

Marton Care Homes Ltd

Half Acre Care Home

Inspection report

Higher Ainsworth Road
Radcliffe
Manchester
Greater Manchester
M26 4JH

Tel: 01617259876

Date of inspection visit:
14 June 2022
15 June 2022

Date of publication:
13 July 2022

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

About the service

Half Acre Care Home is registered to provide accommodation for up to 32 older people who require personal care, some of whom live with dementia. The home is purpose built with single bedroom accommodation on three floors. Half Acre is close to Radcliffe and Bury town centres and easily accessible to public transport. At the time of our inspection there were 24 people living at the home

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

Feedback from people and visitors was positive about the care and support people received. Staff were described as friendly, caring and respectful. Our observations supported what we had been told.

Individual care plans were in place. Work was being completed to further enhance plans providing personalised information about people's individual needs and wishes. Where risks had been identified these had been assessed and planned for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to follow routines of their choosing. Activity staff and on-line resources were available to help promote people's well-being. The home was to explore further opportunities with regards to people's sexuality and cultural needs.

People were complimentary about the quality and choice of meals provided. Kitchen staff understood the dietary needs of people and additional advice and support was sought where people were at nutritional risk.

Clear management systems were in place to monitor and review standards across the home. Where action was identified, plans were in place to make any improvements needed. People we spoke with and staff were confident in the management and leadership at the home.

Safe recruitment procedures were in place. The staff team was stable with little turnover. Staffing levels were kept under review to ensure changing needs were appropriately met. A comprehensive programme of training and development was in place. Staff told us they felt supported and were equipped to carry out their role and responsibilities.

People's prescribed medicines were managed safely. Staff responsible for the administration of medication had completed training and had their practice assessed to make sure it was safe.

Suitable arrangements were in place to ensure the premises and equipment were appropriately maintained and kept safe. Good hygiene standards were maintained, and relevant guidance was followed to help minimise the risk of cross infection.

Systems and processes were in place to deal with any safeguarding concerns and complaints. People and their visitors said they felt able to raise any issues with the staff team. Managers worked with relevant agencies to resolve any concerns and improve systems so people received safe and effective care.

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

Rating at last inspection

This service provider was registered with us on 10 October 2020 and this is the first rated inspection. The last rating for the service under the previous provider was Good, published on 9 January 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course."

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below.

Half Acre Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two Inspectors 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

Service and service type

Half Acre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Half Acre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. However, they were not present during the inspection.

Notice of inspection

This inspection was unannounced. We visited the service on the 14 and 15 June 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the health protection and local authority quality monitoring teams who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people who used the service and the relative of one person, to seek their feedback about the service provided. We also spoke briefly with a visiting community nurse.

We spoke with seven members of staff. These included the regional manager, deputy manager, care staff, the cook, maintenance man and activity staff.

We reviewed a range of records. These included the care records for four people, four staff recruitment files, audits and monitoring systems and health and safety checks. We also looked at the management and administration of people's prescribed medicines.

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.

This is the first inspection of this newly registered service. This key question has been Good. This meant people were safe and protected from avoidable harm.

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

- Systems were in place for the reporting and responding to concerns about people's safety and well-being. The management team worked closely with the local authority to address any concerns raised, where necessary.
- The registered manager monitored any themes or patterns in areas such as falls, incidents, hospital admissions or infections. Plans were put in place where areas of improvements were identified. One staff member told us, "If we have done something wrong, they [managers] are good at supporting us to do it right next time."
- Staff we spoke had completed training in safeguarding adults and children and with were aware of the procedures to follow to help keep people safe
- Staff were also aware of the whistleblowing procedure (the reporting of misconduct). They were confident the manager would deal with any issues brought to their attention, adding "Yes, I'm confident, the [registered manager] is very good."
- People told us they were safe and received the care and support they wanted and needed. Their comments included; "I think the care here is excellent" and "Best place I've been, I receive very good care and I feel very safe."
- When asked if they felt their family member was safe, one relative told us, "Absolutely, no concerns at all. I'm confident [resident] is safe and well looked after."

Using medicines safely

- The management and administration of people's prescribed medication, including controlled drugs, was safe. Staff completed audits and stock checks to ensure records were accurate.
- People we spoke with were satisfied with how they received their medication; adding "I get it regularly and promptly."
- Staff responsible for the administration of people's medicines had completed relevant training and assessments of competency; ensuing practice was safe. This was confirmed by one staff member spoke with who told us, "Yes we've had training and our competency checked every year."
- Additional records were completed for the application of topical creams or the use of thickeners, where people were at risk of choking. Where people required 'covert medication' this would be discussed with their GP so that a decision could be made in the persons 'best interest'.

Assessing risk, safety monitoring and management

- Potential risks to people's health and well-being were assessed and planned for. Additional monitoring records were completed so their changing needs could be quickly identified and responded to.

