

Pro Care Homes Limited

Acorn Lodge Residential Care Home

Inspection report

183 Reads Avenue
Blackpool
Lancashire
FY1 4HZ

Tel: 01253300036

Date of inspection visit:
07 March 2018

Date of publication:
17 April 2018

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

This inspection visit took place on 07 March 2018 and was unannounced. Acorn Lodge provides care for up to ten people with enduring mental health needs. Support is available through local community mental health services. It offers long term accommodation in a domestic dwelling within a residential area of Blackpool. Communal areas include a dining room and lounges. Access to the home requires people to be mobile without the need for mobility aids as there is no lift. At the time of the inspection visit there were ten people who lived there.

There was a registered manager in place. 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 the last inspection in November 2015, the service was rated 'Good'. At this inspection we found evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection we recommended people were kept safe by ensuring master keys to enter the home and bedrooms were available to staff in cases of emergencies to keep people safe. Also staff had sufficient information in care documentation for people who had behaviour that challenged. At this inspection we found they had addressed the issues.

People commented staff had a kind and caring attitude. One person told us, "In all the homes I've been in, the staff here are by far the best, they really care." People said they were fully involved in their care planning and able to explore their mental, physical and social needs with experienced staff.

We spoke with people who lived at Acorn Lodge and a visiting health professional and comments were positive in relation to care and support provided by the staff team. One person who lived at the home said, "The staff are great they are so kind, helpful and caring."

We found staff were aware of treating people as individuals with importance placed on promoting independence, dignity and respect. People who lived at the home confirmed staff treated them as individuals and delivered person centred care.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place

for people to live. The layout of Acorn Lodge and facilities provided were appropriate for the care and support provided.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

People told us they had regular health care visits. Staff we spoke with said any changes in health were managed in a timely manner and care records updated. Care plans we looked at confirmed this.

People who lived at Acorn Lodge were offered a choice of nutritious meals and snacks, they told us they enjoyed their food. Care records we saw included a dietary requirements document, this provided information about special diets, medical conditions such as diabetes and food preferences. One person said about the quality of meals, "Yes since I have come here the food has been plenty and good."

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

The registered manager had information with regards to support from an external advocate should this be required for people who lived at Acorn Lodge.

People's care and support had been planned with them. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people needed. Staff told us they were informative and easy to follow about care people had received.

People who lived at the home told us a variety of games and daily events took place as well as outings in the community. One person said, "I do enjoy the games and quizzes we do and the outings."

There was a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been recorded, however people we spoke with knew the procedure to go through.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, surveys and daily discussions with people who lived at the home to seek their views about the service provided and ways to improve Acorn Lodge.

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 has improved to good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Acorn Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 07 March 2018 and was unannounced.

The inspection team consisted of an adult social care inspector.

Acorn Lodge Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Before our inspection on 07 March 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We also contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with a range of people about the service. They included five people who lived at the home and a visiting health professional. In addition we spoke with two care staff members and the registered manager. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training and arrangements for meal provision. We also looked at records relating to the management of the home and medication records of two people. In addition we checked staffing levels and had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We asked people who lived at Acorn Lodge if they felt safe living at the home. One person said, "We are a small place but I have never felt safer than being here." Another person said, "I go to the shops a lot on my own. However I do feel better inside knowing I live in a lovely house looked after by staff who keep me safe."

The registered manager monitored and assessed staffing levels to ensure sufficient staff were available to provide support people required. Staff we spoke with told us they were satisfied with the numbers and mix of staff on duty at any given time. One staff member said, "We have enough staff to meet people's needs."

We looked around the building and found it was clean and tidy. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. There were hand washing facilities around the home. This meant staff were protected from potential infection when delivering personal care for people and also undertaking cleaning tasks. Infection control training had been provided for staff. We confirmed this by looking at records.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

No new staff had been appointed to work at the home since the last inspection. We did not identify any concerns about recruitment procedures during that inspection.

Since the last inspection the registered manager had improved documentation for staff who were supporting people who present behaviour that challenged. For example risk assessments were more in depth and staff had received training in behaviour that challenged. The registered manager informed us at present no one was presenting behaviour that challenged.

Care plans we looked at had risk assessments to identify potential risk of accidents to staff and people in their care. Risk assessments provided instructions for staff members when delivering their support. These included moving and handling assessments, mobility and fire and environmental safety. They had been reviewed and updated if circumstances changed.

We looked at how accidents and incidents had been managed at the home. There were documents for accident and incidents to monitor for trends and patterns. Records looked at had been completed and had information related to lessons learnt from any incidents.

People told us they felt staff supported them with medicines as prescribed and at the correct time. One person who lived at the home said, "You have just seen at lunchtime, never late [staff] is lovely, always concerned I take my medicine on time." We saw medicines were ordered appropriately, administered as prescribed and stored and disposed of correctly. Medicines records identified if people had any allergies. We

found the service had audits in place to monitor medicines procedures.

There were controlled drugs being administered at the time of our visit. We found controlled drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered provider had systems to protect people from unsafe storage and administration of medicines.

Is the service effective?

Our findings

People who lived at Acorn Lodge told us staff were knowledgeable about their individual care needs and were happy with support they received. Comments from people who lived at the home were positive and included, "They all are very good at what they do." Also, "They put me right when I want to know things. All of them are good and know what they are doing and how to treat me."

People who lived at Acorn Lodge were supported by trained staff who had a good understanding of their assessed needs. Staff we spoke with told us access to training was not an issue. One staff member said, "Training is really good and if you want to do more courses [registered manager] was really supportive." Staff had achieved or were working towards national care qualifications. One staff member said, "I am currently doing level in management and care." This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff employed at Acorn Lodge made sure people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. We observed during our visit people were not deprived of their liberty or restricted.

