Pro Care Homes Limited

Acorn Lodge Residential Care Home

Inspection report

183 Reads Avenue
Blackpool
Lancashire
FY1 4HZ
Tel: 01253300036
Website:

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Ratings

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

Overall summary

This inspection took place on 18 August 2015 and was an unannounced inspection.

Acorn Lodge Residential Care Home provides personal care for up to ten people with enduring mental health needs. It offers long term accommodation within a residential area of Blackpool. There are eight single rooms and one double room. Communal areas include a dining room and lounge. The service requires people to be mobile on admission. There is no lift and limited access for anyone with mobility difficulties. Whilst staff would try to meet any changing mobility needs, they feel it would be difficult to accommodate anyone with long term limited mobility.

The service was last inspected in January 2014. The service was meeting the requirements of the regulations that were inspected at that time.

Summary of findings

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.

People told us they felt safe living at Acorn Lodge and almost all the people we spoke with were happy there. One person said, "We are well looked after and I am comfortable and safe here." A relative said, "I have no concerns about [family member]. We know they are safe here."

Almost all people said they could talk to the staff team, express any ideas or concerns and they would help. One person was not satisfied with the care they received and said that staff didn't listen to them. We discussed this with the registered manager who told us that the staff team were aware of the comments and were working with the person to meet their care needs and preferences. Other people we spoke with were praising of the care they received. One person told us "The staff here, particularly the manager, listen. If we don't like something they will do something about it if they can." A relative commenting in a recent survey told the home, "My concerns, which are few, are always dealt with."

Five of the six people spoken with about the meals provided said that the choices were good and the meals were plentiful. One person said they did not get enough to eat and the evening meal was too early. The registered manager said that they would discuss meals with people individually and at the next residents meeting.

Records were available confirming appliances and equipment in use by the home had been serviced and maintained as required. However we found that there was no master key for people's bedrooms or the front door. This meant that in an emergency situation, staff would need to check which member of staff was carrying the keys before being able to enter bedrooms or exit the home.

Although there was a programme of refurbishment. There was an unpleasant odour in the downstairs toilet. The registered manager told us they were awaiting new flooring to resolve this problem and this would be dealt with quickly.

We talked with staff about how they supported people whose behaviour challenged services. We saw that there was information about one person who could have behaviour that challenged. However where there were restrictions in place to manage this behaviour, there was insufficient guidance in place.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff we spoke with knew the steps they would take if they became aware of abuse.

We looked at how the home was being staffed. People we spoke with were satisfied with staffing levels and said staff were available when they needed them. One person told us, "There are always staff about if you need anything."

When we undertook this inspection visit, the service had not appointed new staff members for some time. They had appropriate procedures in place and were just starting the process of appointing a new member of staff.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly. People told us they felt staff supported them with medicines well.

People told us of regular health care visits. They said any changes in health were managed in a timely manner.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. A relative said of the staff team, "They are an excellent care team – extremely competent".

Staff took into account people's individual needs and were person centred in their approach. They were proactive in making sure that people were able to keep relationships that mattered to them.

There were procedures in place to monitor the quality of the service. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

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?

Requires improvement

The service was not always safe.

Although risk assessments were in place to reduce risks to people's safety. Some practices in the home relating to door keys were not safe.

There was limited guidance in place to manage some behaviour that challenged.

Staffing levels were sufficient and staff appropriately deployed to support people safely.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Is the service effective?

Good

The service was effective.

Most people said they were offered a choice of meals and meals were varied and plentiful.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People and their relatives told us that any health needs were quickly dealt with. We saw that staff responded in good time to any health concerns

The staff we spoke with told us they had good access to training and support and were encouraged to develop their skills and knowledge. In turn this helped them to support people in the way people wanted.

Is the service caring?

Good

The service was caring.

We saw staff interacted regularly with the people in their care. Almost all people we spoke with told us that staff were supportive and caring and that they were happy and satisfied.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

We observed staff interacting with people in a respectful and compassionate way, giving people time to respond to questions.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life.

Staff offered choices and encouraged people to retain their independence wherever possible.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed.

Is the service well-led?

Good

The service was well led.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

There was a transparent and open culture that encouraged people to express any ideas or concerns.

People who lived in the home and their relatives were encouraged to give their opinions on how the home was supporting them.

Acorn Lodge Residential Care Home

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 took place on 18 August 2015 and was unannounced. The inspection team consisted of an adult social care inspector 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 expert by experience for the inspection at Acorn Lodge had experience of services that provide support to people with mental health difficulties.

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

We spoke with a range of people about the service. They included the registered manager, the deputy manager and two members of staff on duty, six people who lived at the home and three relatives.

