

Avery Homes Nuthall Limited

Acer Court Care 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



Overall summary

Acer Court is registered with the Care Quality Commission to provide accommodation for up to 75 older people with varying support needs, including dementia care. The service is delivered over three floors. We inspected the service on 16 and 17 December 2014.

This inspection was carried out to see if improvements had been made to the service in relation to the care and welfare of people who used the service, staff support and supervision, safeguarding people from abuse and how the quality of the service was monitored. The provider

sent us an action plan detailing how they were going to make improvements. When we carried out this inspection we found that actions had been completed and improvements had been made.

Since the time of our last inspection a new manager has been appointed and they had applied for registration with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

This inspection was carried out by three inspectors on day one and two inspectors and a specialist advisor on day two. The specialist advisor was a person who had specialist knowledge in relation to supporting people with dementia care needs.

People who used the service told us that they felt safe living at Acer Court. Throughout the inspection we saw staff treat people appropriately and with dignity and respect. We saw that staff were kind and caring when supporting people.

People told us that there enough staff to meet their needs. They said that staff responded to requests promptly and that they did not have to wait very long for call bells to be answered.

People who used the service told us that they were able to make choices about how they were supported and felt fully involved in making decisions that affected them. When people were unable to do this we saw that the provider worked with appropriate people to ensure that decisions made on their behalf were in the person's best interest.

People told us that they liked the food at Acer Court. We saw that the monitoring of food and drink intake had improved since our last inspection. As a result staff could show that people received a varied and balanced diet.

We saw there were systems and processes in place to protect people and keep them safe. We spoke with staff who understood their role and responsibility in relation to offering safe and effective support. Systems were in place for staff to identify and manage risks and take actions when people's needs changed.

Staff were recruited through safe recruitment practices and on-going monitoring had improved to ensure staff felt valued and effectively supported. Staff received training that was specific to meet the needs of the people who used the service.

Medicines were managed safely and people received their medication when they should.

People told us they knew who to speak to if they wanted to raise a concern and we saw that there were processes in place for responding to concerns. Staff knew the complaints procedure and people who used the service told us that they would be comfortable to make a complaint. A small number of relatives told us that they had not always been satisfied with how issues had been managed. Most told us that this had now improved. We found that communication had not always been effective however improvements had been made in this area. Some relatives told us that further improvement was still required. The regional manager (who was assuming day to day responsibility for the running of the home) acknowledged this and the newly appointed manager was aware of issues and had plans to address them as a priority.

There were effective systems in place to monitor and improve the quality of the service provided and these were now being used. Action plans, in response to audits and incidents, were now being shared with staff and senior managers to demonstrate improvements and identify areas where more work was required. This made staff more accountable for their actions.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Deprivation of Liberty Safeguards are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these were assessed by professionals who are appropriately trained to assess whether the restriction is needed. The regional manager told us that no one currently using the service was having their liberty deprived. They were knowledgeable about criteria for requesting assessments and staff were mindful as to what constituted a deprivation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were encouraged and supported to make choices and decisions. They were involved in planning their support.

Staff monitored people's fluid and food intake to ensure that they received a healthy and balanced diet.

People were supported by staff who had received training and support to carry out their roles effectively and ensure people received care in an appropriate way.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People were involved and consulted in relation to how they preferred to have their care and support needs met.

People's privacy and dignity was upheld and promoted.

Good



Is the service responsive?

The service was responsive.

People's health was monitored and responded to appropriately when their needs changed.

People were supported to remain active and support was flexible to meet their on-going and changing needs.

People now felt comfortable to approach the regional manager with any issues. Complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

The management team encouraged openness throughout the service and all staff had opportunities to discuss and review their practice regularly.

Good



Summary of findings

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to make changes and improvements.

Acer Court Care 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 was now 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. Following our last inspection in June 2014 we had raised concerns that people were not receiving safe and effective care.

