

Acorn Hill Limited

Acorn Hill Nursing Home

Inspection report

Radstone Walk
Rowlatts Hill
Leicester
Leicestershire
LE5 4UH

Tel: 01162760600

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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

Acorn Hill Nursing Home is registered to provide accommodation, nursing and personal care to up to 59 people, some of whom are living with dementia and/or have complex physical and mental health needs. At the time of our inspection there were 36 people using the service. The home has recently changed owners and the new company took over in October 2020, since then the Langdale Group have launched an extensive refurbishment and improvement programme.

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

People were not always provided with safe care. There were some medicines that were not managed safely, however, we did not find anyone had been harmed by this. Staff were mostly issued with the correct personal protective equipment, though a small number of staff were not wearing the appropriate type of disposable headwear. The provider took steps to order this following our inspection.

People did not always have their needs re-assessed. That meant we could not be assured the care plans were up to date with the latest guidance for staff. Staff had yet to ensure people's deprivation of liberty (DoLS) restrictions were applied for or updated, which meant we could not be confident people's liberty was assured. Some people's needs had not been fully planned for and training had not been put in place for those specific needs.

The service was not always well-led. Leadership and oversight of the service was poorly coordinated and records to support effective quality assurance of the service were not in place. Information in some documents was inconsistent.

Environmental risks were assessed and staff's awareness to infection control had been heightened. Storage areas for equipment and chemicals had been identified and made more secure.

Staff were recruited safely and employed in sufficient numbers to care for the current people in the home. Staff were supported in their roles and training had been arranged for all staff. Supervisions, appraisals and team meetings were undertaken to ensure staff were informed of changes.

Relatives we spoke with had mixed opinions about the home in relation to communication from the new management team.

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

Rating at last inspection and update

This is a first rating inspection.

Why we inspected

The inspection was prompted due to the provider request to use part of the home as a designated service. A

decision was made for us to inspect and examine any risks.

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 the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this report for details.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people's safe care and treatment and poor governance. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Acorn Hill Nursing 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

This site visit was carried out by two inspectors. Phone calls to people's relatives and staff were undertaken by another two inspectors.

Service and service type

Acorn Hill Nursing Home 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

We gave the service notice of the inspection just before we entered the home. This supported the service and us to manage any potential risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the new company registered the home. We sought feedback from the local authority and used all of this to plan our inspection. The provider was not asked to complete a provider information return prior to 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.

During the inspection

We spoke with three people at the inspection and observed the interactions between people and staff. We reviewed a range of records. This included people's care records and multiple people's medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including audits and regular tests. We asked the registered manager to send documents we were unable to view on the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We made telephone calls to six relatives and five staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems in place to ensure the proper and safe management of medicines were not robust. The provider indicated in their policy and procedures checking of some medicines required two staff to check these securely. Records showed the registered manager had signed these in advance for the second staff member to complete at a later time. That meant the staff were not adhering to the providers policies or procedures.
- Where staff were required to consider giving medicines to people without their knowledge (covert administration) guidance was not always in place to say how medicines would be administered without the person knowing. There was no evidence the route of administration had been agreed with a GP or pharmacist. That would have ensured the potency of any medicine would not have been altered by any reaction with the food.
- Staff did not adhere to the provider's policies and procedures and used different methods to record when 'as required' medicines were administered. One person had regular 'as required' medicines and staff completed the back of the Medication Administration Record (MAR) when this had been administered, where other staff used the companies own recording sheets. Some administered medicines had not been recorded on either sheet. That meant we could not be assured the person had the correct dose of the medicine, and staff could not be assured of not exceeding the maximum dose.
- None of the above issues had been picked up by the internal governance audits.

The provider failed to adequately protect people and ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were mostly protected from acquiring infectious diseases. On admission to the service people were isolated in line with government guidance to reduce the potential of a transfer of infection within the home. One member staff was observed to be wearing non-disposable headwear. We saw other staff travelling home on completion of their shift still dressed in their uniform. This was in line with the homes' dress code but does not reflect current government guidance or good practice.
- We saw some areas around the home which were required to be updated to ensure they fully protected people, the provider has a plan to upgrade these areas which will reduce the potential for cross infection.
- The provider has commenced the update by replacing many pieces of equipment used for people's personal care. Work on updating the cleaning and disinfection programme and developing new storage areas for cleaning materials has already commenced.
- People's clothes and laundry was double bagged, tied and stored securely awaiting laundering. Staff told us they laundered one person's clothes at a time. This reduced the potential for cross contamination of

people's clothes.

