Avery Homes Nuneaton Limited

Acorn Lodge

Inspection report

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Date of inspection visit:
08 December 2016

Date of publication:
26 January 2017

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 was unannounced and took place on 8 December 2016.

Acorn Lodge is registered to provide accommodation and personal care for a maximum of 60 older people, some of whom had a diagnosis of dementia. There were 53 people living at the home on the day of our inspection visit. The home was a purpose built building and comprised of two floors which were accessible by a lift. The first floor was called the "Memory Floor" and supported people with a diagnoses of dementia. On this floor dementia friendly signage was used to help people to access the toilets or their rooms.

The registered manager had recently left their employment at the home following a period of not being at work. During their absence the deputy manager had acted as home manager. Following the registered manager's resignation, the deputy manager had successfully gained the permanent role of home manager and was in the process of applying to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe. People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. There were guidelines in place for people prescribed 'as required' medicines to ensure they were given safely and consistently.

There were enough staff to meet people's needs. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in the home.

The assessment of people's capacity to consent had been completed. People's rights and freedom were

respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people effectively. However, risk assessments did not always contain detailed information about people's care. There were good links with health and social care professionals and staff sought and acted upon advice received, so people's needs were met.

People and relatives were positive in their feedback about the home. People told us they enjoyed meal times and were positive about the choice of food they received. People said their privacy and dignity was maintained and our observations supported this.

People received care that met their individual needs. People were encouraged to express their views and give feedback about the service. People said staff listened to them and they felt confident they could raise any issues should the need arise. People were positive about the care and support they received and the service as a whole.

Staff spoke highly of the management team and of the teamwork within the service. Staff were supported through supervisions, team meetings and training to provide care and support in line with people's needs and wishes.

The quality of service provision and care was continually monitored by the manager and the provider and actions taken where required.

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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns. People were supported by sufficient staff to meet their needs and provide support when they needed. People were supported by staff to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support. Staff were knowledgeable about people's support needs and sought consent before providing care. People enjoyed the meals provided and menus offered variety, choice and met people's nutritional needs. Input from other health professionals had been sought when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People said they liked the care staff who supported them. People and relatives said staff provided support and care to people with dignity and kindness. People and relatives valued the positive relationships they had with staff. Relatives were free to visit whenever they and people wanted and felt welcomed and supported by staff.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices. People and their relatives were supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Good

The service was well-led.

People were cared for by staff that felt supported by the management team. The manager and the provider had systems in place to check and improve the quality of the service provided and take actions where required.

Acorn Lodge

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.

This inspection visit took place on 8 December 2016 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information they included in the PIR was an accurate representation of the service.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with four people who lived at the home and seven relatives who were visiting during our inspection visit. We spoke with the provider's regional manager and the manager who was in the process of registering with us about the care they provided. We spoke with the deputy manager, one senior care staff, two care staff, the cook, a kitchen assistant and a maintenance person to gain their views of their experience working in the home. We also spoke with a visiting health professional to gain their views of the care provided.

We reviewed five people's care plans and medication records to see how their care and support was

planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Our findings

People told us they enjoyed living at the home and they felt safe. One person told us, "If I need to call staff I have a call system by the side of my bed, they always respond quickly." They went on to explain this reassured them that they were always able to have help when they needed it. One relative told us. "I feel that the home is very good, staff are looking after my relative very well, if anything happens like a fall, they call me straight away."

Staff told us they had received training in safeguarding and identified the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the manager or deputy manager, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns, action would be taken to protect people.

People told us staff were available when they needed them. Staff members told us people were safe and staffing levels were adequate to meet the needs of people living at the home. The manager told us that staffing was based on people's needs and was reviewed to reflect any changes. Rotas for the four weeks prior to our inspection visit corresponded with the staffing levels the manager described.

A relative told us the home used "agency staff in the evenings. I know that they are recruiting so it should get better." We discussed staffing with the manager who told us the provider was currently recruiting for two care workers for the night shift. They told us agency staff were used to cover the vacancies so that staff were available at the times people needed them. They tried to use the same agency staff to ensure people received consistent care from staff who understood their needs.

