Acacia Care (Nottingham) Ltd

Acorn House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 20 and 21 October 2015 and was unannounced. Acorn House provides accommodation for up to 64 people with or without dementia and people with physical health needs. At the time of our inspection 48 people were using the service. The service is provided across three floors, comprising of support for people living with dementia and residential care.

Although there was a registered manager they were no longer employed by the provider but they remained on our register at the time of the inspection. A new manager was in post and had applied to become registered. 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.

At our last inspection in April 2015 we found that the provider was not meeting the legal requirements in respect of the numbers of staff that were deployed across the home. During this inspection we found that the

Summary of findings

provider had made the required improvements and people were cared for by sufficient numbers of staff. The provider ensured appropriate checks were carried out on staff before they started work.

People felt safe living at the home and staff took appropriate steps to protect people from the risk of abuse. Relevant information about incidents which occurred in the home was shared with the local authority. Risks to people's safety, such as the risk of falling, were assessed and managed. People received their medicines as prescribed and they were safely stored.

Staff received a range of training relevant to their role and additional training was scheduled to take place soon after our inspection. Staff told us they were well supported. People were provided with the opportunity to give consent to their care. The Mental Capacity Act (2005) (MCA) was used correctly to protect people who were not able to make their own decisions about the care they received.

People were provided with sufficient quantities of food and drink, however staff were not always attentive to the needs of people who required help to eat. Healthcare professionals such as the GP and district nurse were involved in people's care when needed.

There were positive and individualised relationships between staff and people. The manager had invested time in ensuring that people were involved in the planning and reviewing of their care. People made day to day decisions about how they wished to spend their time and they were treated with dignity and respect by staff and had access to private spaces.

People received care that was responsive to their changing needs and staff had access to detailed information in their care plans, which was kept up to date. A wide range of activities were provided which were based on what people had said they wanted to do. There was a clear complaints procedures and any complaints received had been responded to appropriately.

There was a positive and transparent culture in the home. People felt able to speak up and staff were confident in the leadership provided by the manager. There were different ways people could provide feedback about the service such as regular meetings and satisfaction surveys. There were robust quality monitoring systems in place and culture of continuous improvement was evident.

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 received the support required to keep them safe and risks to their health and safety were well managed.

There were enough staff to meet people's needs.

People received their medicines as prescribed.

Good

Is the service effective?
The service was not fully effective.

Staff felt well supported and were provided with relevant training.

People were provided with sufficient food and drink, however staff were not always aware when people required help to eat.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected. Staff ensured people had access to healthcare professionals.

Requires improvement

Is the service caring?
The service was caring.

There were positive relationships between people and staff.

People and their relatives were able to be fully involved in planning their own care.

Staff treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People received care and support in line with their needs and were provided with regular activities.

People felt able to complain and complaints were responded to appropriately.

Good

Is the service well-led?
The service was well led.

There was an open and transparent culture in the home and people felt comfortable speaking with the manager.

There was a quality monitoring system in place to check that the care met people's needs. There was a drive towards continuous improvement of the service.

Good

Acorn House

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.

We visited the service on 20 and 21 October 2015, this was an unannounced inspection. The inspection team consisted of two inspectors, a specialist advisor with experience of occupational therapy 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider 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 also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 23 people who used the service, five visitors, six members of care staff, three members of domestic staff, a healthcare professional, the manager and a quality consultant. We looked at the care plans of six people and any associated daily records such as the food and fluid charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

Good

Is the service safe?

Our findings

At our inspection in April 2015 we found that there were not sufficient staff deployed across all areas of the home. The provider sent us an action plan detailing the improvements they planned to make. At this inspection we saw that the improvements had been made and there were sufficient staff to support people and respond to their needs in a timely manner.

The people we spoke with felt there were sufficient staff to meet their needs. One person said, "I have no complaints but would tell the girls (staff). The buzzer is answered straight away at night." Another person told us, "Yes there are plenty of staff, if I need them they are here straight away." The majority of relatives we spoke with felt there were enough staff.

We observed that staff responded in a timely manner when people required help. For example, one person asked for help to go to the bathroom and staff responded straight away. Another person asked for more breakfast and staff provided extra food for the person quickly. When people who were in their bedrooms required help, staff also provided assistance in a timely manner. We looked at the records of staff response times when people used their bedroom call bell. These showed a significant improvement from our previous inspection. Staff generally responded within three minutes and often much faster. Where people were not able to use their call bell, staff checked regularly to ensure they were alright.

