

Avery Homes Nuneaton Ltd

Acorn Lodge

Inspection report

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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 

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service. This inspection was unannounced.

Acorn Lodge is a residential care home which provides care to people who are older and to people who have

dementia. The home offers care to a maximum of 60 people. The building is two storeys. People living with dementia are supported on the second floor of the building.

At the time of our inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who lived at Acorn Lodge and the staff who supported them, thought people who lived at the home

Summary of findings

were safe. There were systems and processes in place to protect people from the risk of harm. These included robust recruitment practices, staff training, environmental checks, equipment checks, and building checks.

People told us staff were kind and respectful to them. We observed staff were caring to people throughout the time we inspected the home. We saw staff respected people's dignity and privacy when providing care. We were satisfied there were sufficient staff on duty to meet people's needs.

We saw people participated in a well-planned activity programme which included reminiscence sessions. People were supported to undertake individual interests such as crosswords.

We saw staff understood they needed to respect people's decisions if they had the capacity to make those decisions. Assessments had been made and reviewed

about people's capacity. Where people did not have capacity, decisions were taken in their 'best interest'. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). There was no one living at Acorn Lodge who had been assessed as requiring a DoLS, but we were aware the provider had referred a person to the local authority for their assessment.

We saw people's health and social care needs were appropriately assessed. Care plans provided accurate and up to date information for staff to help them care for people effectively. Risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to help keep people safe.

There were effective management systems to monitor and improve the quality of service provided.

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 told us they felt safe living at Acorn Lodge.

We saw risks to people's health and safety were managed through up to date risk assessments and care plans.

We saw sufficient numbers of staff on duty to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective.

Staff had training in skills considered essential to meet all aspects of health and safety, as well as training to support people with dementia care needs.

People enjoyed their meals and were given plenty of drinks.

People had good access to health care services such as their GP, dentist, optician and chiroprapist.

Good



Is the service caring?

The service was caring.

We observed very positive and caring relationships between people living at Acorn Lodge and the staff who supported them.

The views of people and their relatives were sought through daily interaction and planned meetings.

We saw people were treated with respect throughout our inspection. Staff ensured care was provided in private and people's dignity was fully considered.

Good



Is the service responsive?

The service was responsive.

People were not fully involved in reviews about their care however the service was in the process of improving this. People's health and social care needs were responded to in a timely manner.

People enjoyed taking part in a range of hobbies and interests within and outside of the home.

People felt comfortable to raise concerns and records showed that complaints were dealt with appropriately and the service learned from these.

Good



Is the service well-led?

The service was well-led.

The registered manager promoted an open and fair culture where people, their relatives and staff could raise issues about the service.

The registered manager understood their responsibilities and worked well with their staff team to ensure people were provided with good care.

Good



Summary of findings

The provider and registered manager had good systems in place to check the quality of service provided at Acorn Lodge.

Acorn Lodge

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using services or caring for someone who requires this type of service.

We last inspected Acorn Lodge in November 2013. The service was meeting the requirements of the law at that time.

Before we inspected the service, we checked information we held about the service and the provider. We also contacted health and social care professionals who were involved with the service to get their views about the quality of care provided. Before the inspection, we asked the provider to complete 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. They did not

complete the PIR prior to our visit, however we were satisfied with the provider's explanation for the non return. They sent it to us fully completed after the inspection. The information provided, reflected what we saw and found at the time of our visit.

During our inspection we spent time observing how staff interacted with people who lived in the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We talked with five people at length who lived at Acorn Lodge, and seven of their relatives. We also talked with eight staff, this included care staff and domestic staff.

We looked at four people's care records, records to demonstrate the registered manager monitored the quality of service provided (quality assurance audits), three staff recruitment records, and complaints, incident and accident records.

Is the service safe?

Our findings

We asked some people who lived at the home whether they felt safe living there. One person told us, “I cannot find fault with the home, I feel safe here.” Another person told us of how they gradually felt safer and more secure living at the home, they explained, “When I first came here I was a physical and emotional wreck but they have sorted all that out for me, I’m very happy here and feel safe.”