We inspected the service on 16 and 17 December 2014. This was an unannounced inspection. The inspection team consisted of three inspectors and a specialist advisor. The specialist advisor was a person who had specialist knowledge in relation to supporting people with dementia care needs.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports and action plans sent to us by the provider. We reviewed information from members of the public and health and social care professionals. We also reviewed statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with 12 people who used the service, 13 care staff and three members of the management team. We also spoke with 10 relatives of people who used the service.

We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of 11 people who used the service. We also looked at staff training records and a range of records relating to the running of the service including audits carried out by the senior management team on behalf of the provider.

Is the service safe?

Our findings

When we inspected Acer Court in September 2014 we found that there had been a breach of Regulations 9, 11 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches directly impacted on the safety of the people who used the service. Improvements were required in relation to the care and welfare of people who used the service, ensuring there were sufficient staff on duty to meet people's needs safely and protecting people from abuse. The provider told us that they would make improvements and during this inspection we found improvements had been made.

People we spoke with told us that they felt safe living at Acer Court. One person told us, "I feel safe." Another person said, "I feel safe. I am not worried or bullied." A visitor said, "It is certainly safe here and I'm happy with the care provided."

Since the time of our last inspection the provider had appointed a new manager and a regional manager had been taking day to day responsibility for the running of the home. During this inspection we saw how the provider had taken direct action to keep people safe and action plans and audits documented this.

People told us that there was enough staff on duty to meet their needs without keeping them waiting. One person told us, "The call bell is answered quickly. They don't keep me waiting." The provider had reviewed staffing levels at the home and increased them in all areas. Staff told us that staffing levels had improved and there were sufficient staff on duty to meet people's needs. Rotas reflected the increases to staffing levels. Staff told us that they tried not to use agency staff but that staff sickness levels was sometimes an issue. The management team told us how they were looking at sickness and absence and monitoring it more formally. This meant that safe staffing levels could be maintained at all times.

People's support needs had been reviewed and action taken to ensure that their needs could be met safely at the home. When it was assessed that this was not possible people had been supported to move to more appropriate accommodation. This ensured the safety and protection of people who used the service.

People were protected from the risk of abuse as staff had received appropriate training to identify the different types

of abuse and knew how to report them. In conversations, staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse and also signs to watch for to indicate this was happening. They also understood the process for reporting concerns. Senior staff knew how to refer incidents to external agencies if needed. The regional manager told us how they had made referrals and worked with social care professional to keep people safe.

Assessments of risks to people's health and safety had been carried out and recorded in their care plans. This meant that people could be protected from unnecessary risks to their health and welfare. We saw assessments of a range of risks including, the risk of falling or developing pressure sores. Staff were aware of action they needed to take and had signed risk assessments to show they had read and understood them. One staff member told us they checked people regularly and made sure they changed position as often as possible. They said that they had recently noticed a reddened area on the skin of one person and had immediately called for a district nurse. Staff gave us other examples about having 'crash' mattresses at the side of people's beds to lessen the possibility of injury from falls. We saw these at the sides of a bed for one person, who was looked after in bed. These assessments showed the actions that were being taken to keep people safe.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. Staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were being stored safely and records showed staff administered medicines to people as prescribed by their doctor. We saw medicines were checked regularly by a senior manager within the organisation to ensure staff were managing people's medicines safely. This person told us that they were working with a local pharmacist to review arrangements in place regarding medication.

We observed a staff member administering medicines. We heard them explain to each person what the tablets were and then encouraged them to take them. One person told us afterwards that they were happy with the way this had been done and so were relatives that were visiting. We saw that staff were following procedures by administering and then initialling the medicine administration record (MAR)

Is the service safe?

for each medicine given. However, we saw that there were two gaps in the MAR from the previous day (this was for two people out of nine). The medicines were no longer in their packaging, but there was no way of knowing if they had been taken or destroyed. We pointed this out to the person administering medicines on the day of our visit. They told us that they would review this with the manager to ensure that people's safety was maintained when receiving medicines.

