Ackroyd House Limited

Ackroyd House

Inspection report

Ackroyd House
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Rotherham
South Yorkshire
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Tel: 01709364422

Date of inspection visit:
05 November 2015
10 November 2015

Date of publication:
23 December 2015

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced, and was carried out over two days; 5 and 10 November 2015. The home was previously inspected in August 2014, where no breaches of legal requirements were identified.

Ackroyd House is a 42 bed nursing home, providing care to older adults with a range of support and care needs. It is known locally as Ackroyd Clinic, and this name is on signage at the home. At the time of the inspection there were 39 people living at the home.

Ackroyd House is in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links and the town centre.

At the time of the inspection, there was a registered manager in post. 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 and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they were satisfied with the home, and staff we spoke with and observed understood people's needs and preferences well. Staff demonstrated that they knew people's needs well, and were motivated to provide a caring and person-centred service. Activities were plentiful and people told us they enjoyed the activities they participated in.

We found that staff received a good level of training, and further training was scheduled to take place in the coming months.

The management team were accessible and approachable, and knew people using the service well. However, the arrangements in place for monitoring the quality of the service were not sufficiently robust to identify where improvements were needed. Audits did not effectively address shortfalls in service provision.

The provider had acted in accordance with the Mental Capacity Act in relation to obtaining appropriate authorisations in relation to the Deprivation of Liberty Safeguards. However, they did not always have the correct arrangements in place for obtaining and acting in accordance with consent, or reaching best interest decisions when people lacked consent.

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 always safe.

Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. However, risk assesments were not always accurate or fit for purpose.

Medicines were safely managed and securely stored.

Is the service effective?

Requires Improvement

The service was not always effective.

Senior staff within the home understood the Mental Capacity Act, but people's consent was not always obtained in relation to care, and there was little evidence of best interest arrangements being pursued where people lacked the capacity to consent.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Mealtimes were observed to be comfortable and pleasant experiences for people

Is the service caring?

Good

The service was caring.

We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and people we spoke with were positive about their experience of being cared for.

Is the service responsive?

Good

The service was responsive.

There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately

tailored.

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The arrangements in place for monitoring the quality of the service were not robust enough to identify or address shortfalls in service quality.

People using the service spoke highly of the management team, and found them to be approachable.

Ackroyd House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 5 and 10 November 2015. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with staff, the home's manager, a senior member of the provider's management team and the registered provider. We spoke with one relative of a person using the service, and five people who were using the service at the time of the inspection, as well as an external healthcare professional who was visiting the home during the inspection. We checked people's personal records and records relating to the management of the home. We looked at team meeting minutes, training records, medication records and records of quality and monitoring audits.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also contacted the local authority to gain their view of the service provided.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Requires Improvement

Is the service safe?

Our findings

We spoke with one relative and two people using the service using the service about whether they felt the home was safe. They all said that they felt it was. One person said to us: "That's a funny question, it's something I've never considered, which tells you it must be safe, as it's something I never have to think about."

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The home's management team said that staffing numbers were regularly reviewed to ensure that they could meet people's fluctuating needs. Whenever we saw someone ask for help or support, staff were very quickly available to assist, and we noted that nurse call bells were responded to quickly. One person we observed needed to be within sight of staff at all times, to ensure that they were kept safe. Each time we checked we found that this was being adhered to, and whenever this person needed assistance staff responded immediately.

We found that staff received annual training in the safeguarding of vulnerable adults. The staff we spoke with spoke confidently about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. There was information available throughout the home to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

Other staff training had been undertaken to promote safety in the home, including health and safety training, infection control training and training in relation to how people with mobility difficulties should be supported to mobilise safely.

We checked nine people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained risk assessments relevant to the person. However, they were not always fit for purpose. For example, one person's care plan indicated that they had bed rails on their bed when sleeping. Bed rails can present a risk of entrapment if not carefully managed. There was a risk assessment in place in relation to this, but it had not been reviewed for almost a year. Another person had a risk assessment in place in relation to the risk of falls. This had not been accurately completed. A third person had a risk assessment in their file which considered their vunerability to malnutrition. This had not been correctly completed and therefore did not accurately indicate the extent of their vulnerability. When the risk that people may be vulnerable to is not adequately or accurately assessed, it can increase the risk of harm.This meant that the arrangements for identifying and managing risk were not adequate. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reducse the risk of the

registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were mostly being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept, and the staff member responsible for ordering and managing the medication system had a thorough understanding of the home's system. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Medication was only handled by members of staff who were qualified nurses. This included checking stock, signing for the receipt of medication, overseeing the disposal of any unneeded medication and administering medication to people.

