

Pooltown Care Limited

Acorn Manor Residential Home

Inspection report

202 Pooltown Road
Ellesmere Port
Cheshire
CH65 7ED

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acorn Manor is a residential care home providing personal care to 27 people at the time of the inspection. The service can support up to 30 people in one adapted building.

People's experience of using this service and what we found

Apart from one discrepancy in the recording of one person's medication which had not posed any risk of harm to the person, medication was otherwise safely managed. We made the registered manager aware of this.

Environmental risks were not always identified and while there had been significant and ongoing improvement to the environment of the building; some areas had not been included on the refurbishment list where refurbishment was required.

While there were many quality audits in place, the quality of activities during the day of our visit had not been identified.

People were happy with the service provided. People either commented that they were pleased with the care they received and those who did not offer a view, were clearly relaxed with the staff team. Staff interactions were seen to be helpful and respectful. The management team operated an open-door approach and were accessible to people.

People and their families were kept up to date with events within the building through regular newsletters, Surveys seeking the views of people, families and other stakeholders such as staff were sought.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2019). The rating at this inspection has changed to good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Manor Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below

Acorn Manor Residential Home

Detailed findings

Background to this inspection

The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Acorn Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection yet the deadline for completion of this was after this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 6 members of staff including the area manager, registered manager, senior care worker and care workers. We reviewed a range of records. This included 4 people's care records, risk assessments and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at various documents and continued to seek clarification from the provider to validate evidence.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating for this key question had changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medication recording in respect of antibiotics was not always accurate. We informed the registered manager about this.
- One person had been prescribed an antibiotic. While 6 items of this medication had been received, medication records suggested that 7 items had been signed for.
- Another person had been prescribed an antibiotic in response to an infection. Records indicated that this person had refused almost half of the prescribed course. Follow up information was provided to ensure the person's wellbeing.
- Medication was appropriately stored. Where people had been prescribed medication when needed (known as PRN), protocols were in place to ensure that staff administered these consistently, for example, if people required painkillers.
- PRN medications had been prescribed for people in the event of them becoming distressed or anxious. Records evidenced that these were not routinely used and that staff interventions had been successful in reducing any distress shown by people.

Assessing risk, safety monitoring and management

- Risks in the environment had not always been identified.
- Two bathrooms had been refurbished. The Inspectors were able to access these areas. A radiator in one bathroom was very hot to the touch. The provider provided subsequent evidence of action taken as a result and safeguards and had stated that the rooms were locked and not usually accessible.
- Risks faced by people in their daily lives and from any health needs they had was reviewed, up to date and included staff interventions to safely support people.
- Equipment used had been appropriately serviced and maintenance of other utilities such as fire-fighting and fire detection systems were ongoing.

Staffing and recruitment

- The needs of one person had changed with the result that they required one to one support. This was provided throughout the inspection and at other times. Daily records relating to their support were loose at risk of being misplaced. We fed this back to the registered manager.
- Recent staffing rotas evidenced sufficient care staff on duty. On the day of our visit, kitchen staff were not available, and this had been unavoidable.
- The registered manager had made arrangements to cover this by utilising the activities co-ordinator (qualified in food hygiene) to assist. People were still provided with meals although activities were observed to be disjointed.

- Recruitment of new staff was robust.

Systems and processes to safeguard people from the risk of abuse

- People told us, "I feel safe here" and staff are really nice". Those people who did not offer opinions appeared relaxed with the staff team during our visit.
- The provider had demonstrated co-operation in providing evidence in respect of an ongoing safeguarding investigation.
- Staff had received training and information on how to raise safeguarding concerns and identify types of abuse.
- The registered manager reported low level concerns to the local authority on a monthly basis.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty and conditions related to DoLS authorisations were being met.
- Where people had been subject to deprivation of liberty safeguards, these were current.
- Staff had received training in the Mental Capacity Act.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were continued to receive visitors and maintain contact with their relatives.

Learning lessons when things go wrong

- Action was taken to analyse when people had experienced falls.
- Falls meetings were held which included a review of those who had experienced falls and subsequent action to take to enable these to be minimised.

- Such measures included the introduction of sensors mats to alert staff to people's movements when they were at risk of falling or changes to the routines of staff supervision of people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager undertook many audits relating to the quality of care. We fed back our observations relating to medication administration records, the environment and activities we had identified during our visit.
- Two bathrooms and had been refurbished were accessible and one included a radiator that was hot to the touch. We were subsequently informed that these doors were routinely locked. Our visit found that this had not initially been the case and posed a risk to people.
- There was significant refurbishment work that had been completed or was being progressed. We found that improvements had made a positive difference to the environment. A refurbishment plan was made available to us yet this did not include two toilets on the ground floor that were in need of redecoration/refurbishment.
- We observed activities directly. An activities co-ordinator was on duty, however, they were called to work in the kitchen due to unavoidable staffing issues. Advertised activities, as a result were inconsistent with chair-based exercise set up and then not carried out.
- Other audits and checks were found to cover many other aspects of the quality of care provided and these were effective with identified actions addressed. These included audits by the registered manager, area manager and registered provider.
- CQC were always informed of key events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were complimentary about the support they received.
- They told us, "This is the best home I have been in. They [staff] are very friendly", "Staff are really nice, it's like being in my own house" and "I have been here 2 years. It's nice here, it's fine."
- We observed a person preferring to spend time in office areas with the management team. This evidenced an 'open-door' policy to people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- People were invited to be involved in their support.
- Meetings with people had taken place.
- Regular newsletters were made available to both people and their relatives, keeping them up to date with events and news.
- Satisfaction surveys had been sent out to people, relatives and other stakeholders.
- Staff received regular staff meetings.
- The service worked in partnership with local authorities, health professionals and social work teams.