We looked at the recruitment files of three people who had recently started working at the home. We saw that information was available to demonstrate that only suitable people were recruited to support vulnerable people. We discussed how any potential issues about the suitability of people appointed were responded to and the regional manager was clear about their role and responsibility. They had taken prompt and appropriate action to ensure that people who were not suitable to work with vulnerable people did not gain future employment.

They had done this by reporting concerns to the agency that keeps a record of people who should not work in care settings. Other providers can check if a potential employee is on this list prior to making the decision to appoint them. This showed that the provider understood the extent of their role and responsibility in relation to keeping people safe.

We spoke with two staff that had recently started work at the home and they confirmed that they had provided all required information and had waited until checks had been carried out before they were able to start work. This showed that safe recruitment practices were being followed.

We saw that accidents and incidents were being recorded, monitored and reviewed. This meant that the manager could update support plans as necessary to keep people safe.

Is the service effective?

Our findings

When we inspected Acer Court in September 2014 we found that there had been a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach related to staff not receiving appropriate training or professional development. The provider told us that they would make improvements and during this inspection we found improvements had been made.

People who used the service told us that staff met their care and support needs in ways that they preferred. One person told us, "They [staff] know what they are doing. They look after us well." We found that most staff were aware of people's needs although we saw that some staff were not. Those staff told us however that they would be confident to ask for help if they did not know something to ensure a person's needs were met effectively. People who used the service reflected this. One person told us, "Sometimes they learn as they go along. Obviously some are better than others, but they get better as they go along."

People told us that staff did a good job. The provider had recently reviewed training opportunities for staff. Staff confirmed that this was an area where improvements had been made. One staff member told us, "It has all helped us to do our jobs better. Morale has also improved and this has had a positive impact on the service we provide."

Staff spoke positively about the training available. One person said, "I feel like I am getting to know my job now." Newly appointed staff told us that they had received a good induction although we recognised that there was a number of staff working at the home who did not yet know people's care and support needs. The regional manager told us that these staff were shadowing experienced staff and were being supervised by seniors to ensure they were working effectively.

One person told us, "The staff know what I like." Others told us that they were very satisfied with the support they received. We found that staff were meeting the care and support needs of the people who used the service. We saw care staff interact positively with people and offer prompt and effective support.

People we spoke with told us they were supported to see a doctor when they needed to and that chiropractors, opticians and dental appointments were planned and

attended. Visits were documented and plans were updated to reflect changing needs. This meant that staff could support people appropriately and consistently. A relative told us that staff had recently been concerned about their relative's health. They said that staff sought medical help and had implemented a number of things to support them to get better. This had a positive impact on the person's health. Records showed that staff had sought medical support for people when they became unwell or when their support needs increased. Care records showed that health and social care professionals were involved in people's care as appropriate. This joint working meant that the staff could meet people's needs appropriately and effectively.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. Most staff had completed training on the MCA and DoLS and were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this. Other staff were booked to attend this training.

Everyone we spoke with said that they were happy with the food offered. People told us that they could choose what they liked to eat enabling them to enjoy mealtimes. Systems were in place to recognise people's preferences and health needs.

We observed lunchtime and saw that overall people were being effectively supported. We observed staff to be patient, encouraging people to be independent where appropriate. They offered people drinks and were sitting at the same level as the people they were assisting. We saw staff took time to show people the choice of meals on offer to help them to make up their mind.

In one dining area staff were particularly busy and some people did not stay at the dining table long enough to have their meals. A relative told us that they often visited at lunchtime to make sure their relative ate their meal. They said that the person they visited needed constant encouragement to eat and without it they would get up and leave the table. On the second day of our inspection this relative did not visit and we saw that the person did not eat as much of their meal. We shared this with the regional manager who was already looking to ensure this person had the support they required.

Is the service effective?

Staff told us that they now felt better supported to do their jobs. Senior staff were now able to work alongside care staff as part of their ongoing monitoring role. This meant that they could offer guidance and support immediately

and informally. Staff who spoke with us confirmed this. One staff member told us, "Support is brilliant now. Everything is better and as a result we are happy to ask for help and feel we will be listened to."