- Procedures were in place, where possible, to socially distance people within the service. People displaying COVID-19 symptoms were expected to isolate in their bedrooms and others used the communal areas.
- There was an infection control audit performed by the registered manager, this was mostly detailed enough to ensure areas were cleaned and disinfected properly but did not cover all areas we would expect. For example, rips or tears in flooring and cracked or missing wall tiles. Cleaning schedules had been changed and were comprehensive to ensure areas were disinfected and any infection risks reduced. Cleaning equipment storage areas had been updated and now provided a secure environment to store chemicals and cleaning and disinfection equipment.

We have made recommendations where appropriate PPE can be sourced which takes account of people's religious observances. We have also made recommendations in the detailed prompts of the infection control audit.

Assessing risk, safety monitoring and management

- Regular safety checks had been carried out on the environment and equipment used to care for and protect people. The provider has recently appointed a maintenance manager to preside over all the company homes. They are currently expanding and simplifying the administration used for the periodic checks of plant and equipment. Once fully implemented this should assist staff in ease of reporting faults and maintenance staff in more effective checks.
- The provider has commenced a detailed refurbishment and produced a plan for maintenance staff to work through.
- Emergency evacuation plans were in place to ensure people were fully supported in the event of the building being evacuated.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People's relatives told us they felt their relation was safe.
- People did not have access to a bedroom door lock, however, people we spoke with did not express an interest in having a door lock.
- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people and demonstrated their knowledge and responsibilities for ensuring people's safety. Staff we spoke with stated the recent safeguarding training updates had been valuable in refreshing their mind. One staff member said, "The training is very good, and we have regular updates." A second member of staff said, "I would report my concerns to the manager. I wouldn't have with the old management, but this new management is very approachable, and you can go to them with anything."
- Accidents and incidents were recorded and reviewed by the registered manager. These were then analysed for trends and patterns.

Staffing and recruitment

- The registered manager followed the company's policies and procedures in safe recruitment and selection processes. Staff had the appropriate checks in place prior to commencing employment at the home.
- People's relatives told us they felt there were enough staff to assist their relation. One relative said, "There seems to be enough staff although they are always busy." A second relative said, "I think there are enough staff though I haven't visited very recently."
- We spoke with the registered manager who said, the staff rota had been altered to ensure there were sufficient staff on each floor of the home. They also added if a staff member called in ill, they were replaced

by another member of staff usually from the home or if necessary, another company home nearby.

- Staff told us they felt there were enough staff to support people in a way they preferred. One staff member said, "Staffing at the minute is okay. They [new provider] have increased the staffing which means we have time to do other things such as having a chat." A second member of staff said, "We have five staff on the middle floor and three staff on the lower floor. I feel that staffing is good. We have time to talk with people and do those extra little things like make a cup of tea for someone if they ask."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- There was no thorough, consistent understanding of the MCA in the management team. Information about who had a DoLS in place was not readily available and we were given differing information by different staff throughout the visit.
- One person had no DoLS in place for a decision the person was unable to make or leave the home. The management team made an application following our discussions.
- People did not have capacity assessments in place for specific decisions in line with the MCA because staff did not understand when this assessment could be completed; for example, when short term health conditions impacted on people's capacity. This meant one person was restricted without lawful authorisation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's current assessments had not yet been updated and this has resulted in the absence of some documentation around best interests' decisions for covertly administering medicines and capacity assessments to support people being unable to leave the home.
- Care plans contained information to support specific health conditions, dietary requirements and mental health support needs. These are yet to be updated in line with the revised assessments.

Staff support: induction, training, skills and experience

- People were supported by a well-informed staff group. One relative said, "I think the staff are suitably and well trained." One member of staff said, "[My first induction] wasn't very helpful at all. Under the new

provider the training has improved a lot and we have had lots of training." They told us they had recently completed pressure area care, fire and evacuation, moving and handling and infection control.