We asked three staff how they ensured people’s safety. All of the staff we spoke with knew how to recognise abuse and what actions they should take if they saw abuse happen. We asked these staff what they would do if they saw a person being shouted at or pushed by a member of staff. Staff understood they needed to take action to protect the person. One staff member told us, “I would remove the care worker and would inform the senior. I would then go to the resident to see if they were OK. I would expect the senior to inform the manager.”

There was information available for staff about who to contact if they witnessed abuse and how to respond to an allegation. The registered manager told us what actions they would take in order to protect the people who used to service, to keep them safe in this situation.

We looked at two people’s care records and saw the risks for each person had been appropriately assessed and acted upon. For example, one person had the medical condition of diabetes. The care record informed staff of the signs, symptoms and behaviour changes which might indicate blood sugar levels were too high or too low. It also clearly informed staff of action they must take in response to any identified changes to keep the person safe.

We asked one staff member what they would do if a person living with dementia had a change of behaviour. They told us they would first check whether person had an infection which could cause behaviour change, or look to see if they were in pain. They would document the changes and speak with senior staff. They told us they would want to rule out any physical issues before looking at whether psychiatric involvement was necessary. This meant staff knew how to respond to changes to support people’s safety and psychological well-being.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and

the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people’s capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. There were no people subject to any formal authorisations to deprive their liberty at this inspection.

We found staff followed the principles of the Mental Capacity Act 2005 (MCA). This is an act introduced to protect people who lack capacity to make certain decisions because of illness or disability. We saw the service had arranged ‘best interest’ meetings when a person had been assessed as not having capacity to make decisions for themselves. For example, a best interest meeting had been held with one person’s GP, their relatives, the manager and deputy manager of the home to make decisions about their end of life care.

We asked people who lived at the home if there were enough staff to meet their needs. One person told us, “On the whole there is enough staff on duty and they have the correct skills to care for me.” We saw staff responded to people’s call bells and requests for assistance promptly. We also saw that staff had time to enjoy activities with people. We spoke with the staff and management about staffing levels, and observed the care and support provided by staff during our visit. Not every staff member we spoke with felt there were sufficient staff on duty to meet people’s needs, but we observed people received safe care in a timely way.

Staff files were checked to see whether staff recruitment practice was robust. They all contained two references, identity check documentation, police checks (enhanced disclosure and barring certificates). This meant the service had undertaken all the necessary checks to support the safety of people. We saw staff had been given training when they first started working at the home (induction training) to ensure they provided care safely and effectively.

We found the registered manager had taken disciplinary action against a staff member who had not been supporting people safely. The member of staff no longer worked at the home. This meant management followed their policies and procedures and took effective action when staff did not meet people’s needs.

Is the service effective?

Our findings

People told us they were able to see health care professionals when they wanted and needed to. One person told us staff had arranged an eye test for them on their request. They also said, "I can see the doctor whenever I like and I am waiting for the results of a heart scan." A second person told us, "I see a doctor as often as I need and they (staff) respond very quickly."

Records showed that staff sought advice and intervention for people's health needs from a wide range of external professionals such as dieticians, speech and language therapists, district nurses, chiropodists and the person's GP. We were told most people used the GP who visited the home once a week, but some chose to stay with the GP they used before they were admitted to the home.

People told us staff had skills and knowledge to provide effective care. One person said, "They have the correct skills to care for me". Another person told us, "In general, the staff are very good and there are a number of them that are extremely helpful to me although all the staff in the same colour uniform confuses me a bit."

Staff told us the training they received was good. One staff member said, "I really enjoyed it [the training received], it has given me good knowledge and experience – my knowledge has expanded over the year." Another member of staff told us, "We're constantly training...we've asked for tissue viability courses and they've said they will do it."

