

Axelbond Limited

Acorn 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection visit at Acorn was undertaken on 04 January 2017 and was unannounced.

Acorn provides nursing care and treatment of disease, disorder or injury. They support a maximum of 40 older people who may live with a physical disability. At the time of our inspection there were 40 people living at the home. Acorn is situated in a residential area of Blackpool close to public transport. Single room accommodation is provided for people and there is a passenger lift for access to the upper floors. There are ample toilet and bathing facilities and a variety of communal areas and gardens for people's use.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 24 March 2015, the service was rated as good in all five key areas and overall. The service met the requirements of the regulations.

During this inspection, we found the provider had systems to manage accidents and incidents to reduce the potential risk to people's safety. Care files contained risk assessments to guide staff to reduce the risks of harm or injury to people who lived at Acorn. Staff demonstrated a good understanding of how to protect people from potential abuse and had training to underpin this. Everyone we spoke with told us they felt safe living and working at the home.

People who lived at Acorn told us staffing levels were adequate to their needs. We saw evidence to confirm the management team checked staff backgrounds prior to their recruitment to ensure their suitability. Staff said they were effectively trained to undertake their duties and records we looked at confirmed a varied training programme was in place. One staff member said, "There's lots of training. There is no issue with attending courses."

The registered manager had systems to oversee the safe management of medication to protect people from potential harm. For example, staff had relevant training and all related processes were audited to monitor their effectiveness. Staff signed charts after the administration of medicines to confirm individuals had taken them.

Those who lived at the home said they had a choice of what to eat and where to have their meals. One person told us, "I like my meals in my room. The staff are very obliging with that." We saw staff supported them to meet their nutritional needs with a respectful approach. The registered manager completed risk assessments to protect people from the risks of malnutrition.

Records we looked at held evidence to confirm people or their representatives had signed consent to care

and treatment. We found those who lived at the home were not deprived of their liberty. Staff received training to underpin their knowledge of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

We observed staff were kind and engaged with people and their relatives in a meaningful way. Staff encouraged them to be fully involved in their care planning and we found this was personalised to their individual requirements. The main aim of agreed outcomes centred upon maintaining the person's independence, whilst respecting their culture, diversity and human rights.

Staff, people and their relatives told us the home was well organised and had good leadership. The registered manager had suitable arrangements to check and monitor the home's quality assurance. Satisfaction surveys were provided for staff, visitors and people who lived at the home. We saw action was taken when issues were identified to maintain everyone's safety and welfare.

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.

Staff had received training to safeguard people from harm or abuse. The management team had systems to protect them from potential environmental hazards.

We reviewed staffing rotas and found sufficient numbers and skill mixes were deployed to meet people's requirements. The management team followed safe recruitment procedures.

The registered manager ensured staff received medication training and undertook audits to maintain safe processes.

Is the service effective?

Good ●

The service was effective.

Everyone we spoke with said staff were effective and well trained in their duties.

The organisation of staff during meals optimised people's nutritional support. They told us they enjoyed their meals.

We found people or their representatives had signed consent to care. Staff received training in relation to the MCA and DoLS.

Is the service caring?

Good ●

The service was caring.

When we discussed staff attitude and approach to care, people and their relatives said they were caring and kind. We observed staff engaged in a meaningful way on entering communal areas.

We found records contained evidence of individuals and their relatives being involved in their care planning processes.

Is the service responsive?

Good ●

The service was responsive.

The management team completed assessments of people's needs and agreed care plan. We found these were personalised and aimed at enhancing each person's independence.

Staff had a good understanding of people's backgrounds, preferences and individualised care requirements.

Information was made available to people that explained how they could make a complaint if they had any concerns.

Is the service well-led?

Good ●

The service was well-led.

People we spoke with said they felt the home had good leadership and was well organised. We observed the registered manager had a 'hands-on' approach.

The management team provided a number of opportunities for staff, people and their relatives to comment about the home.

The registered manager completed a range of audits on a regular basis as part of the home's quality assurance.

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 two adult social care inspectors.

Prior to our unannounced inspection on 04 January 2017, we reviewed the information we held about Acorn. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about Acorn. At the time of our inspection, the home was working with the local authority in their investigations about an ongoing safeguarding alert.

We walked around the home and spent time observing the interactions between people, visitors and staff. We spoke with a range of people about Acorn. They included eight people who lived at the home, one relative, the registered manager and nine staff members. We further discussed the service with two visiting healthcare professionals. We did this to gain an overview of what people experienced whilst living at Acorn.

We also spent time looking at records. We checked documents in relation to four people who lived at Acorn and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People, family members and friends told us they felt safe whilst living at Acorn. One person said, "I feel safe just because there are a lot of staff about the place." Another person added, "I feel safe and at home, yes I do."