There were secure arrangements in place for managing people's money, including the storing and recording of money held. During the inspection we witnessed a financial transaction take place, where someone using the service required access to money that they had asked the home to store for them. This was well managed and the home's procedures were appropriately followed.

Requires Improvement

Is the service effective?

Our findings

We asked two people using the service about the food available in the home. They were both positive about their experience of the food. One person said to us: "There's plenty to eat and it's nice." Another person described that they preferred to eat in their room and had very specific food preferences. They told us that the home always provided them with food in accordance with their preferences. The registered person told us that this person met on a weekly basis with the home's chef to plan their meal choices for the week ahead.

We carried out an observation of a mealtime in the home. We saw that the staff had created a pleasant, calm atmosphere in the dining room. People were given appropriate support to eat if they required it, and staff did this discreetly and respectfully. Staff took time to ensure people were offered choices of food and drink, although some people did not understand one of the options offered to them as staff used a brand name. During the meal, staff were checking that people were happy with their food and whether they wanted anything else to eat. There was information in public areas of the home about allergens that meals may contain, in accordance with recent regulatory changes.

We checked nine people's care records to look at information about their dietary needs and food preferences. Each file contained details of people's nutritional needs and preferences, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet or the risk of malnutrition, appropriate referrals had been made and professional guidance was being followed.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisation. We did not identifiy anyone who was being inappropriately deprived of their liberty at the home.

We also checked people's files in relation to decision making for people who are unable to give consent. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. People's care plans did not reflect appropriate decision making in accordance with the MCA. For example, one person's file contained information stating that they lacked capacity, however, there were no records of any assessments or best interest decision making in

relation to how their care was provided. Another person's file indicated that they did have the capacity to consent to their care, but there was no evidence that they had given consent. Of the nine files we checked, only one had information indicating that appropriate steps had been taken in relation to gaining the person's consent. We discussed this with the registered manager during the inspection. They said that they had noticed the consent form in one person's file and had planned to add this information to everyone's records, but had not yet done so. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We checked staff training records and saw that staff had received training covering the needs of older people, including training in moving and handling, dementia awareness and dignity. We asked one staff member about the training available to them, and they described it as "thorough." The registered person spoke knowledgeably about the training programme in place, and described that external specialists were used to provide training to staff.

Good

Is the service caring?

Our findings

We asked three people using the service about their experience of the care and support they received. Their responses were all positive. One person told us: "It really is a good place here, the staff are kind and they want the best for us." Another said: "I can be a little picky, but they [the staff] do their very best and make sure I get what I need." A visiting relative told us that they had been very reluctant for their relative to move into a care home, but that they were were very satisfied with their experience of Ackroyd House, describing themselves as, "completely happy."

We spoke with a visiting healthcare professional who told us they were impressed with the caring approach of staff at the home. They told us that the home compared positively with their experience of some other homes they visited, and remarked that staff had a very good knowledge of people and their needs.

We carried out observations of staff interactions with people using the service during the inspection. Staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities. The registered person told us that staffing numbers were configured to allow staff time to sit and chat with people, and we saw that staff were doing this.

We spent time in the communal areas during the inspection. From conversations we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and could easily describe their preferences and how people wished to be addressed or supported.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, we saw care workers knock on doors before they entered and asked people they were supporting before they did anything to assist with care needs. When people were being supported to move around the home using specialist equipment, staff routinely talked through the procedure with people first, ensuring that they understood what was going to happen and why. This was done to minimise any anxiety and provide reassurance.

During the inspection, we observed some people preferred to stay in their rooms. Staff respected this, and checked on people if required, in accordance with their wishes. There were call bells available for people to summon staff assistance. People we spoke with confirmed that they knew how to use this system and that they found it to be effective. We observed that call bells were responded to quickly.

We checked nine people's care plans, and saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people's care plans and risk assessments.

Good

Is the service responsive?

Our findings

Activities at the home were plentiful, and the activities we observed were enthusiastically participated in by people using the service. The home had a dedicated activities coordinator, and other care staff also took part in activities with people. This contributed to an inclusive and enjoyable atmosphere within the home. One person we had observed being supported to make Christmas decorations told us that they had "never laughed so much." Staff we observed worked hard to ensure that there was a fun atmosphere in all the activities which were carried out. However, they were also mindful to the preferences of people who preferred a quieter atmosphere, and supported people in one to one activities and quiet conversation. This showed that staff tailored their approaches to people according to their needs and preferences.