- All staff received a training induction. This included staff who were newly commenced and staff who were employed by the previous provider. We saw the planned and ongoing training schedule to enable staff to carry out their role.
- Staff demonstrated a good understanding subjects such as safeguarding and whistleblowing.
- Staff received support from the registered manager and management team with regular supervisions and spot checks to ensure they adhered to the training and provider's policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have balanced culturally appropriate diets and made choices about the food they ate. One relative told us, "[Named] has said since the new management have taken over the quality of the food has really improved, there are more choices, the meals are tastier and nicely presented."
- People who were less able to verbalise meal choices were supported by photographs of the meals available.
- Special diets were catered for and this included softened or puree food. Staff were aware of people who were at risk of not eating or drinking enough to remain well and completed food and fluid charts to monitor their dietary input.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good relationships in place to ensure people were referred to healthcare professionals when required. However, due to the change in registration there have been changes implemented by the Clinical Commissioning Group (CCG) which has reduce the overall number of GP surgeries linked to the home. This has resulted in a disruption in communications and obtaining prescriptions on time.
- People's relatives confirmed their relation had a range of health professionals that monitored their wellbeing. We saw evidence of ongoing monitoring in people's health care records.
- Some relatives told us they had not been contacted about their relation when they were unwell. They said, "I would report my concerns to the manager now. I wouldn't have with the old management, but this new management is very approachable, and you can go to them with anything."

Adapting service, design, decoration to meet people's needs

- The management team stated people will be involved in changes in the premises and environment.
- There was some signage in the home to assist people who were living with dementia to orientate. However, this could be improved, for example, signage to toilets.
- Some areas at the home required remedial work, and this was being completed whilst ensuring minimum disruption to people living at the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We saw positive caring interactions between people and staff throughout the inspection. Staff chatted and joked with people and had time to put people at ease when needed. We saw staff spoke respectfully with people and touched their hands and shoulders to offer reassurance, we saw people responded positively to that.
- Privacy and dignity were upheld to ensure their rights were respected. Staff supported people with personal care requirements discreetly and ensured they kept doors and curtains closed.
- People's independence was encouraged where for example, staff supplied adaptations at mealtimes to support people to eat independently.
- People's families and friends were currently unable to visit the home due to government restrictions. Relatives told us they were made welcome when able to visit, and most were kept informed of their relation's wellbeing.
- People were supported to practise their religious beliefs. A relative told us about their relation gaining great comfort from a taped version of the Koran that was played to them in their bedroom. Staff confirmed this was still taking place.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms.
- Care plan reviews were about to be commenced, and the director of operations stated all care plans were due to be updated with people's current needs. Families would be involved where people were unable to agree any changes.
- Local authority and continuing health care reviews were also due to be integrated in the full review process. A relative asked us to ensure staff contacted them to involve them in the process. We passed their details onto the senior staff team, who agreed to contact them promptly.

Is the service responsive?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's original care plans had now all been transferred to an electronic recording system. One member of staff told us, "We have handheld devices and they tell you everything about the person. They include their care plans and risk assessments, so you have all the information you need to hand."
- Most people had yet to be re-assessed to ensure all of their needs had been covered and ensure these were personalised and fully detailed.
- Staff told us they met regularly to discuss what support people required. One member of staff said, "We have a handover every day to give us updates about how people are." A second staff member said they had regular updates through the WhatsApp group too. This provided managers to send specific information to specific groups of staff, for example detailed nursing information about people's health needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they were able to visit until recently when the lockdown was re-enforced. One relative said, "I was able to visit [named] and saw [named] through the foyer (glass door)." A second relative said, "At the start of the pandemic the other provider set up video calls, they don't seem to be happening as much now a days." We spoke with the registered manager about this who said, staff enabled people to contact their relatives on a regular basis, however they did not always record if a call was not successfully connected. Steps would be put in place to ensure all calls were from now on.
- There were individual as well as small group activities arranged for people. These included games and hand massages. The provider is in the process of employing a second member of activity staff, where they will then cover all week days and weekends.
- Visiting had been restricted in line with the Government guidance due to the pandemic. Currently people were encouraged to communicate by phone and video calls through a tablet. When visiting was allowed the provider supported people and their relatives to converse in the foyer, separated by the electronically operated glass doors and when necessary the intercom.
- Relatives told us their relation were supported to keep up their religious faith. One relative told us they liked a recording of the Koran to be played for their relation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Most people's communication needs had been assessed. The provider was about to commence re-assessing people to see if their needs had changed and stated they would make changes where necessary. That would ensure people could be communicated with effectively.
- There was information used in the home in pictures and symbols so those people who were no longer able to read could understand the information provided. For example, one area was in the dining room where pictures of meals could be used to prompt people's individual choice.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident they would be listened to. People we spoke with said they had found no reason to complain.
- There was a complaints procedure in place which was shared with people and available in the foyer of the home.
- The provider had not had any complaints forwarded to them, but stated any complaints received were managed in line with the providers procedure.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- At the time of our inspection there was no one receiving end of life care although some people had medicines in place in preparation of their deterioration.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not consistently well led. The registered manager had auditing systems in place to monitor parts of the service, however, these were not sufficiently detailed and were not used effectively to assess risk on a regular basis or drive improvements.
- There were regular audits on medicines records, however, these had not identified concerns we found during the inspection in relation to medicines management.