- Servicing and internal maintenance checks were carried out. Up to date certificates were seen for the electric circuits, gas safety, small appliance, passenger lift and fire equipment.
- An up to date fire risk assessment was in place. Individual personal emergency evacuation plans (PEEPs) were kept under review so that appropriate levels of support could be provided in the event of any emergency.

Staffing and recruitment

- People told us there were sufficient staff available at all times, staff were always visible and there was always someone around. Our observations supported this.
- Staff told us enough staff were available, although at times they were busy due to people's changing needs or behaviours. Staff said, "We have a good team that works well together" and "Very good team, we get on well and we help each other."
- A review of rotas showed sufficient care staff were available with additional support from activity, domestic and maintenance staff. Staffing levels were kept under review so people current and changing needs could be met.
- We reviewed the recruitment files for four staff. Records showed that relevant information and checks were completed prior to new staff commencing their employment.

Preventing and controlling infection

- People we spoke with commented on the hygiene standards within the home. One person said, "It's very clean, I like that."
- Staff also commented about the additional measure put in place during the pandemic. We were told, "Yes, we've had good support. Our manager made sure we had everything we needed."
- Following a review of infection control procedures, published 24 February 2022, we were assured good infection control procedures were in place. We found these had been maintained and we remained assured.
- Visits were safely and effectively facilitated; people were supported to maintain contact with their family and friends and appropriate arrangements were in place to keep them safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Records showed a comprehensive programme of training was available to staff. This included e-learning as well as practical sessions.
- Staff confirmed lots of training opportunities were provided. One staff member said, "Head office come quite often to provide training including moving and handling and dementia care. We have lots of e-learning as well."
- Staff received an induction on commencement of their employment as well as individual and group supervision, providing opportunities to discuss their work and any areas of development. We found some induction records had not been signed off by the registered manager. This was to be followed up.
- Staff felt supported in carrying out their role and responsibilities, adding "Yes we get very good support from [registered manager], she is always available."

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with said there was a good choice of meals offered and they were provided with refreshments throughout the day. We were told, "The food is excellent, there is a great choice at every meal", "They go out of their way to provide what you want" and "Excellent food and a good choice."
- We observed the lunch time period. Mealtime was unhurried and support was provided where needed. Tables were nicely set, with hot and cold refreshments served throughout the day.
- Kitchen staff were clearly aware of people's individual dietary needs and where special diets were required, such as fortified foods.
- Where people were at risk of malnutrition or weight loss, relevant assessments had been completed and advice sought. We saw supplements had been provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to relevant health care professionals, such as the GP and district nurse, so their health and well-being was maintained.
- We spoke with a visiting nurse who said, "Senior staff were brilliant; staff are responsive and follow up on any issues, there's no delays in treatment."
- People requiring or wanting support to attend appointments were accompanied by family or staff. Any action required was recorded on people's records and followed up with staff.
- We looked at people's oral care and if they had access to a dentist. We were told the majority of people were not registered with a dentist. Attempts had been made however there was no provision available

within the borough. One person said their family took them for regular check-ups.

- Staff had completed training in oral care and items were available in people's room; support was provided where needed. During the inspection we were told an oral assessment would be incorporated within the new care plans, detailing the support people needed.