The staff we spoke with told us there were enough staff to be able to care for people safely. One member of staff described how staffing levels had been increased temporarily when a person required more support than usual. The manager completed regular assessments of the amount of staff they felt they needed and this was provided. We saw that staffing levels were flexible and were based on the needs of people using the service. Further recruitment was on-going to increase the total pool of staff.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us they felt safe at the care home. One person said, "Yes I do feel safe" Another person told us, "I am perfectly alright." The relatives we spoke with felt their loved ones were safe. One relative said, "We do not have to worry as [my relative] is safe." Another relative commented, "[My relative] is safe here."

The atmosphere in the home was calm and relaxed and people were interacting confidently with one another and with staff. We observed one situation where a person became distressed and staff quickly intervened and held the person's hand which appeared to help them to settle. Staff told us they were confident in managing any situations where people may become distressed and described various techniques they used, such as talking about the person's interests. There was up to date information in care plans about how to support people to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding was available in various places in the home. Staff could describe the different types of abuse which may occur and told us they would act to protect people if they suspected any abuse had occurred. Staff had confidence in the manager and told us they felt the manager would act appropriately in response to any concerns. We saw that relevant information had been shared with the local authority when incidents had occurred. Where recommendations were made about how staff could better keep people safe, these had been implemented.

People were supported in a positive manner to reduce any risks to their safety whilst respecting their right to retain independence. One person said, "I am going out today in my wheelchair. A member of staff is coming with me to make sure I am alright." Another person said, "Staff get me up and out of bed every day, it's always done properly." The relatives we spoke with confirmed they felt staff took the necessary steps to reduce risks to people.

Staff were observed supporting people in a safe and inclusive manner which reduced the risks to people's safety. For example, we saw staff using a variety of equipment to assist people getting up out of chairs and moving about the home. Staff appeared confident in using the equipment and reassured people throughout the process. There were risk assessments in people's care plans which detailed the level of risk to people of different situations, such as the risk of them falling and the support

Good

Is the service safe?

required to maintain their safety. People lived in an environment that was well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm, and measures followed to prevent the risk of legionella developing in the water supply. Staff reported any maintenance requirements and action was taken in a timely manner.

People received their medicines when prescribed and they were ordered, stored and disposed of appropriately. We observed staff administering people's medicines and saw that they followed safe practice when doing so. Staff were patient when required and ensured people had the time they needed to take all of their medicines. Staff told us they received training in giving out medicines and also had their competency checked on a regular basis. There was an appropriate response by the manager when any medicine errors occurred. This ensured that staff learned from any mistakes that may have been made.

Medicines were stored securely in locked trolleys and kept at an appropriate temperature. There was a clear system in place which meant people's medicines were ordered in time. Medicines which were unused or no longer required were disposed of safely. Staff correctly recorded the medicines they had administered to people on their medication administration records.

Requires improvement

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. This was also confirmed by the relatives we spoke with. One relative commented that their loved one 'had improved' since moving into Acorn House because of the care that staff provided. We observed staff utilising the skills they had developed such as supporting people to move safely and understanding the needs of people living with dementia.

Staff were provided with a range of different training courses such as infection control and safeguarding. Whilst staff had not received all of the training relevant to their role the manager demonstrated that there was a plan in place to ensure that staff received the training they needed and to keep it up to date. Several training courses were already arranged to take place shortly after our inspection. Staff were positive about the quality of the training they received and felt it was sufficient to enable them to work effectively.

Staff felt supported by the manager and the deputy managers on each floor and told us they could speak with them at any time. The manager had implemented a new supervision system and we saw that staff received regular supervision. We saw from supervision records that staff were given the opportunity to discuss any concerns they may have as well as request support and additional training. The supervision process was also used to review the staff member's performance.

People were supported to make decisions about their care and were given the opportunity to provide consent where possible. One person said, "Yes I have been asked to sign various papers." The relatives we spoke with confirmed that, where it was appropriate, they had been involved in providing consent to the care that was to be provided. One relative said, "I have been involved in that process and signed some forms." The care plans we viewed showed that people were provided the opportunity to sign their care plan to confirm their consent.

We saw staff obtaining consent from people before any care was provided to them. The staff we spoke with made it clear that they would always make sure they explained what they were about to do and check the person was happy to receive that care or support. Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The MCA is designed to protect the rights of people who may lack capacity to make their own decisions. Assessments of people's capacity to make a certain decision had been carried out. Where the person was deemed to lack capacity a best interest decision checklist was put into place. These clearly showed the nature of the decision that was being assessed and these had been recently reviewed. Staff understood how the MCA impacted on their role and training was being made available to staff.