We looked at the care records and the medicine records of three people, the previous four weeks of staff rotas, staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at Acorn Lodge and almost all the people we spoke with were happy there. One person said, "We are well looked after and I am comfortable and safe here." Another person said, "This is the best home I have been in. A relative said, "I have no concerns about [family member]. We know they are safe here."

People were able to spend time around the home, in communal areas and their bedrooms as they wanted. Most people needed staff support or supervision when going out of the home. Where people could travel alone safely they did so. One person said, "I am always popping here and there. I enjoy it."

Where people were at risk if unsupported when out, we saw staff supported them to access the local community. One person, who needed support when out, said they wanted to go out more frequently. The registered manager said she would be looking at ways to make sure this happened.

Records were available confirming appliances and equipment in use by the home had been serviced and maintained as required. However we found that there was no master key for people's bedrooms or the front door. We saw staff asking each other who had keys for particular bedrooms so they could enter, or the front door, so they could exit. This meant that in an emergency situation, staff would need to check which member of staff was carrying the keys before being able to enter bedrooms or exit the home. Also there was a large padlock on the kitchen door at night. This restricted people's access to the kitchen. The registered manager said this was because it was a risk for one person to access the kitchen. She added that she would make alternative arrangements that would not restrict people who could use the kitchen safely.

When we looked round the home we noted there was an unpleasant urine odour in the downstairs toilet. The registered manager told us that urine had soaked into the flooring and despite frequent cleaning the smell kept coming back. They said they were awaiting new flooring and this would be dealt with quickly. The registered manager showed us that the home was maintained with a rolling programme of refurbishment and redecorating. There were new carpets in the lounge and on the stairs. Some bedrooms were being refurbished. People who wanted to lock their bedrooms had a key to their room.

We talked to staff about how they supported people whose behaviour challenged services. We saw that there was information available for one person who could have behaviour that challenged. Where there were restrictions in place to manage this behaviour, there was insufficient guidance in place. However staff were able to tell us the action they would take in order to provide good support if this behaviour occurred.

With the exception of the information about a person who may have behaviour that challenged, risk assessments were in place to reduce risks to people's safety in the home and the local community. These provided informative instructions for staff who were supporting people.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. There had been no recent safeguarding concerns raised. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to talk through the steps they would take if they became aware of abuse. This showed us that they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination.

Accidents or incidents, complaints, concerns, whistleblowing and investigations were discussed and evaluated for lessons learnt. Any changes to care needed were made to reduce risks which helped keep people safe. One person had become unsteady and was at risk of falling. Staff saw that this was more pronounced at a particular time of day. They had reviewed the person's care plan and provided them with more supervision around this time, to reduce the risk of falls.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. We looked at the staff rota, observed care practices and spoke with people who lived at Acorn Lodge and their relatives. People we spoke with were satisfied with staffing levels and said staff were available when they needed them. One person told us, "There are always staff about if you need anything." We

Requires improvement

Is the service safe?

saw there were enough staff on shifts to provide safe care. People requesting help were responded to in a timely manner. The staff we spoke with told us that there were enough staff to look after people.

We looked at the recruitment and selection procedures for the home. There had not been any recent staff appointments as all staff had been in post for a long time. However the registered manager informed us that they had just started the process of appointing a new member of staff. They were completing appropriate checks before arranging a start date. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The registered manager explained the processes they were following when recruiting staff, to reduce any risks of employing unsuitable staff.

We looked at how medicines were managed. People told us they received their medicines at the times they needed them. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Records were kept of all medicines received and the amount of each medicine. This meant that medicines could be accounted for. One person administered some of their own medicines. A risk assessment had been carried out to ensure that the person was able to do this. Staff monitored this to make sure it was managed safely.

Staff had been trained in the management of medicines. This meant they had the skills and knowledge to manage medicines safely. There were medication audits to check medication was given safely. Medicines were monitored and audited. Where any errors were made these were investigated and action taken.

Good

Is the service effective?

Our findings

Five of the six people we spoke with were complimentary about the food. They said that the choices were good and the meals were plentiful. One person told us, "I enjoy the food. I like everything the staff cook." Another person said, We talk about the meals we would like and staff put these on for us." A relative said, "My [family member] was not eating properly until they moved here and is now putting on weight." One person said they did not get enough to eat and the evening meal was too early. They said, "We get just a sandwich at teatime. Tea is at 4pm. It is a long time until breakfast and we only get biscuits for supper." We discussed this with the registered manager who told us that they were aware of the comments and the staff team were working with the person to meet their care needs and preferences. We saw recorded evidence of the support in place. Other people told us they were happy with the meals as they were and that they were offered supper each night. One person said, "We get plenty to eat. We can have a good supper with toast and things."