Adapting service, design, decoration to meet people's needs

- During the inspection we toured the building, looking at communal areas, bathrooms and a number of bedrooms. Any minor repairs and redecoration were completed by maintenance staff employed at the home.
- We saw rooms were nicely decorated and bedrooms had been personalised with belongings from home. Further improvements, such as a new lounge carpet, were planned to enhance the home.
- Aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats, bed rails and call bell leads.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- We found authorisations to deprive people of their liberty were in place, where necessary.
- Staff consulted with relevant agencies where people had been assessed as lacking capacity to make a specific decision. This helped to ensure decisions were made in the person 'best interest'.
- From our discussions with people, our observations and a review of people's care records we saw people's needs were assessed so their support needs and preferences were identified and planned for.
- Training in the Mental Capacity Act and DoLS had been completed by the team. Staff were clearly aware of the individual needs of people and how they wished to be supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection the atmosphere within the home was relaxed, calm and friendly. We saw staff speak with people in a kind and respectful manner. People looked well cared for and were nicely presented.
- People we spoke with were very happy living at the home and felt they received good quality care from staff. People told us; "If I need anything, they [staff] go out of their way to get it for you", "I wouldn't change anything" and "I'm happy here, there's plenty of laughter." The relative of one person said, "The home is calm and caring, staff are friendly."
- As part of the provider training programme, staff completed training in privacy and dignity and equality and diversity. This helps to reinforce good practice.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make everyday choices such as choosing when to go to bed and wake up. We were told, "The staff go out of their way to meet needs" and "They [staff] listen and really look after you."
- The relative of one person said they were confident about the care their relative received as staff liaised with them on a regular basis. They told us, "Communication has been very good, I'm always kept informed and feel included." They confirmed their relative had also been involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, following routines of their own choosing. We were told one person had their own car and came and was able to come and go.
- People told us they knew the staff and the staff knew them. Staff were described as kind, attentive and caring. Comments included; "Yes, they definitely care" and "They are respectful, and always knock on my door."
- We saw staff interactions were sensitive, offering reassurance to people who became a little anxious or when helping to transfer them using a hoist.
- Staff were mindful of protecting people's privacy and dignity. We were told, "We don't discuss people in the presence of others" and "We close doors when providing personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Work was being completed to review and update people's care plans so that information provided good information about people's individual needs, wishes and preferences. One person we spoke with was aware of their care plan and the information recorded about them.
- During the inspection we observed good interactions and humour between staff and people who use the service. Staff were seen to be kind and caring to people, understood the individual needs and responded to requests for help in a timely manner.
- Additional monitoring records, such as, personal care charts, food and fluid intake and the use of topical creams were completed. This information helped to identify and respond to any changing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships with family and friends, both in and away from the home.
- A range of activities were provided including crafts, dominoes and bingo. Staff also have access to an online resource, which provides activities and training to help enhance people's mental, physical and emotional wellbeing.
- Other opportunities included occasional singers visiting the home, a recent Jubilee party had been held and plans were being considered for a day trip to Southport. We were told the provider had a minibus, which was available for their use.
- The service also took part in competitions held across the provider services. These included a gardening project and cooking contest, prizes awarded to the winners.
- Following feedback, we discussed with the regional manager and deputy manager how opportunities could be further enhanced in relation to people's sexuality and religious and cultural needs. These were to be explored.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information could be provided to people in different formats depending on their individual needs. This included large print, easy read or different languages.

- Flash cards had been developed for one person who was not able to communicate verbally. This enabled them to express their needs and wishes as well as communicate with others.
- The provider also had links with RNIB and nationally recognised eye care service to help meet people's sensory needs.
- Support aids were also available to staff with learning needs such as dyslexia, a condition which causes problems with reading, writing and spelling.

Improving care quality in response to complaints or concerns

- We were not aware of any recent complaints or concerns. This was confirmed on review of records and discussion with managers.
- Systems were in place for the reporting and responding to any complaints and concerns. Information about how to make a complaint was made available to people.
- People we spoke with said they had no issues or concerns. One person told us when they complained, staff responded promptly, adding "The staff sorted it really well."

End of life care and support

- Policy and procedures, along with staff training were provided in end of life care.
- We were aware end of life care was being planned for one person. Discussion was held with the person, their family, staff and the palliative care team so that appropriate arrangements could be put in place. This helps to ensure people wishes at the end of their life are considered and planned for.
- This person's relative told us they felt fully informed, communication had been good, and they were reassured their family member would be cared for in a dignified manner.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service has a registered manager who is aware of their legal responsibilities. They are supported by the regional manager and deputy manager.
- Notifiable events affecting the well-being of people were submitted to CQC as required by law.
- Staff were clear about their role and responsibilities and were confident any issues raised with the registered manager would be dealt with. Staff told us, "If [registered manager] can help me she will", "She understands boundaries and keeps things confidential where required" and "I feel valued in my role."
- Comprehensive audits and checks, including night visits, were completed by the management team. Action plans were put in place where areas of improvement were identified. Information was shared with the staff team so that lessons could be learnt, and practice improved.
- People we spoke with had confidence in the managers and felt the home was well run. One person told us, "[Registered manager] does a dam good job."

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

- We were told the provider recognised good practice. An annual award ceremony was held where people and staff could nominate staff for their hard work and commitment. Two staff at Half Acre had been recognised for their commitment. The home had also received an award for the culture within the home
- Systems were in place to promote good communication between the team. This included team meetings. Meetings include discussions about training, policy of the month, and provider updates. Staff spoken with said they felt fully informed, adding "Yes we have staff meetings and the [registered manager] follows up any issues raised."
- A handover book had recently been introduced. This provided comprehensive information about the day to day plans. This needed embedding and staff were reminded to ensure this was completed.
- Opportunities were provided for people and their relatives to comment about the service provided. Relative meetings had not been as frequent due to the restrictions in place. However annual surveys and monthly newsletters, which included fun facts, quizzes, events within the home, and visitor information regarding COVID-19, were provided so that people were kept informed.

Working in partnership with others

- Prior to and during the inspection we spoke with external agencies involved with the service. Feedback about the care and support and management was positive.
- A visiting community nurse told us contact with the team had improved, with better working relationships and communication.
- Other agencies told us, "[Registered manager] has been very good at communicating with us and responding to the advice we have provided", "The response from all their staff has been positive when we've been in contact" and "I am not aware of any concerns with Half Acre. [registered manager] is approachable and always gets back to me in a timely manner."