We saw staff had undertaken other training considered essential to maintain the health, safety and welfare of people living at the home. Records showed staff had received training in caring for people with a dementia. The provider employed a dementia specialist nurse to give advice and support to staff caring for people living with dementia.

There was a work supervision system in place to support staff. A senior member of staff told us they received work supervision from the deputy manager. They told us it was their responsibility as a senior to provide work supervision to four of the care staff on a regular basis. This meant all staff received timely work supervision and guidance in order to support them with their work and provide effective care to people.

The registered manager told us the dementia specialist nurse had visited the home a few days earlier to undertake observations and assessments of people living in the home with dementia. This was to help staff provide effective dementia care. Staff told us they had found the training helped them to understand how to support people living with dementia.

We asked people what they thought about the food and drinks provided. All of the people we spoke with told us the food was good. One person told us, "We have a good variety of food to choose from, it's nicely cooked and hot when served." Another said, "There's lots of hot and cold drinks available."

We saw people eating their breakfast and lunchtime meal. We saw people were provided with choice at each meal time. We saw staff supporting people to eat. Staff showed people the choices of food to help them know what was on the menu. Staff were seen being polite and supported people well who required assistance with their eating. For example, one person could not communicate verbally. The staff member knew the person preferred sandwiches to pate on toast. They said to the person, "Sandwiches?", and the person nodded in agreement.

We spoke with the head chef about the different dietary needs of people. They know about the different dietary needs of people living in the home. For example they knew people who were at risk of choking and provided them with pureed foods, and people who had lost weight had been provided with fortified diets to help them gain weight.

Is the service caring?

Our findings

People we spoke with were complimentary about the care they received from staff. One person told us how staff had gone the extra mile to support them when a loved one recently died. Another person told us, "I am happy here, they [staff] all look after us and we [residents] all get along very well." A third person told us, "I've no complaints about anything; I'm very happy here and feel safe...my son looked at all the homes in this area and chose this one for me, it's lovely and the staff are friendly and helpful."

Throughout the day we saw staff had a good understanding of people's needs, wants and preferences. Staff knew where people liked to sit, what they liked to eat, and whether they enjoyed joining in with group activities or preferred to explore individual interests.

We saw staff took practical steps to ensure people received good care. For example, we saw when people were eating their meals in the dining rooms there was always a member of staff present. One member of staff told us this was a general safety measure to make sure someone was readily available if a person started to choke.

We also saw staff explained their actions to people when they were helping them with their mobility. For example, when people were being hoisted and transferred from a settee to their wheel chair. We saw staff checked whether the person was safe and comfortable throughout the transfer. We saw a person who were worried about being moved by a hoist was supported by staff who engaged with the person at all times, for example, they asked the person, "Can you walk your feet onto the board, "Can you hold on to the arms." This meant people understood what was happening and were safe and comfortable during the process.

Relatives visited people throughout the day. We saw good communication between them and staff. Staff informed relatives of concerns or changes to the care needs of people. One relative told us "I visit every day. I am always involved in reviews and meetings...They accommodate requests for alternative meals if Mum is feeling unwell."

We spoke with staff about the care and support they gave to people. We asked them what the best thing about working at Acorn Lodge was. They all told us it was, "The residents." We saw staff showed a genuine affection for the

people they cared for and there were many instances when staff showed warmth and kindness. We also saw a lot of good natured banter between staff and people receiving care, which they all enjoyed.

We saw a member of staff on each floor of the home provided a reminiscence session for people. The staff member read out historical information about the fall of the atom bomb in Hiroshima during the Second World War. This prompted one person to reminisce that they knew someone on a ship called the Duke of York, which in turn led to another person singing the nursery rhyme 'The Grand Old Duke of York'. Staff and the other people joined in with the rhyme. After singing, they all returned to a discussion about the war.

People told us of the individual interests they had. One person told us they enjoyed playing dominoes with staff, and they were always singing. We saw throughout the day staff and people enjoying spontaneous singing. We saw one member of staff sat with a person and supported them to complete a word puzzle. We saw people reading papers and magazines. The newspapers were brought back to the home each morning by people who went out with staff to the local newsagent. This meant people had the opportunity to engage in individual as well as group interests.