One person said they didn't like some of the foods provided. We noted that the person had been asked several times about their food preferences but had only told the staff what food they liked the night before our inspection. The person told us staff were now getting particular foods for them. A relative said that the meals provided were excellent. They had commented on a recent survey, "Thank you for buying and making food that [family member] likes and making [them] so contented and happy". Another person said the main meal was at lunchtime, which they didn't like. They had the option of the main meal being saved for them until evening, an alternative meal made for them or they could choose to cook their own meal. They were satisfied with this.

The kitchen was open for people to make drinks and snacks during the day. One person expressed concern over the kitchen being locked at night. The registered manager told us this action had only been taken recently in response to one person being unsafe in the kitchen. She accepted that this affected other people going in as they wanted. She told us she would organise a key pad for the kitchen immediately. People who were safe in the kitchen could then have access without having to ask.

Records from recent residents meetings showed meals had been discussed at the meeting and at that time people were satisfied with the meals and kitchen access. However the registered manager said she would discuss this again with people.

The home did not employ a separate cook. The staff team made the meals. They made sure that people's dietary and fluid intake was sufficient for good nutrition. There was information about all except one person's likes and dislikes kept in the kitchen. Information was also in the care records and staff were familiar with their dietary needs. The home had recently received a 5* environmental health rating for food safety and kitchen procedures.

Specialist dietary, mobility and equipment needs had been identified in care plans. Staff recorded the meals served, so that they were able to check a varied diet with choices was served. We saw that people were offered fresh fruit. Drinks were also available as and when people wanted them.

We observed a mealtime which was calm and relaxed with almost everyone eating their meal with apparent enjoyment. One person said they were not hungry and did not finish their meal. Staff said they would be offered more food later in the day. People were well supported and staff interacted with people throughout the meal.

People told us of regular health care visits. They said any changes in health were managed in a timely manner. Records showed staff made referrals to other health and social care professionals as needed. They supported people with appointments and any treatments. The registered manager told us of the good links with health professions to ensure the most effective care and support for people. A health professional told us, "The staff always contact us if they are concerned about anyone."

People told us they were confident that the staff team knew what they were doing. One person told us, "The staff are good at their job, they know what we need." Another person told us, "The staff will do anything for you. They are great." A relative said, "They are an excellent care team – extremely competent." Our observations confirmed the atmosphere was calm and friendly. People were able to access the communal areas of the home and their bedroom as they wished. A relative said, "The staff have been wonderful with my [family member].They have supported [family member] well, so has settled ok".

Good

Is the service effective?

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. All staff had completed national qualifications in care. Recent training included safeguarding vulnerable adults, palliative care, fire safety and dementia, Infection control and food hygiene training had been arranged for soon after the inspection. This meant that staff had the skills and experience needed to care for people and were able to meet their needs.

We saw from records that staff received regular supervision. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were given feedback about their performance on supervisions as well as informally at other times. Staff told us this was one of the ways that the management team supported and encouraged them. They also said that as a small team they worked very closely together so discussed any issues regularly.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with the management team to check their understanding of MCA and DoLS. The registered provider had made several DoLS application and was familiar with the process. Relevant staff had been trained to understand when an application should be made. Staff demonstrated an awareness of the MCA.

Staff determined people's capacity to take particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. This meant clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. People told us that they had the freedom they wanted to make decisions and choices.

Good

Is the service caring?

Our findings

The home had a maximum of 10 service users with a long standing staff team. Almost all people we spoke told us that staff were supportive and caring. They said they were content living at Acorn Lodge. One person told us "I like it here, the staff are great." A relative said, "Acorn Lodge is excellent. [family member] is really happy and settled in a real family atmosphere. All [family member's] needs are catered for." A relative commented in a recent survey, "[The registered manager] has a wonderful manner with residents and is extremely caring with seemingly endless patience."

Staff spoken with were familiar with the care and support individuals needed. Almost all the people we spoke with told us the staff looked after them well. One person said, "The staff are all smashing here." Another person said, "I like it here. The staff are very good." A relative said, "We have found Acorn Lodge to be very good. All the staff are very nice." One person disagreed with these views and said they felt not all staff were helpful or as kind as they would like and they were not happy in the home. The person told the registered manager that they were not happy and wanted to go out more. She offered to sit and discuss what they wanted but they said they would talk with her later. She told us the staff team were working with the person to enable them to go out more.

Staff were aware of people's needs around privacy and dignity. They spoke with people in a respectful way. Staff knocked on bedroom and bathroom doors to check if they could enter. They made sure people's privacy was assured when providing personal care. There were privacy screens in shared rooms. One person said of the staff, "They never just barge in they always check if I want them to come in." A relative told us, "The staff are always polite and friendly with [my family member] even when they get a cross response."

