choose what they would like.

The service had a new manager. People told us she was friendly and approachable. One person said she was accessible and always listened and would take action when required. Another person told us, "I have every faith in her, she is superb" and "I trust her implicitly".

One person described a positive experience they had when they raised a concern with the manager. They said they had been kept involved as the manager looked in to their concern and were happy with the outcome. The person said that the manager's approach had given them confidence in the service. They went on to say, "If you have to be somewhere at my time of life, then it might as well be here."

Staff also said the manager was approachable and always listened if they needed to talk with her. They told us the supervision sessions and staff meetings they attended also gave them the opportunity to discuss the service, their learning and development needs and raise any concerns they might have.

The manager said she recognised there was still work to do to fully improve the standard of care at the service. She said, "The home's on a journey but we're not quite there yet." She told us that ongoing improvements were being made and she was working to a series of action plans agreed with the provider. She said the views of the people using the service were central to this process and their opinions sought at every stage.

Records showed the provider, manager and staff carried out a series of daily, weekly and monthly audits. These were both scheduled and random and covered all aspects of the service including care and nursing, activities, staffing, food and fluids, and the premises. However these hadn't always identified shortfalls, for example the errors and gaps in care plans. We brought this to the attention of the manager who said plans were already in place to address these issues..

Since we last inspected an 'incidents log' had been introduced. This was a list of any untoward incidents

that had taken place. We looked at this and saw that appropriate action had been taken in each case and the provider's procedures had been followed. This helped to ensure the provider and manager had an overview of how the service was running and were able to take prompt action if any safety issues were identified.

We looked at how the premises had improved since our last inspection visit. The top floor was decorated with a 'spring to winter' theme which saw the seasons change as a person walked along the corridors. The manager told us the new decoration had proved inspirational to one of the people using the service. She said that on seeing a picture of a stag the person had remembered a famous poem which they had written down to show others. The manager said this showed how a stimulating environment can have a positive effect on people using the service and others.

Other improvements included new furniture, the creation of a family room for people who wanted to see their visitors in private, and the redecoration of parts of the premises including two lounges and the middle floor dining room.

Further improvements were needed in some areas. Two of the bedrooms we saw had not been personalised and were in need of decoration to make them more individual to their occupants. Two toilets, one on the ground floor and one on the second floor, were out of use. This meant some people using the service had to use alternative toilets that were further away. A shower room on the first floor was being used for storage which meant it was out of action. The manager said these issues would be attended to as the redecoration programme was ongoing with further improvements still to be made.