Care files contained risk assessments to guide staff to reduce the risks of harm or injury to people who lived at Acorn. They covered the person's mental and physical health, behaviour that challenged, movement and handling, falls, nutrition, home security and use of equipment. These were detailed and documented people's abilities, the level of risk and actions to manage potential hazards. Risk assessments were regularly reviewed to ensure control measures continued to be efficient. Consequently, the registered manager had assisted staff to maintain people's safety and welfare.

Training records we looked at contained documented evidence staff had received safeguarding training. When we discussed related principles and reporting procedures, they demonstrated a good understanding. One staff member told us, "I would report straight away to the nurse or [the registered manager]. If I needed to whistleblow I wouldn't hesitate to report to CQC." The management team had guided staff to protect people from potential harm or abuse.

The provider had systems to manage accidents and incidents to reduce the potential risk to people's safety. Records we looked at included details about accidents, any outcomes and actions taken to manage them. The management team checked all systems regularly to ensure their efficiency. This showed the registered manager had suitable arrangements to protect individuals from potential environmental harm. We found hot, running water was available throughout the home. Additionally, we observed windows were secured with restrictors, to reduce potential harm to those who lived at Acorn. The service's gas, electrical and fire safety checks were up-to-date.

We reviewed staffing rotas and found sufficient numbers and skill mixes were deployed to meet people's requirements. We observed staff were patient and unhurried in their duties. People who lived at the home told us staffing levels were adequate. One person said, "They're a great team and work well together. I get what I need when I want it so there's enough staff." Staff confirmed the numbers and skill mix of employees meant people's needs were met in a timely way. A staff member stated, "Yeah, the staffing levels are good. We have enough time to complete things and to chat with residents." Additionally, a range of ancillary staff were employed, including domestics and kitchen employees, which enabled care staff to focus solely on their responsibilities.

Staff files we looked at evidenced the management team followed safe recruitment procedures. Records included references and criminal record checks obtained from the Disclosure and Barring Service. The registered manager reviewed gaps in employment and, where required, ensured staff had a current professional registration in order to practice. This demonstrated the registered manager had oversight of each employee's current practice requirements and had recruited staff safely. People we spoke with said they felt staff employment was good because they had confidence in newly recruited personnel.

We observed staff administered medication with a discrete approach and focused on one person at a time. People told us they received their medicines when required and staff managed related processes safely. One person said, "I have lots of medication, which confuses me, so I'm glad they were able to look after that for me." We saw a staff member encouraged people to take their medicines and waited patiently for them swallow their tablets.

Associated documentation was completed in-line with National Institute for Health and Care Excellence (NICE) guidelines on medication recordkeeping. For example, staff signed charts after the administration of medicines to confirm individuals had taken them. The registered manager ensured staff received associated training and undertook regular audits to maintain safe processes. We found medicines were stored securely and equipment and storage areas were clean and tidy. This showed the registered manager had systems to oversee the safe management of medication to protect people from potential harm.

Is the service effective?

Our findings

Everyone we spoke with said staff were effective in their duties. One person commented, "They know what they are doing." A relative told us their family member had improved since moving to Acorn and added, "It's down to the expertise of the staff. They are great and very well trained."

The registered manager had provided training for staff to support them in their roles and responsibilities. This included guidance in recordkeeping, movement and handling, fire safety, safeguarding, dementia awareness and infection control. One staff member told us, "Training is really good." Furthermore, training was regularly updated in order for staff to refresh their skills and update their knowledge to current, evidence-based best practice. The staff member added, "If I wanted to do some training that's not on the list, [the registered manager] will help us to do that." Another staff member said, "There's always training going on, it's good."

A visiting professional told us they felt staff were skilled and effective in their work. Investors in People (IIP) had recently completed an assessment of Acorn. IIP is an external organisation that checks how services manage their staff against set standards. Their accreditation programme looks at the leadership, support and management of employees and identifies good practice or areas for improvement. IIP had awarded the home a bronze award for best practice in the provider's commitment to developing its workforce

Staff files we looked at contained records to evidence all employees had supervision to support them in their roles. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. One staff member told us, "Yes, I have supervision every two to three months." They added they found these sessions were helpful in their professional development.

Care records we looked at held evidence of people's consent to their care. Where the person was unable to, their representative discussed their support needs and signed their agreement. We observed staff assisted people to make their day-to-day decisions. For example, they checked what individuals wanted to eat, what they wanted to do and where they wanted to sit.

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.

The registered manager told us eight people had a DoLS in place to deprive them of their liberty in order to safeguard them. Records held evidence of clear decision-making processes, mental capacity assessments

and best interest decisions. The registered manager retained completed applications and legal authorisation and monitored when these were due for renewal. Staff demonstrated a good level of awareness about the principles of the MCA and DoLS. One staff member said, "The MCA is about helping people to make decisions every time we support them. It's making sure we do everything we can to prevent them being deprived." Consequently, the registered manager protected people from potential unlawful deprivation of their liberty.