The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone's freedom they had appropriate procedures in place to do so lawfully. Where there were restrictions on people's freedom, these had been appropriately assessed and the relevant applications made to the local authority.

People told us they enjoyed the food and were given enough to eat and drink. One person said, "Food is good, not fancy stuff. If I want anything I do not have to ask twice." Another person said, "The food is very good." We were also told, "I do not always like the choices on the menu, however they will fetch me something else if that is the case." Commenting on breakfast, one person told us, "I can have a cooked breakfast every day if I want." The relatives we spoke with also commented positively about the food. One relative said, "[My relative] has regular meals. They were also taken for a pub lunch."

Whilst people enjoyed their meals and most people ate good sized portions, staff were not always attentive to the needs of people who were not eating. Care staff were busy serving meals and also clearing away plates and doing washing up which meant they were not focussed on people's needs during the lunch period. One person commented to the person sat next to them that their food was dry and they were struggling to eat it. Staff had not noticed or asked the person if they needed any assistance. This resulted in the person not eating a full meal. Another person was having difficulty cutting some of their food and they were not offered assistance for a period of ten minutes. The manager agreed to review the lunchtime arrangements to enable more staffing support to be available to people.

The staff we spoke with told us people were provided with sufficient amounts of food and drink.

Requires improvement

Is the service effective?

Drinks were offered during the meal and throughout the day. People also had access to a range of snacks and fruit between meals. People were provided with food appropriate to their culture or religion where this was requested. Kitchen staff were informed about specialised diets such as people who required soft food and low sugar alternatives and these were catered for.

People had access to the healthcare professionals they needed at the right time. One person told us, "If I'm ever feeling poorly staff will call out the doctor." Another person said, "I see more people (healthcare professionals) now I have moved in here than I used to." We observed that a range of healthcare professionals visited the home during our inspection. Staff told us that they raised any concerns about people's health with a senior carer or the manager and arrangements would be made to contact the relevant professional.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as a physiotherapist and the dementia outreach team. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

Good

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person said, "I am looked after well." Another person told us, "The staff are ever so friendly and caring, I could not wish for any better." We were also told, "Nobody is snappy, they just sit and listen to us, it is like a big family." The relatives we spoke with felt that staff were caring and had built positive relationships with people. One relative said "The care is very good, they go over and above to care for [my relative]."

Staff spoke with people in a kind, friendly and respectful manner, showing understanding of people's personalities and sense of humour. We observed several occasions where staff made opportunities to sit and engage with people and share a joke with them. Staff also showed concern for people's well-being and responded quickly when people showed any signs of distress or discomfort. For example, one person repeatedly called out and quickly became anxious if nobody responded to them. Staff told us that they were trying different techniques to support the person, such as sitting with them whilst they completed administrative tasks. The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care.

People were fully involved in making decisions and planning their own care. A relative told us, "I was invited to attend a meeting to review the care plan." Another relative confirmed they had been involved in providing information for the care plan for their loved one. People made day to day choices about how they wished to spend their time. One person said, "Staff give me choices, they encourage me to join in with things but there is no pressure if I don't want to." Another person told us, "I have my choice in going to bed and getting up at any time."

People were supported to make day to day choices such as whether they wanted to join in with activities and where they wanted to sit. Staff offered people support when it was required and also encouraged people to carry out tasks independently when they were able to. Staff told us that it was important to involve people as much as possible so that they could retain their independence. The manager told us that they had invested a lot of effort in involving people and their relatives much more in reviews of their care. The care plans we viewed showed that people were able to be as involved as they wished to be in this process. People's wishes were documented and taken into account in the way that their care was provided.

People were treated in a dignified and respectful manner by staff. One person said, "The girls (care staff) are all nice, they are good to us." Another person told us, "Everything has been perfect." The relatives we spoke with said they felt staff treated people with dignity and respect. We observed that staff understood the different ways they should communicate with different people. Staff spoke with people in a polite way and addressed people by their preferred name. It was also evident that staff understood people's sense of humour.

People had access to their bedrooms when they wished should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. There was access to several smaller, quiet lounges should people not wish to sit in the main lounge. People were supported to maintain their independence and we observed people helping themselves to drinks and snacks. Some people went out to local shops with and without the support of staff.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Good

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person said, "I am happy here, I get the help I need." Another person commented, "I do need some help nowadays and that help is provided." The relatives we spoke with also commented positively on the care that was provided. One relative told us that their loved one appeared happier since they had moved into the home because staff were attentive to their needs.