Is the service caring?

Our findings

Everyone we spoke with told us that staff were kind and caring. One person told us, “They are all very kind”. Another person told us, “Nobody has ever been disrespectful or rude.” Some people shared experiences of named staff that had ‘made a difference’. Some visitors also told us about named staff who had, “Gone the extra mile.” For example one visitor told us how one staff member had encouraged their relative to mix with other people and take part in activities. They told us that this had had a positive impact on the person and that as a result they had made new friends.

People told us that staff respected their privacy and dignity and were polite and respectful. We saw staff supporting people sensitively and discreetly. For example we saw staff take people to a private room to support them with personal care. We saw staff knock before entering rooms and where one person had said that they preferred having their door open staff had placed a privacy screen in front of the door. We spoke with nine staff members about how they would respect people’s privacy and dignity and they all showed a good level of understanding in relation to this. They told us, for example, that they placed ‘Do Not Disturb’ signs on doors when they carried out personal care. They told us that this ensured people’s privacy and said that staff were then not interrupted.

Staff were respectful when assisting people to move. We observed them speaking to people to explain what was happening. We saw how the person being supported smiled happily throughout. The person later told us, “They are so lovely.”

People who used the service told us that they were able to have drinks and snacks whenever they liked and one person told us how the night staff regularly brought them food. They told us, “Nothing is too much trouble.”

People’s religious and cultural values and beliefs were recorded on their care plans as were people who were important to them. People told us that staff made sure that their visitors always felt welcome and this was important to them. One relative told us, “They are all very kind and everyone is made to feel welcome here.”

People told us that when they had shared their views about the service they felt listened to. They told us that staff knew about their preferences and one person told us, “The little touches make such a difference.” We saw staff paying attention to detail that made people more comfortable. For example, staff were aware when light from the window was bright in one person’s eyes and asked if they wanted the curtain drawing. We observed staff checking people were alright and comfortable at regular intervals. They also respected the decisions of some people who wanted to sit quietly. One person liked to read a particular newspaper and staff made sure there was sufficient light for the person to see it. All of these examples showed that staff were kind and caring.

Is the service responsive?

Our findings

The people that we spoke with said that staff met their needs promptly and appropriately. They told us that most staff knew them well and supported them in ways that they preferred. Staff told us that important information about how to meet people's needs was available to them and that information was updated when needs changed.

Since the time of our last inspection there had been a number of new staff appointed to work at the home. This had had a positive impact on the ability of care staff to respond to individual needs and preferences.

During our inspection we saw that there were two activities workers who were responding to people individually as well as arranging group activities. We saw a carol service was taking place and other musical entertainment was planned. One person, whose first language was not English, had individual attention from one of the care staff who could communicate with them. Activities were responsive to people's requests and suggestions.

Some people that we spoke with told us that the service had not previously been responsive to people's needs and wishes. They told us that communication had been an issue and this needed to improve. The management team showed us how they had started to make changes. For example the newly appointed manager had scheduled a meeting with relatives to update them on the recent changes. Relatives had previously told us that they had not always felt consulted and involved and this action would provide an opportunity for people to share their views and for the manager to respond formally to their suggestions and questions.

The regional manager told us that the majority of care plans had been reviewed since the time of our last inspection and they had been updated to make them easier to follow. As a result the information available to staff was up to date and accurate thus enabling them to know how to respond consistently to individual needs.

The provider had taken action to ensure that the service was audited to identify what needed to be done to improve the service provided. They looked at the systems and processes that had failed to identify the issues that had led to the shortfalls. We saw how audits had recently taken place and how action plans had been developed from these and implemented. We saw how the provider had

listened to people and made changes to improve the quality of the service. For example, staffing levels had increased and new roles had been created at key times to ensure that people had their needs met promptly and appropriately. Staff were positive about these changes and told us that they had been able to offer a better service as a result. One visitor to the home told us, "Things have improved. We had noticed a drop in standards but are happy to say that things are much better now." This showed how the provider had responded positively to comments about the service in order to make it better.