We saw all the staff were dressed in pink. This was because one person who lived at the home was moving away to be closer to their family. The person's favourite colour was pink. Staff had arranged a surprise party for them with a singer, and also an internet session for the person's family to see them enjoying the party. Food had been made with the theme of pink. We saw people enjoyed the singing, and a couple of people got up to dance with the staff. We saw people thoroughly enjoyed themselves.

We saw people were attended to in a timely way. For example, we saw one person call out for a member of staff to help them as they wanted to go to the toilet. The care worker responded with, "You can, we'll be back in a minute." We saw the care worker complete a care task they were undertaking with another person, and once that had been completed they came back with the equipment required to help the person go to the toilet. This took four minutes in total.

Throughout our inspection we saw staff ensured people's privacy and dignity when they provided their care. We saw

Is the service caring?

one member of staff spent time with a person who was feeling low in mood. They listened to the person's worries, and we heard them try to re-assure them and help them feel better in themselves. Bedroom and bathroom doors

were shut when personal care was provided and staff knocked on people's bedroom doors before entering their rooms. One person told us, "Staff treat me with respect and observe my dignity; I've got lots of respect for the staff."

Is the service responsive?

Our findings

We saw the service had an easily accessible garden with seating areas for people. People told us they enjoyed using the garden. One person said, "I get plenty of fresh air when I walk round the well-kept gardens and I enjoy the menagerie." We saw there was a large bird cage in the garden, which people could also see when they were sitting inside the home. We asked people if they had much opportunity to go out in the garden. People told us they did, and staff told us was monitored by the organisation to ensure people had chance to enjoy the fresh air. We saw people use the garden during our visit.

We saw people had personalised their bedrooms with their own photos and ornaments. We saw the dining room had a communal kitchen area where people, staff or visitors could make drinks throughout the day. The dining room was next to the communal lounge and this made it easier for staff to respond to people's requests for drinks and snacks outside of the more scheduled drinks times.

People living with dementia benefited from picture based signage to help them identify the different rooms. We saw a smaller lounge had been turned into an old fashioned sweet shop, which people used as a reminiscence activity. Staff also informed us they had arranged to take a group of people to a café in another town in Warwickshire, which was decked out in the style of the pre-second world war era. They told us the staff there dressed in 1930s clothing and the menu provided food which would have been available before the war broke out. This meant the service supported people to reminisce and enjoy experiences from when they were younger.

We saw that another smaller lounge had been turned into a 'gentleman's lounge.' The manager told us this had not taken off and was not used much. Instead they were in the process of turning it into a cinema room which they felt more people would enjoy and use.

We saw as well as group activities, people who could not, or did not want to be involved in organised group activities had their needs considered. We saw staff sat and talked with people individually. One person's relative told us, "Mum will sit in the lounge and likes the one to one sessions she has, but doesn't like the group activities."

The PIR informed us there were regular reviews of care which involved relatives and people living at the home. It also informed of meetings held with relatives and people who lived at the home. These were to provide people with the opportunity to make suggestions to improve or change any aspect of care provision. We were told the staff now offered pre-meal gin and tonics after a request was made at the last meeting. People were also invited to attend 'Aries' meetings. These were meetings where people helped staff to plan outings and activities which supported their interests.

We looked at four people's care plan records to see if they showed whether and how people were involved in agreeing their care. We could not see information which confirmed they were involved in care reviews. We spoke with four people who told us they had not been involved in their care planning or reviews and they could not recall any discussions being held with them by staff about their care needs. We spoke with the deputy manager. They told us the provider had recognised this was an area of improvement and they had started to work on improving people's involvement in their care planning and reviews.

We looked at how the service managed complaints. Records showed us the service had investigated and responded to complaints appropriately. We saw the registered manager recorded complaints whether they were formal (written) or informal (verbal), and recorded the outcome of these. If learning points were identified these were fed back to staff.