We observed that the provision of care was person-centred and less focussed on the completion of tasks because staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas as well as other staff who responded quickly when call bells were pressed in other areas of the home. The manager told us that they had impressed upon staff the importance of responding to people's needs as a priority and completing other tasks later.

Information about people's care needs was provided to staff in care plans as well as during the shift handover and written in communication books. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time. People's care plans were regularly reviewed and updated when required. For example, the risk of a person falling had changed and the support provided to this person had been reviewed and changed accordingly. The staff we spoke with told us they found the information in people's care plans was useful.

People told us that they enjoyed the activities that were provided and that they could participate if they wished to. One person said, "I enjoyed the yoga activity earlier." During our visit a group yoga activity was carried out. This was attended by a large number of people who were all supported to take part, regardless of their differing abilities. Another person said, "I am going out for some fish and chips later which I am looking forward to." We were also told, "They are starting to do activities for Christmas, the Concert."

A new activities co-ordinator had recently started working at Acorn House and there were plans to recruit a second person into a similar role. People had been consulted about the types of activities they would enjoy. A new activities programme had been developed based on these suggestions and an increased budget had been provided to purchase relevant items. The manager told us that they were also encouraging care staff to take a greater part in providing activities. One to one activities were also available for people who requested them.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I have not had to complain, but I would speak with the person in charge." Another person told us, "I would be happy to speak to anybody if I had a complaint." The relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home.

We reviewed the records of the complaints received since our last inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice.

Good

Is the service well-led?

Our findings

There was a positive and open culture in the home which enabled people to get involved in what happened in the home. One person said, "It does feel like my home." Another person said, "It's all very easy going here. I don't have any concerns." The relatives we spoke with also felt there was an open culture and that communication with them was good. One relative said, "We are informed if there are any concerns about our relative, and this is very good." Another relative told us, "[My relative] came here only last week. We were given all the information and shown around."

The staff we spoke with felt there was an open and transparent culture in the home. Staff told us they felt positive about the new management and the improvements that had been made in recent months. They also described how they were confident that the manager would act upon their concerns. There were regular staff meetings and several meetings were held on one of the days of our inspection. We observed and saw from records that staff were able to contribute fully to these meetings. The manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. Staff were able to make suggestions and raise concerns during these meetings and they were taken seriously and acted upon.

People and staff told us they could speak with the manager at any time to make suggestions or raise concerns. We observed that the manager welcomed people and staff speaking with her. Staff told us they would also feel comfortable saying they had made a mistake and felt they would be treated fairly. Newer members of staff commented that the manager had been very supportive of them during their induction.

Although there was a registered manager they were no longer employed by the service. The manager we have referred to in this report was in the process of registering and understood their responsibilities. The majority of the people we spoke with told us they knew who the manager was. The manager had implemented 'surgeries' whereby people or relatives could go to speak with them about any issues they may have. These had been well attended and had served as a good way for people and relatives to get to know the manager. Staff commented that the manager was visible in all parts of the home and they saw them every day when they were on duty

There was a clear staffing structure in place and the manager appropriately delegated key responsibilities to staff that they felt confident and able to carry out. For example, the ordering of food supplies was carried out by the lead member of staff in the kitchen. The reordering of medicines was shared between senior care staff. Staff told us that resources were made available to support them and to ensure a good quality service could be provided. For example, the laundry assistant told us they had recently been provided with several new items for the laundry that they had requested. There was also an on-going programme of redecoration and refurbishment to some bedrooms. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People had access to a variety of different ways of giving their opinion about the quality of the service they received. One person said, "I usually go to the meetings." Another person said, "I have listened in to the meetings, otherwise I'd just tell the staff." The relatives we spoke with were also aware of the different ways they could give their feedback.

The manager had issued satisfaction surveys to people and relatives following our previous inspection. The responses received indicated that people were generally happy with the service provided at Acorn House. Where issues had been raised an action plan was put into place and communication was maintained with people to demonstrate what action was being taken. There were frequent meetings for people using the service and these were well attended. People were given the opportunity to discuss what was important to them and suggestions about changes to the menu and activities were taken on board. The meetings were also used as an opportunity for staff to remind people of what was available to them and discussions about important topics such as safeguarding were held.

The quality of service people received was monitored and improved on a regular basis. For example, regular audits of care plans had identified that improvements were required to documentation. This was monitored to ensure that the required improvements were made. There was an on-going

Good

Is the service well-led?

service improvement plan which was intended to ensure that improvement remained an on-going process. This was a combination of actions identified by the provider, manager and people living in the home. We saw that this was regularly monitored and updated to track that improvements continued to be made. The provider also visited the service on a regular basis and the manager completed regular reports to them.