We checked care records belonging to nine people who were using the service at the time of the inspection. We found that care plans were detailed and set out how staff should support each person so that their individual needs were met. The records told staff how to support and care for people to ensure that they received care in the way they had been assessed. However, in some cases the care plans we checked had information which was contradictory or missing. For example, one person's care plan contained an assessment of their dependency levels. This had not been completed correctly and some key information, which would have affected their overall dependency score, was missing. Another person's care plan indicated in one section that they suffer from a recurrent health condition, but this was not referred to in the assessment relevant to this aspect of their health. The registered manager and the registered person told us that these issues would be addressed via the ongoing audit of care records.

There was information about how to make complaints available in the communal area of the home, and people we spoke with told us they would feel confident in making a complaint should they feel the need to. We checked records of complaints and found that each one was responded to within an appropriate timescale. We tracked one complaint from initial contact to closure, and saw that the complaininant was given an opportunity to meet with the home's managerment team and the registered person so that their concern could be resolved to a standard that they were happy with. The registered person told us they felt this was an effective way to address complaints and ensure that complainants' concerns were fully understood.

The provider carried out surveys of people using the service and their relatives on a six monthly basis. The findings of the most recent survey were being collated during the inspection. The registered person told us that they were in the process of altering the way survey findings were shared with respondents, and that when this survey was collated every respondent would receive a letter summarising the findings and any subsequent action taken.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager and a director of nursing. Additionally, the registered person visited the home on a daily basis, and knew the service and the people using it well. Staff told us that they found the management team within the home to be approachable, and we observed that throughout the two days of the inspection the management team was highly visible. People using the service told us they knew the management team well. One person described the registered person as "a real gentleman" and said that should the have any concerns the managers were approachable and sympathetic. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers. There was a whistleblowing policy in place to support staff who had any concerns, and this was made available to staff during their induction.

We asked two members of staff about the arrangements for supervision and appraisal. They told us that they received regular supervision. We checked the supervision schedule which confirmed this. We asked the registered person about the arrangements in place for providing clinical supervision for the registered manager and the director of nursing. They told us that this was provided by an external consultant. However, on checking the registered manager and clinical nurse manager told us that this had not yet taken place. They told us that they thought they should be providing clinical supervision to each other, but, again, this had not yet been implemented.

The quality audit system used by the provider consisted of an overall audit of the home, carried out by an external consultant, and additional audits looking at specific areas, including medication, infection control and health and safety. We checked the most recent overall audit, which had been undertaken seven months prior to the inspection. This had focussed predominantly on infection control. The registered person told us that audits were normally undertaken with more frequency, however, the external consultant had been ill. The audit listed 22 areas that should be addressed to improve the quality of infection control within the home. No action plan had been produced in relation to this, although the registered manager told us that they had checked the findings. On the day of the inspection, we found that some of the areas identified within the audit had not been addressed, although the registered person told us that there were plans in place to undertake this work. The audit document also listed issues identified in the previous audit, however, the document indicated that these had not been followed up on that occasion.

We asked the registered person what formal methods they had in place to audit the service. They told us that they preferred to use an external consultant for objectivity. However, this system, as described above, was not thorough or carried out with sufficient frequency to ensure quality was regularly monitored and improvements implemented.

There were some audits undertaken by the home's management team. We found that they were not always fit for purpose. For example, the registered manager told us that they had commenced a programme of auditing care plans. However, the audits we checked saw had not identified the necessary areas that required addressing to ensure that care plans met people's needs. There was also an audit of bedrails, but this audit did not check that bedrails were being used with appropriate consent, and therefore had failed to

recognise that they were not always being appropriately used.

The home's maintenance person was responsible for auditing fire safety arrangements in the home. This included overseeing test drills and checking the fire safety system was functioning. During the inspection, we noted several fire doors were propped open using furniture or equipment to hold them open. These doors would not be able to automatically close in the event of a fire. The fire safety audit did not check this, so it had not been addressed. This showed that the fire safety audit was not sufficiently robust to recognise where safety was compromised. The registered person showed us that, in response to us raising the issue of fire doors being propped open, they had ordered fire door magnetic closers so that these doors could be safely operated. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. The registered person told us that this was written by an external contractor. The most recent one, submitted to the Commission the previous year, was not fit for purpose as it did not contain all the information required in a Statement of Purpose. In response to us raising this at the inspection, the provider re-drafted this document and submitted an updated version to the Commission following the inspection, which met legal requirements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have appropriate arrangements in place for obtaining, and acting in accordance with, people's consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not accurately or comprehensively monitor the risks to which people were vulnerable.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have adequate systems in place to assess or monitor the quality of service provided.