The regional manager, who was assuming day to day responsibility of the home at the time of the inspection, was knowledgeable about the needs of the people who used the service. They told us that they had worked alongside staff, offering care and support, to enable them to do this. We saw how care and support plans had been reviewed and staff told us that information was now easier to find. We also saw how, following our last inspection, the regional manager had reassessed some people's needs and found that they were unable to meet those needs effectively at Acer Court. They had supported these people to move to more appropriate accommodation. This also meant that they were then able to better meet the needs of the people still living at the home.

Since the time of our last inspection we saw how complaints were being reviewed and responded to. People who used the service, visitors and staff told us that prior to this time they did not feel that complaints were listened and responded to. We saw letters recently sent to complainants showing how the provider was taking action to address their issues and concerns. This showed that complaints were being taken seriously. The regional manager told us that they would now improve the service further by providing outcome information with complaints to demonstrate that complainants were satisfied or not with the outcomes.

We saw how the regional manager had met with people who used the service where appropriate to discuss changes and improvements. We saw how they also had systems in place to contact relatives and next of kin. Relatives' meetings were planned but had not taken place over recent months and the newly appointed manager told

Is the service responsive?

us that this would now be a priority. They told us that they were committed to hearing what people had to say and responding to offer reassurance and confidence in the service again.

Records showed that when people's needs changed staff made referrals to healthcare professionals or other specialists for advice. These changes were documented

within people's care plans so that they were up to date. We saw how health information was documented and how outcomes of visits were recorded to ensure continuity of care. This meant that staff could respond to people's care and support needs following advice from health professionals.

Is the service well-led?

Our findings

When we inspected Acer Court in September 2014 we found that there had been a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach related to assessing and monitoring the quality of the service provided. The provider told us that they would make improvements and during this inspection we found improvements had been made.

Everyone we spoke with told us that they had noted improvements in the quality of the service provided over recent months. The provider had responded to recent concerns about the running of the home by bringing in an experienced regional manager to assume day to day responsibility. Although some people who used the service and their relatives told us that they had not seen much of the regional manager, most people spoke positively about their presence. Staff told us that the regional manager's input had been very positive. They said that the regional manager was efficient and approachable. The provider had appointed a new and experienced manager who was in the process of being registered with us.

People were now being supported by staff who felt valued. Staff we spoke with told us they felt well supported by the regional manager and the provider. We saw records of meetings that showed issues had been discussed. We saw how the provider had taken prompt and dynamic action in response to allegations of poor performance. We saw how they had worked with outside agencies to support and assess people who received a service.

There were systems in place to monitor the quality of the service provided. Audits were now being completed to assess, monitor and improve the service. We saw that where improvements had been identified plans were in place to take action to make improvements. The regional manager had delegated responsibility for meeting these and timescales were set. This made staff accountable.

Acer Court now has regular visits from senior managers within the organisation who liaise with the regional manager to ensure that issues are being addressed and improvements are being made. This meant that there was better monitoring of the manager's role. We saw that audits were now being carried out as required by the provider. This process enabled the regional manager to identify trends, issues and good practice.

We saw how falls had been analysed by the regional manager enabling them to identify people who were at increased risk. Records showed actions required to reduce the risk and we later saw that staff had made changes to ensure that people received appropriate care and support. This showed how the service monitored and took action to reduce the risk of falls.

A relative told us, "It has got better here recently. They are more open and there is better communication with the senior staff. They email me a copy of their newsletter and will contact me with anything important straight away." This meant that communication had improved and that relatives felt more confident in the leadership of the home.

Staff told us that morale within the staff team had improved since the last inspection. One staff member told us, "There is better communication between all the heads of units and this makes it easier to approach anyone for information or to make suggestions. Everyone is more relaxed than they used to be."

Some people who used the service and their relatives told us that communication had been an issue that had previously caused frustration. They told us that they have renewed confidence in the management team who they described as being open and approachable. We saw minutes of meetings and records of supervisions that showed how issues had been discussed and addressed. This meant that the service was well led.