People had their needs assessed and risks identified. Staff had a very good knowledge of how to minimise risks to each person. However, we found that the information recorded in risk assessments did not provide enough detail on the nature of the risk and how to reduce the effect on the person. A member of care staff told us that one person was cared for in bed and was at risk of skin damage. The member of care staff explained, "We go in every hour to check [name] is okay and help them to move to a different position every other hour. This helps to stop one area being under pressure for too long which can become sore." The member of staff went on to explain that the person was prescribed creams to prevent their skin becoming dry and sore. The member of care staff told us that the cream was applied regularly. This was confirmed by the person's Medication Administration Records (MARs). It was recorded in the person's care plan that they had a sore on the bottom of their foot which was regularly dressed by a district nurse. The risk assessment stated that the person needed a pressure relieving mattress and that it needed to be correctly inflated.

However, the risk assessment did not provide any further information to care staff about how to support the person and prevent further sores. This information was needed if the person was cared for by members of staff who did not know their care needs, for example agency staff. We spoke to the manager and provider about the lack of information in risk assessments. The provider told us that this issue had already been identified and new risk assessments were being created which would clearly state the risks to a person and their care needs. These risk assessments were due to be implemented in January 2017.

Recruitment procedures made sure, as far as possible, that care staff were of good character to work with people who used the service. We checked three staff files and saw records of employment checks completed, which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People we spoke with told us they received their medicines when they needed them. One person said, "They [staff] always give me my pills on time." We observed a medicines round with a senior care worker and looked at the medicines records for five people. People were offered their medicines with the care worker offering support and guidance and explaining what each medicine was for. One person's medicines had recently been changed by their GP and the senior care worker explained, "I've only got this one for you now, you have to have your others after your breakfast." This was following the guidance provided by the pharmacist.

Written guidance was followed if a person required medicines 'when required'. For example, to relieve pain. If a person was unable to communicate verbally, information was included in the guidance to describe what signs a person could present which would show they needed the 'when required' medicines.

Staff told us medicines were only given by staff who had completed training and had their competencies assessed to check that they were following the correct procedures to ensure people's safety. A senior care worker explained, "We are checked to make sure we know how to give the medicines safely, what to do if someone refuses their medicines and how to dispose of unused medicines safely."

Regular checks of the MARs were completed and action taken if errors were found. It had been identified that in August 2016 there had been an incident which had resulted in a number of people not receiving their medicines. The manager had taken appropriate actions in response to this and there had been no further incidents of medicines being missed.

Good

Our findings

People and relatives we spoke with told us staff had the right skills to care for them. One person told us, "They [staff] really do know what they are doing." One relative told us that after their family member had fallen, the manager had arranged for an assessment with an occupational therapist and the person now used a walking frame to assist them. The relative explained that this helped the person to maintain their independence and reduced the risk of further falls. A visiting health care professional said, "I think staff are well trained to carry out their role. Staff will take the time to speak with people when I am come to see them and help me to be able to assist them."

Staff told us that when they started working at the home they completed an induction which provided them with training that the provider deemed necessary for their role. One member of care staff told us, "On my induction I completed training and shadowed other workers to help me know the people who live here and how they like to be supported." Records showed the induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. To receive the Care Certificate staff have to demonstrate they have the skills, knowledge, and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us they received training that helped them to do their job. One member of care staff told us they had recently completed dementia awareness training and how they implemented the training in their everyday practice. They explained, "It makes you rethink how you do daily tasks. I didn't know dementia can affect a person's eye sight so now I always make sure if I am talking to a person I position myself in front of them and if they are sat down I bring myself down to their level. This can help reduce them being surprised if I speak to them." Another member of care staff told us about moving and handling training that they had completed. They said, "The deputy manager made our training very inclusive, we all used the hoist to see how it felt to assist someone. That helped me understand how it felt for the person." The training matrix showed that all staff received regular refresher courses and that future training sessions had been booked for fire safety and infection control training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where it had been assessed that people lacked mental capacity, records showed what specific decisions they would need help with. One member of staff explained, "Someone can make a decision even if it's a bad one; it's still their decisions unless it makes them unsafe." They went on to explain that if a decision had to be made for someone who lacked capacity, a best interests decision meeting should be considered which included people who knew the person well, including relatives or friends.