We found no evidence people had been harmed however, the provider failed to have sufficient systems to improve the quality and safety of care and maintain a good oversight. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the completion of our first day of inspection the Director of Operations sent an action plan to improve the areas we found to be deficient. These will take some time to be fully embedded into the operational systems.
- The provider had several other auditing systems in place to monitor the quality and safety of the service and used these on a regular basis. The registered manager and staff also performed regular audits and the registered manager oversaw these and sent regular reports to the provider.
- The registered manager understood the regulatory requirements to report incidents and events to CQC. Our records showed these had been submitted when required.

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

- We had mixed comments about staff communications. Some relatives spoke positively about the registered manager and staff and knew who to speak with if they had any issues. One relative said, "A lady [staff member] contacted me but I don't know who they were, they didn't announce who they were." Another relative said they had been contacted by a male member of staff who had been very informative and added, "This is the first time I have been given such good feedback." Another said, "The communication hasn't been very good, hopefully this will start to improve with the new management."
- The registered manager was aware of, and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment, and authoritative bodies need to be informed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff demonstrated they knew people's needs, their likes, dislikes and personal preferences. Staff spoke positively about the use of their hand-held devices which included the latest information about people's care needs.
- Staff told us they felt supported in their roles. Staff told us they felt valued by the management team. One staff member said, "I feel valued. The registered manager is supportive of me and she keeps the staff morale up by telling us what a good job we are doing." Another staff member said, "The provider has introduced an employee of the month scheme. We had a bonus before Christmas and yesterday they bought in Chinese food. We all got chocolates and a card at Christmas. Staff morale is so much better. It's been a good thing having new owners."

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

- People and their relatives were asked for feedback on the service. Surveys had been sent out to people's relatives and the registered manager told us there was regular communication by phone.
- Some people's relatives confirmed they had calls and surveys from staff at the home, however no one we spoke with was able to confirm they had been contacted by the registered manager. We mentioned this to the Director of operations who said all call dates would be recorded in future.
- Staff received group and individual supervisions and there were regular staff meetings. We asked for some copies of these, but these were not sent following the inspection. Staff confirmed they were positive and included the many changes since the new provider commenced.
- People's communication needs were met. Information was made available in different formats to meet individual needs. For example, easy read or pictorial. Many of the staff were bi-lingual and were able to communicate with all those in the home.

Continuous learning and improving care; Working in partnership with others

- We saw the registered manager had yet to commence reviewing the service provided for people and bring risk assessments and care plans up to date and in line with people's current needs. We spoke to the registered manager about this who said the process had been made more difficult due to the handover process. They added the new staff had commenced and the process was due to begin. Where able people would be involved in the process and where appropriate relatives could also be included in discussions.
- The director of operations and staff team were open and transparent throughout the inspection and some areas of concern were addressed immediately during our inspection.
- The registered manager demonstrated how the staff worked in partnership with local hospitals, commissioners, the local authority safeguarding team and other healthcare professionals to try to meet people's needs consistently.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to adequately protect people from the risk of staff administering incorrect medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to have sufficient systems to improve the quality and safety of care, maintain a good oversight and drive improvement.