Kitchen hygiene and food safety records were in place and we found staff had documented required checks on completion of tasks. We saw the kitchen was clean, tidy and well stocked with foods and fresh produce. All staff who prepared food had completed food hygiene training to assist them to maintain food safety standards. We discussed people's special diets, nutritional requirements and individual preferences with kitchen staff. They demonstrated a good understanding of their care planned needs. Care files held their regular weight checks, nutritional risk assessments and up-to-date monitoring charts. The management team frequently updated documentation to protect individuals from the risks of malnutrition and dehydration.

We observed staff promoted lunch as a social occasion. The organisation of staff during meals optimised people's nutritional support. For example, an additional 'breakfast cook' assisted the chef during the busy morning periods to enable individuals to receive hot meals on time. At least one staff member remained in the dining areas during mealtimes. The purpose of this was to check people's safety, encourage good food intake and support individuals where required. Those who lived at Acorn and their representatives told us they enjoyed their food and staff offered them choice of meals. One person said, "Food is very good with plenty of choice."

Staff worked with other healthcare professionals to monitor people's ongoing health requirements. We found they then updated and implemented outcomes from visits and appointments in the person's care records. For example, where people engaged with opticians, an 'eye care plan' was introduced. This guided staff to manage and enhance the individual's communication, interaction with others and reduce falls risks. Where necessary, staff referred complex issues to, for example, GPs, community and hospital services, social workers and district nurses. People and their relatives told us they were kept informed with any changes in health or support needs.

Is the service caring?

Our findings

When we discussed staff attitude and approach to care, people and their relatives said they were supportive. One individual who lived at the home told us, "I love it here. I get everything I need and the staff are dedicated and respectful people." Another person commented, "Fantastic staff." A relative explained their family member had greatly improved and added, "It's down to their care." A visiting professional said they found staff were very caring.

We discussed care with staff who demonstrated a compassionate and kind attitude. A relative told us, "The staff are so caring." We observed they were patient, caring and respectful towards people who lived at the home. They consistently spoke with individuals in a meaningful way on entering communal areas. They were friendly and informative in their approach, kneeling down to maintain eye contact and using appropriate use of touch. Throughout our inspection, we noted staff were smiling and they said they liked their work. One staff member told us, "I'm ok here. I wouldn't be if I didn't enjoy helping the residents." Another staff member added, "I would be happy to place my mum or dad here."

We found records contained evidence of individuals and their relatives being involved in their care planning processes. For example, they had signed consent to their care and support and staff established goals with them. Additionally, those who lived at Acorn were encouraged to bring in familiar items to assist them to settle, including ornaments, photos and pictures. One person said, "The staff are fantastic. Nothing is too much trouble for them."

The registered manager documented information in care records about people's cultural and diverse requirements. This included their religious or spiritual needs, funeral arrangements and sexual orientation. We observed the management team and staff worked in ways that valued people's culture, diversity and human rights. For example, the statement of purpose (SOP) included objectives about treating 'each service user with respect and remain sensitive to his/her individual needs and abilities.' The document included reassurances about maintaining each person's rights. It covered, for instance, the right to choice, independence, privacy and fulfilment. The SOP was made available for people and included information about advocacy services, such as contact details and reference to their purpose. Consequently, people could access advocacy if they required support to have an independent voice.

When we discussed the principles of dignity in care with staff, we found they had a good understanding. We observed staff maintained people's privacy and dignity throughout our inspection, such as knocking on their doors before entering. One person told us, "The staff are very polite and very respectful."

Staff and the management team worked with the National Gold Standards Framework in the provision of effective end of life care. This is an external organisation supporting providers to develop evidence-based approaches to optimise care and treatment for people. As part of this, we found staff had relevant training to strengthen their understanding and skills. Care records and processes, such as nutrition, contained colour coding in relation to the person's current and ongoing health needs. Each file we looked at held their up-to-date preferred priorities of care and advanced life decisions. This showed the provider monitored and

updated people's support to optimise their end of life experiences.

We observed staff welcomed friends and relatives when they visited people who lived at the home. For example, they engaged in a friendly manner, provided drinks or offered a meal at lunchtime. We saw friends and relatives were encouraged to visit at any time and to support individuals whenever they wished. Care records included important relationships in the person's life. The registered manager and staff had assisted people to retain these and develop their social skills.

Is the service responsive?

Our findings

People and their relatives told us they felt staff were responsive to their support requirements. One person said, "Fantastic manager, nothing is too much trouble." A relative added, "Since [my relative's] been here she's improved dramatically."