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 saw the registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

Staff understood the importance of obtaining people's consent when supporting them. We saw care staff asking for people's consent before providing support, and when one person refused support, the staff member respected this and said they would come back later to check again. A member of care staff told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices.

People told us they chose how to spend their day, one person told us, "You're never rushed to get up at a certain time, you choose what suits you." Staff confirmed, "This is the person's home, they have their own routines and we respect that." When we arrived for the inspection visit we saw that some people were in communal areas talking, some were eating breakfast in the dining room whilst others remained in their rooms either having their breakfast or were still sleeping.

People told us they enjoyed their meals. People we spoke with told us food was good and that a choice was always offered. One person told us, "I like healthy balanced food, choices are good here."

During meals additional staff called hostesses, were available to support people. We saw that the hostesses offered people a choice of drinks including wine, sherry, fruit juice and tea or coffee. When one person did not eat their meal, they were given encouragement by a hostess. The person then asked for a sandwich which was promptly made for them. The person did not eat much of the sandwich and the hostess offered them dessert which they ate. We saw that people who were not able to eat independently were supported by care staff at a pace that was comfortable to the person.

We spoke with the cook and they told us they met with people when they first came into the home to discuss their dietary likes and dislikes. The cook was knowledgeable about people's preferences and dietary needs and how to meet people's nutritional requirements. For example, when people required pureed meals. The cook showed us a pureed meal they had prepared. Each part of the meal had been pureed separately so the person could continue to enjoy the individual flavours and was presented in an appetising way.

Feedback books were available in the dining rooms for people to leave comments about meals. We saw a number of compliments including "The turkey meal was very good." One person had asked for more gravy to be provided with the meals. The manager had responded and arranged with the cook that gravy boats were provided for each table. We saw that this was in place during lunch.

People's healthcare needs were met. People told us they were supported to access healthcare professionals, for example dietician, optician and speech and language therapists. The GP also visited regularly or if people were unwell. One person commented, "If I need to see the doctor he comes in."

Another person told us, "My chiropodist comes here it's the same one I've used for a long time." A third person told us, "I go to my own dentist; the carer [member of staff] comes with me."

People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One person told us, "If I ever need to see the doctor the staff arrange it immediately." Changes in people's needs were recorded in their care plans and communicated to all staff. The deputy manager explained, "The senior carers always start work before the care workers and they have a handover from the previous senior carers which includes any changes in people's care needs. They then do a handover to the new staff coming on duty." A care worker confirmed, "We have handover at each shift change and they update us on people's conditions." This ensured that people received continuity in their care.

Good

Our findings

People spoke positively of the staff and said they were caring and respectful. One person told us, "Staff are very good; they're polite, hardworking and caring." Another person said of staff, "They treat me with respect." All relatives we spoke with also told us they felt staff were caring. One relative whose family member had lived at the home for a number of years said that staff provide, "Brilliant care, the girls are fantastic I've not met a bad one yet."

We heard and saw positive examples of communication throughout our inspection and people were relaxed around the staff supporting them. One relative said, "The staff are fantastic …I watch [family member's] face, she lights up with staff." Staff were aware of people's well-being and levels of anxiety. We saw staff offering people reassurance when they needed it. For example, when one person became anxious over the lunch period, a care worker took time to talk to them and offered reassurance.