Prior to admission to the home the registered manager had completed an assessment of people's individual needs and produced a plan of care to ensure those needs were met. We found evidence in care records they or a family member had been involved with and were at the centre of developing their care plans. Consent had been obtained and forms were evident to confirm this in their documentation.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. Records were informative and had documented the reason for the visit and what the outcome had been.

People who lived at Acorn Lodge told us they enjoyed the meals provided for them. If something was not to a person's liking then choices were available. This was confirmed by people we spoke with. Comments about the quality of meals included, "Yes since I have come here the food has been plenty and good." Also, "I like the suppers at night because I get a little hungry. You can have what you want and it is all good."

The staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet. Fresh fruit was available for people who wanted it and offered throughout the day with drinks and light snacks. People's food and fluid intake were monitored and their weight regularly recorded. We confirmed this from records we looked at.

We had walk around the building and found it was clean. Some communal hallways and lounges required

some painting and refurbishment. For example doors were marked in corridors and required painting general housekeeping. Accommodation was on two floors they didn't have a passenger lift so people with mobility problems could only be accommodated on the ground floor. There were lounge areas and a dining room on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Three new windows had yet to be restricted to keep people safe. We spoke with the registered manager about this and they were dealt with following the inspection visit. The registered manager confirmed they now had been fixed with window restrictors.

Is the service caring?

Our findings

People who lived at Acorn Lodge told us they were happy and were positive in their comments as to how well they were cared for by the staff. One person said, "The staff are great, they are so kind, helpful and caring." A relative wrote in a survey, 'The staff and [registered manager] are kind, courteous and efficient we could not wish for better.'

We observed during the day positive interactions between staff and people who lived at the home. For example staff took time to sit with people and discuss what they were doing for the day. We observed staff were not rushed when spending time with people. For instance one person was going out to the local town centre and staff helped them with their coat and discussed timings and where they were going in town. Staff told us this was a main part of their role to interact with people who lived at the home.

We saw staff had an appreciation of people's individual needs around privacy and dignity. For example we witnessed staff knocked on bedroom doors before entering. We saw examples during the day of how staff reacted sensitively to people's needs. One person who lived at Acorn Lodge said, "I have only been here a short while and it strikes me how patient and respectful staff are."

We found staff had an understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. Staff were aware to treat people as an individual and promote independence where possible. For example one person was from another area and wanted to catch up with friends. Staff supported them to apply for a bus pass and they now travel independently to catch up with people from their home area.

The registered manager had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We found care records of people who lived at the home documented their preferences and choices in terms of social, health needs and their religious beliefs. Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described support people received and activities they had undertaken.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Information was written down and provided for people. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at Acorn Lodge told us care they received was focussed on them and they were encouraged to make their views known about how they wanted to be cared for. For example one person who lived at the home told us they liked to visit another town to keep in contact with friends. Together with the person staff looked at potential risks and had identified action to keep the person safe when out in the community. One staff member said, "It has worked really well. The person who lived at the home said, "I go on my own and have enjoyed it."

Care plans of people who lived at Acorn Lodge were reflective of people's needs and had been reviewed with them. Staff spoken with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing support requirements were included in their documentation.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed identified information about how the person wished to communicate and if any difficulties were evident. These included whether the person required for example, large print to read. This was to ensure people who lived at the home had access to information and be able to understand and be involved in any discussions required.

Documentation was in place if appropriate that promoted communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

An informal activity programme took place daily as well as general trips out for people. Most people were independent and if they chose to went out on their own or with a staff member. One person who lived at the home said, "I like to be out every day if I can. I tell them where I am going and when I am due back." People spoke positively about activities and trips planned for them. For example one person wrote in a survey, 'I enjoyed the Christmas party at the Savoy Hotel'. We observed in the afternoon people joined in with a game of 'hoopla' with the staff. There was good involvement with the staff and eight of the people who lived there joined in. One person we spoke with said, "I do enjoy the games and quizzes we do."

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us they do not have anyone on end of life care. However staff had received training and instruction in end of life care. This was confirmed by staff members we spoke with.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was also on display in the hallway for the attention of people visiting the home. We looked at the complaints folder and saw no complaints had been recorded by the service since the previous inspection.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed. One person who lived at the home said, "We have a good manager who always puts the residents first." Also a staff member said, "[Registered manager] is always available if needed."

We found Acorn Lodge had clear lines of responsibility and accountability. The registered manager took responsibility for the day to day running of the home. The registered manager shared shifts on the duty rota and worked alongside staff supporting people in their care. The two staff members we spoke with told us they enjoyed working at the home. They also said the registered manager was supportive. One said, "Definitely anytime she will always listen and help you."

People who lived at Acorn Lodge had been given the opportunity to provide feedback about the way they were supported and cared for. They told us they could talk with the registered manager at any time. One said, "We are a very small home and always sit and chat every day." Another said, "We don't need meetings we talk every day there is ten of us." However there were occasional formal resident and staff meetings held with minutes kept. One staff member said, "We have one to one meetings, daily meetings and [registered manager's] door is always open."

The registered manager told us they had daily 'handover meetings' with oncoming staff. They discussed each person's daily events and any issues that required communicating to each other. Staff told us these were useful and provided staff with up to date information about the day's events.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included medication procedures, care plans, and the environment.

Surveys completed by people who lived at the home and relatives confirmed they were happy with the care they received. For example comments included, 'Very good care staff and extremely helpful'. Also, '[Relative] has been here for a number of years and is very happy'.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. For example, healthcare professionals and district nurses.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

