

Regency Healthcare Limited

Acorn Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Acorn Nursing Home is a residential care home providing personal and nursing care to 28 people, most of whom were aged 65 and over at the time of the inspection. The service can support up to 34 people.

People's experience of using this service and what we found

People were not always safe. Risks to people were not always appropriately assessed and managed. Systems to monitor and check the service were in place but these needed to be more thorough to ensure the service consistently met the required standards.

Staff did not always follow the COVID-19 infection prevention and control government guidance. This posed a risk of staff transferring infection. We have made a recommendation that the provider reviews guidance and governance processes.

Recruitment was managed safely. The staff team were consistent and experienced and had the skills to support people safely. Medicines were managed safely. There were close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly.

People who used the service, relatives and staff provided consistent positive feedback about their experience. People said they felt safe and staff were caring and kind. The registered manager provided people with leadership and was approachable. They provided day to day support to people living at the home and the staff team. There was a warm and welcoming atmosphere throughout the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 14 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see safe and well-led key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider took immediate action to mitigate the risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Acorn Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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

Acorn Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we observed care and support in the communal areas. After the site visit, we spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, nurses, team leaders and a care worker. We spoke with one social care professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service did not always assess and manage risk. Care records did not always explain how to keep people safe. For example, one person's mobility had significantly deteriorated since March 2021. We were told the person was no longer able to weight bear or mobilise independently and we observed staff supporting them using a hoist and standing frame. Their moving and handling assessment and other care plans said they could walk independently and did not require the use of any equipment to mobilise. This meant staff were not given clear information about the person's needs which put them at risk of harm .
- Another person had been consistently losing weight since January 2021. Staff were aware of this and were monitoring the person's weight and food intake. However, this was not reflected in the person's risk assessments and care plans. This meant we were not assured staff were supporting the person consistently.
- Some people were assessed to need their fluid intake monitoring. Records were maintained but the target amount of fluids people required was not assessed or effectively monitored.

We found no evidence people had been harmed, however, systems were either not in place or were not robust enough to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to ensure accurate records were kept in relation to each service user. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action after the inspection. They reviewed and updated the identified risk assessments and met with senior staff to review future audit processes and schedules.

- Staff told us they received clear verbal updates about people's needs in daily handover meetings. The registered manager attended daily handover meetings regularly.
- People lived in a safe environment. Checks were carried out to make sure the equipment and the building were safe. The home had an ongoing refurbishment programme.

Preventing and controlling infection

- Staff did not always follow the provider's COVID-19 policy or infection prevention and control guidelines. We observed some staff wearing fabric masks. Where staff were wearing fluid resistant masks, they were not always wearing them properly. This posed a risk of staff transferring infection. The provider took immediate action to mitigate the risk.

We recommend the provider reviews government guidance and systems and processes to maintain regular oversight of staff wearing personal protective equipment.

- We were assured other COVID-19 guidance relating to infection prevention and control was being followed. The building was clean and well ventilated. The provider was accessing testing for staff and people who used the service.
- The home had recently re-introduced safe systems to support relatives and friends to visit people. One relative said, "I think they have been very supportive. We are well supported when we visit. I have to wait whilst they do my test and then they escort me to [person]."

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People told us they felt safe. One person said, "I am very happy, very good home. They take care of me." Another person said, "I always feel safe."
- Staff received safeguarding training and knew how to recognise abuse. Where incidents had occurred, we saw these had been logged and investigated and the service had liaised with the local authority safeguarding team where appropriate. Good oversight was maintained of safeguarding incidents and the action taken by the registered manager.
- Accidents and incidents were recorded and analysed to identify themes and trends. The registered manager told us, "We think 'outside' of the box' if things go wrong to make things better."

Staffing and recruitment

- People told us there were enough staff on duty to keep them safe. One person said, "There is always someone around to help. I feel safe." Relatives confirmed there were enough staff on duty to support people safely. People were supported by a consistent and experienced staff team. There was a low turnover of staff which meant people received consistency of care.
- Recruitment procedures were in place to ensure only staff suitable to work in a care setting were employed.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. Staff received training and their competency was assessed.
- We observed people were supported with their medicines kindly and patiently.
- Important checks for managing medicines were routinely completed. The home had recently had an independent audit completed by a pharmacist and the feedback was good.
- Protocols were in place for people who required 'as required' medicines. However, they would benefit from more person-centred detail to ensure medicines were administered consistently. We discussed this with the registered manager and the nurse on duty and we were assured this would be addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality monitoring systems were in place, but they were not always effective. They had not identified the issues we identified at the inspection in relation to risk management, care records and infection prevention and control. Care plans and risk assessments did not accurately reflect people's needs. The registered manager told us care plan audits were carried out annually. This meant systems were not in place to review people's care records regularly and effectively

We found no evidence that people had been harmed. However, the provider failed to have robust quality assurance checks in place. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of reviewing the format of care records. They told us improvements would assist with the process of carrying out quality checks.
- A range of other audits and checks were in place. For example, environmental audits and checks were regularly completed and action was taken promptly when issues were identified.
- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed. We found statutory notifications had been submitted as required. The provider had informed CQC when relevant events had happened at the service

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Comments from people who used the service and feedback from relatives was generally positive. The provider sent surveys to people regularly to seek their feedback. Some relatives said communication could be improved but most people praised the registered manager. One relative said, "[Registered manager] is very responsive, good and approachable."
- Staff praised the home and the way it was run. They said the registered manager was supportive and visible. The staff described an open and honest culture where people and relationships mattered.

- Staff worked well together and demonstrated teamwork. Staff meetings were held regularly, and records showed there was an opportunity to share ideas. One staff member said, "[Manager] is the sort of person who wants to listen to ideas for improvements."

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their responsibilities and was committed to learning and improving. They were receptive to feedback and responded quickly to address concerns and improve the service.
- Care records showed the service consulted with other agencies and professionals. One social care professional described a "good working relationship" with the home and commented on how well staff knew people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance Robust systems were not in place to ensure governance processes were effective. The provider's governance framework failed to ensure care records were up to date.