People told us they had developed good relationships with the staff. One person told us that when a vacancy became available in a care home closer to their family they chose to stay at Acorn Lodge "because I'm happy here." We saw that people engaged positively with staff and staff communicated with people in a friendly manner. One person told us, "I have a joke with the staff, they make me laugh." Staff told us that there was a cheerful atmosphere throughout the home and that "Our happiness spreads to the residents, it's a good team."

We heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. Staff told us an important part of their role was to encourage independence. A care worker explained how they supported one person with reduced mobility. "They need assistance when they walk but I always encourage them to use their walking frame and walk a few steps around the home. It helps their confidence to know that I'm there if they need help."

The provider had received positive written feedback from people and their relatives. For example, one relative had written to express gratitude for the care received and for support given to their family when their relative's health declined. Another relative had written to thank staff on their professional and caring manner in supporting their family member to celebrate a milestone birthday. They commented that their family member had enjoyed the occasion.

People were involved in the planning of their care and support. People told us support was provided the way they wanted it. One person told us when there where changes in their care, "[senior carer] talks to me

about it." Relatives told us they had been involved in reviews of their family member's care and they felt listened to. One relative commented, "My husband and I take part in our relative's care planning and we can always access reports on how our relative has been over the last day or so." Staff took into account people's individual needs and responded accordingly. For example, we saw one member of staff supporting a person with their meal, they chatted easily with them and provided assistance in a dignified manner.

People's friends and relatives visited when they chose. Relatives we spoke with said they felt welcomed at all times. One person said, "My family visit, they come when they like." One relative commented, "You can visit anytime." Another relative told us they had visited at all different times of the day and was always made welcome by staff. They said, "They [staff] make me very welcome…they always say hello." There was tea and coffee making facilities and we saw relatives were able to have drinks throughout the inspection visit. We saw that relatives were offered meals if visiting over a mealtime. One person's relatives did not live in this country. Their care records showed details of regular phone calls and visits that had been arranged so the person could maintain these relationships.

People said they felt respected by the staff who treated them with dignity. One person commented that they liked to keep themselves private and chose to stay in their room and staff respected this. Another person said before staff went in their room, "They always knock on the door." One person told us, "Staff close the door and curtains when I'm getting changed." Care workers also confirmed that doors and curtains were closed to ensure people's privacy when personal care was provided.

We saw staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they moved to a more private area.

Good

Our findings

People we spoke with told us they got the care and support they wanted. One person told us, "If I need anything I just ask for it." Another person told us, "They [staff] know what I like." Relatives told us staff knew people well. One relative said, "They know [family member] well. They know what they like and what works best for them." People told us they felt staff listened to them. One person told us, "I don't want a male carer so I don't get one." People told us they had been able to decorate their room the way they liked. One person said "My room is very homely."

Staff knew each person well including their family members and their life history. Within people's care records we saw an in depth assessment of people's needs and care plans. The care plans provided guidance for staff to support the person with all aspects of their daily living and included information on their life history and aspirations. Staff told us this information was useful and they had time to read it. However, staff felt the best way to get to know people and their preferences was by talking to them.

Relatives we spoke with told us communication was good and staff let them know when things changed in their family member's health. One relative told us, "Communication is good; the staff talk to me to ensure I'm always up-to-date."

People told us and we saw that they got to do things they chose and enjoyed and which reflected their personal interests. One person said, "I don't mix much. My interests are my TV, radio and computer and I am happy doing that." A relative told us that their relative often enjoyed going out for lunch. Staff told us that people had been involved in wrapping presents and decorating the home for Christmas. During our inspection visit we saw people were given a newspaper style sheet called the Daily Sparkle which gave details of historical events that had occurred on that day. Staff told us that this often prompted discussions and reminiscence about how people had experienced events. On the day of our inspection visit a professional visited to support people to partake in "armchair Zumba" which was a lively activity that helped to strengthen people's arms and legs. People appeared to enjoy this and joined in with the music and exercises. The manager told us that the home regularly had entertainers and visitors. They went on to explain that singers and local dance schools were particularly enjoyed. We saw that activities and celebrations in the home were advertised on the information board and staff told people what events were happening each day.