The management team completed an assessment of people's needs along with their abilities and agreed support plan. This included checks of, for example, medical background, medication, mental and physical health, nutrition, communication, mobility and pressure area care. They used the details they obtained to inform care planning and risk assessment processes. We found documentation was person-centred and guided staff to each individual's needs and agreed support methods.

A visiting professional told us staff carried out their instructions related to, for example wound management. When they followed up on further visits, they said this meant the person's issues had improved. They added they found staff were polite, helpful and had a good understanding of people who lived at Acorn and their support requirements

We saw staff had a good understanding of each person's needs and they supported them in a caring, personalised and sensitive manner. They provided options for individuals in supporting them to make their day-to-day decisions. Care records included thorough checks of people's life histories, preferences and support requirements. This included their preferred name, food and beverage likes/dislikes, waking/sleeping times, daily routines and activities. Documentation covered each person's backgrounds and their family trees that listed their siblings, partners, children and grandchildren. This gave staff a better understanding of people to help them better respond to their requirements.

The management team assessed individuals on an ongoing basis to check support continued to meet their needs. We found staff involved people and their representatives in the review of their care. This included goals and regular updates of their different care records. The main aim of agreed outcomes centred upon maintaining the person's independence in line with their uppermost abilities.

We observed the registered manager had provided a range of activities to maintain people's social skills and wellbeing. This included separate lounges and dining areas with televisions showing different programmes to suit their wishes. Special events, such as birthdays and Christmas, were celebrated to enhance people's enjoyment. One person said, "We have a lot going on over Christmas, like parties, games and sing-a-longs." The management team purchased reminiscence sleeves for people who lived with dementia. These were placed on their arms and contained buttons and other sensory items. This was designed to stimulate people and improve their memories and dexterity skills. Whenever staff entered communal areas, we noted they took an interest in what people were doing and engaged in conversation.

Information was made available to people that explained how they could make a complaint. This covered the various stages, timescales and their associated rights, such as how to escalate their concerns to relevant external agencies. One person who lived at Acorn said, "I've never complained yet, but I would moan to [the

registered manager] if I had a problem." The registered manager stated Acorn had not received any complaints in the previous 12 months.

Is the service well-led?

Our findings

We observed there was a homely and welcoming atmosphere throughout Acorn. People we spoke with said they felt the home had good leadership and was well organised. A person who lived at Acorn told us, "[The registered manager] is great. I love the way she gets mucked in with the others. She's been incredibly supportive of me, my health and my mind." Another person added, "Great staff and well managed home." A visiting professional commented they found Acorn was a good home. They added the registered manager led the home well and had a 'hands-on' approach.

The management team provided a number of opportunities to assist people and their relatives to comment about their experiences at Acorn. For example, complement slips were available and we saw a relative had thanked staff for looking after their family members. Satisfaction questionnaires gave people and their relatives the opportunity to rate the service in areas such as staff attitude, cleanliness and meals. Comments seen included, "Staff are good. They look after me and have time for a chat" and, "Everyone is very nice and it's very good food." A relative remarked, "A lovely home with caring staff." We saw evidence the registered manager acted on negative feedback, such as a comment about the poor state of the garden. Following action taken comments seen included, "Nice to sit in the garden area" and, "The gardens are lovely."

Regular 'resident' meetings were held to assist people to discuss issues and be a part of the day-to-day running of Acorn. One person who lived at Acorn confirmed, "We do have meetings now and then." This showed the provider sought feedback about the quality of care and valued people's input about the home.

Staff told us they felt the registered manager was supportive in their roles and responsibilities. One staff member stated, "[The registered manager] is really good." Staff added the management team worked with them to check their competency, workloads and to gain insight into people who lived at Acorn. Another staff member commented, "The manager is always available." A third staff member said, "[The registered manager] is supportive and always makes herself available if you have a problem."

The registered manager held regular team meetings to support staff to raise concerns or ideas for improvement. Staff confirmed this and said the management team listened to them and were interested in their suggestions. They said this made them feel valued and a part of the ongoing development of Acorn. Additionally, annual staff surveys were undertaken to check employees' experiences of working at the home. We saw outcomes from the last reviews were positive and assisted in the provider's oversight of Acorn. Additional communication systems included nurse meetings and shift handover sessions to enhance communication processes.

The management team had completed a range of audits on a regular basis as part of the home's quality assurance. These included monitoring of DoLS renewal dates, infection control, environmental safety and medication. We noted the management team had recorded on recent audits identified issues as well as actions taken to improve the service. For example, we saw in one audit hot water was found not to be properly controlled. The management team documented action taken, such as acquiring plumbing services, which resolved the issue. A staff member told us the home was, "A very well run establishment. The manager

has it off to a tee." This showed the management team assessed people's quality of care and living arrangements to maintain their welfare and safety.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.