We spoke with a few people's relatives. One relative told us they had raised concerns a month ago, following a period where "Mum didn't always look clean and tidy." They said they "Spoke to management and certainly Mum is looking better kempt and cared for." They told us the improvement had remained consistent over the previous three weeks and they were monitoring it.

Another relative told us they used to complain about the lack of baths provided for their mum, but said that this had recently improved. They told us, "I know Mum would want to look clean in clean clothes, she was always a very proud and dignified lady and I want to ensure that continues." We saw the relative's mother was wearing clean clothes, had her hair done and was looking well kempt in the way she preferred. This meant that people's concerns and complaints were taken seriously and responded to.

Is the service well-led?

Our findings

The registered manager started working for the service in May 2013. The registered manager told us when they first started working at the home they had concerns about the standards of care provided to people. They told us they had spent the last year working with existing and new staff to improve the standards of care. We were told the new deputy manager was recruited in November 2013. Both the registered manager and deputy manager told us the service had gone through a transitional period and now they were seeing improvements.

We saw records which showed the provider undertook quality checks of the service. These were completed by senior managers who regularly visited the home. The last one showed a number of issues which required action. This highlighted that whilst quality of care was high, care planning and recording needed improvements. For example, they had identified people were not as involved in their care reviews as they could be. This was being addressed by the registered manager.

The deputy manager told us they had spent two weeks in June working with the night staff to support them and to look at the quality of care they provided. Some changes in practice had resulted and this had a positive impact on the people being care for. They told us it had been a valuable experience for themselves and for the staff group. This meant night staff were valued and provided with support.

We were made aware the service had undergone a challenging time due to staff shortages. This was because some staff had left, and whilst the service had been pro-active in trying to recruit to vacant posts, there had been occasions where staff had been recruited but didn't stay. The PIR told us 23 staff had left the service in the last 12 months and 29 people had started. There had also been a serious outbreak of norovirus in the home affecting the health of staff. Twenty staff were absent from work due to this, and agency staff were called in to maintain people's care. The manager and deputy manager both told us they felt staffing levels had improved and they now had a strong and stable team.

Records told us there had been a staff meeting in January and one in July 2014. We were told staff absences during this period had made it difficult to have meetings. Staff had requested team meetings be planned in advance. This was

to ensure staff had plenty of notice of when they were taking place. We saw dates of future meetings had been planned and staff were able to offer agenda items for consideration. This meant the registered manager responded to staff requests.

We found a daily meeting was held with all with heads of departments, such as housekeeping, catering and care managers, to share information and discuss plans for the day. We were also informed that both the registered manager and the deputy manager spent time each day walking around the home to check, "Everything is OK and everything is as it should be." We were told action would be taken if any issues were identified.

Staff told us they felt supported by the organisation. They said they felt able to go to the deputy manager and registered manager if they needed support or had any concerns about people's care. They told us they thought the training provided was good and they felt they worked well as a team. Comments from staff included, "Management are quite good now, we're getting to know each other – they listen," and, "[the deputy] is just what this home needed". We saw staff had received individual work appraisals and there was a system in place to ensure staff received individual supervision of their work. This meant staff had regular opportunities to discuss their work, goals and aspirations with their seniors.

Records we looked at showed that CQC had received all the required notifications in a timely way. We found the provider had ensured areas such as medicine management, nutrition management and pressure sore management were being checked regularly through quality audits. We saw management had analysed the information audited and where necessary had made changes. For example, the registered manager saw the majority of falls were occurring during the night.. They analysed why this was the case and took action. The result of this was the number of falls during the night significantly reduced.

We looked at a 'compliments' file in the reception area and saw 14 written compliments from relatives and visitors to the service were recorded for 2014. Comments included, "We would like to put on record our thanks to every member of your team for their hard work, dedication and caring attitude." "Acorn Lodge is a really lovely care home; everybody is so welcoming and happy", and "I was pleased to see what a lovely, caring home you manage."