People said they felt able to complain or raise issues should the situation arise. People and relatives told us they had no complaints about the home or the care they received and had not had to raise any issues.

However people went on to explain that if they did have a complaint they would speak to the manager. Posters were on display and leaflets were available which explained to people how they could raise a complaint. Four formal complaints had been raised in the past 12 months. We saw that where complaints had been received they had been investigated by the manager and the supporting documentation showed the progression and conclusion of the complaint.

Good

Our findings

People we spoke with told us they were happy living at the home and it was well run. One person said, "I'd say it's well managed." Another person said, "I'm happy here and there is nothing I would change." Relatives also spoke positively of the service. One relative said of the home, "We have had a very positive experience; we would recommend it to anyone."

People knew who the manager was. We saw that the manager talked to people and was familiar about things that were important to them. For example, we observed them speak to one person about a recent family event. One person told us they would go to the manager if they had concerns. Relatives told us they felt the manager was approachable.

Staff spoke positively about the management of the home and told us they received regular supervisions. They told us the supervisions gave them an opportunity to discuss issues and also discuss any further training needs. One member of staff said, "You can raise and discuss anything you want."

Staff told us they felt supported by the manager and senior care workers and could approach them for advice. One member of staff said, "The manager is very knowledgeable and is always willing to listen." Another member of staff said, "It's an open door, [manager] and [deputy manager] are available." They told us if they needed advice or guidance, "They both make time and show me."

The manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's a good team, all the staff are very good, we all work together." Staff told us communication was good and we saw that care staff meetings had been held where staff were able to raise issues and ideas and the registered manager gave feedback, for example sharing compliments from relatives. One member of staff told us this made them feel valued.

The provider had sent an annual survey to all people living in all the homes owned by Avery Homes to ask for their feedback and opinions on the care provided. It was not possible to identify the results specific to Acorn Lodge, however the results showed that people were happy with the care provided . The manager encouraged people and relatives to suggest improvements to the home and we saw there was suggestion books throughout the home which were used by people and relatives. The manager checked these regularly and included details in the books of how the home acted on the suggestions.

There were systems in place to check and review the service provided. The registered manager told us they

undertook routine checks with people to ensure they were well and spot checks to observe staff practice. We saw the actions that were taken following the most recent spot check. We saw that there was a review and check of areas such as medicines, care plans, record sheets and equipment. Checks showed actions taken to make improvements for example, discussion in staff supervisions. The manager spoke of the value of the checks and was keen to ensure continuous learning and improvement.

The manager also completed a monthly report of any incidents and accidents so that any trends could be identified and action taken. The manager explained to us that they had identified there was a high number of "trips, slips or falls" which resulted in injury. After this was identified additional training was arranged for staff to be able to identify hazards which could make a fall more likely. One example of this was people living with dementia who tried to stand and were not aware that they needed to use walking aids. To reduce this, the manager arranged for a member of staff to always be present in the communal area and for alert pads to be used which would tell staff if someone left their chair. This enabled staff to assist people when they were mobilising around the home and resulted in a reduction in falls. The manager showed us their records that prior to the additional training in April 2016, 14 people had been injured as a result of a fall. In November this had been reduced to one.

The provider visited the home monthly to offer support to the manager and to complete checks on the care provided. The provider used this information to create a monthly report with actions for the manager to complete. The most recent visit was on 21st November 2016 and the provider had reviewed staff training. Following this the manager had arranged training dates for staff to complete refresher courses for first aid.

The manager said they received good support from the provider and they told us the ethos of the organisation was good teamwork where everyone was equal. They also encouraged an open reporting culture, so any concerns could be picked up and addressed quickly.

The manager understood their responsibilities and the requirements of their registration. For example, they had submitted required statutory notifications and completed the provider information return (PIR). We found the information in the PIR was an accurate assessment of how the service operated. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. The provider was copied into any notifications made to the Care Quality Commission (CQC) so they were aware of events at the home.