We observed staff interacting with people in a respectful and compassionate way, frequently chatting with people and giving them time to respond to questions. Staff took into account people's individual needs and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs. Staff knew and understood people's history, likes, preferences, needs and wishes. We saw that people requesting assistance or information had their requests met quickly. Staff knew and responded to each person's diverse cultural, gender and spiritual needs in a sensitive way. A health professional said, "The staff are very good. They are concerned about the people in their care and willingly take advice."

We had responses from external agencies including the social services contracts and commissioning team, Healthwatch and local district nursing teams. Links with health and social care services were good. Comments received from other professionals were very supportive of the service. They told us they were pleased with the care provided and had no concerns about the home. These responses helped us to gain a balanced overview of what people experienced living at Acorn Lodge.

Good

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. They told us they were given offered and encouraged to remain as independent as possible. One person told us how they regularly went out alone, knowing staff support was nearby if they needed it. They said, "I am quite independent and can do everything for myself. I go out and about most days and can make my own meals if I want. The staff are always helpful if I need anything. Another person said, "The staff are always there if I need them. They always come quickly if I call for help."

People told us they were encouraged to discuss their care needs and any ideas or concerns they had about the care and support they received. We asked people if they knew how to make a complaint if they were unhappy with something. Almost all people said they could always talk to the staff team and were always listened to. One person was not satisfied with the care they received and said that staff didn't listen to them. The registered manager said that the staff team were talking with the person about how they wanted staff to meet their care needs and preferences. Other people we spoke with said they were satisfied with the support they received. One person said, "I am more than happy here. The manager is always willing to listen and will change things if needed." Another person told us, "The staff here, particularly the manager, listen. If we don't like something they will do something about it if they can." A relative commenting in a recent survey told the home, "My concerns, which are few, are always dealt with."

There was a calm and relaxed atmosphere when we visited. The staff spent time with people making sure their care needs were met and they were able to socialise. There was a programme of leisure activities. We observed staff encouraging people to get involved in games and activities. People told us they also had trips out, which they enjoyed. However one person who needed staff support when out of the home, felt they didn't get out enough. There was evidence in the care records that the person went out on a regular basis but not every day as they wanted. They complained to the manager about this who promised them she would look into this.

Staff were proactive in making sure that people were able to keep relationships that mattered to them, such as family and friends. Staff organised for one person to regularly meet up with a friend in another care home, which enabled their friendship to continue. This person was on their way out when we arrived on the inspection. When they returned they told us they had enjoyed the visit. People said their friends and relatives were made welcome. One person said; "Yes, the staff greet my family and chat to them." A relative told us, "The staff are always pleasant and offer me a drink."

We looked at the care records of three people we chose following our discussions and observations. Each person had a care plan and risk assessments in place. These were informative and person centred. They gave details of each person's life history, likes and dislikes, the person's care needs and support provided. We saw these were regularly reviewed. People said they and their relatives were able to become involved in care planning, A relative said, "The staff let me know what is going on with [my family member]."

We saw that staff responded in good time to health needs. The care records showed how the service had responded to a specific health concern quickly. We saw the persons General Practitioner (GP) had visited and provided support and treatment. The records showed that the advice given was followed.

A relative told us they were encouraged to contribute in decision making about their relative and kept fully informed about changes to care provision. The person said, "I am considered a valued part of [my family member's] life which is important to me."

Information about independent advocates was available in the home. The registered manager told us that although not used recently, people would be encouraged to contact advocates for specific decisions. One person we spoke with told us they were aware of the advocacy service.

Good

Is the service well-led?

Our findings

People told us the registered manager and staff team were approachable and willing to listen to ideas or concerns. One person told us, “The staff will always help with anything.”

There was a clear management structure in place. The registered manager and staff team had clear lines of responsibility and accountability. Staff understood their role and were motivated to support people in the way they wanted. They were experienced, knowledgeable and familiar with the needs of the people they supported.

There were procedures in place to monitor the quality of the service. We saw audits were being completed by the registered manager to monitor the quality of the service. Audits included monitoring the home’s environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

The registered manager had developed and sustained a positive culture in the service. The registered manager and staff team routinely spent time talking with people and discussing what they wanted from the service. People who lived in the home and their relatives were encouraged to give their opinions on how the home was supporting them. Any concerns were listened to and acted upon.

People felt that their needs and wishes were met and they could easily talk with the staff team. We saw from records of residents meetings that these involved and consulted people about ideas for the home. These kept people up to date with any activities or changes within the home. People and their relatives were encouraged to complete surveys about the care provided and any improvements they would like.

Staff told us they were very well supported by the management team. One member of staff said, “They are so supportive, helping you personally as well as in work.” Staff meetings were held to involve and consult staff.Staff told us they were able to suggest ideas or give their opinions on any issues.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people’s care and support.