Avery Homes Nuthall Limited

Acer Court Care Home

Inspection report

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Date of inspection visit:
10 May 2016
11 May 2016

Date of publication:
23 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 11 May 2016 and was unannounced.

Accommodation for up to 78 people is provided in the home over three floors. The service is designed to meet the needs of older people. There were 70 people using the service at the time of our inspection.

A registered manager was in post and she was available during the inspection. 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 felt safe in the home and staff knew how to identify and respond to potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs. Staff were recruited through safe recruitment practices. Safe infection control practices were followed, however; medicines were not always safely managed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. The adaptation, design and decoration of the service could be improved to support people living with dementia.

Staff did not always protect people's dignity and treat them with respect. Staff were generally kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the registered manager and that appropriate action would be taken. The provider and registered manager were aware of their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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.

People felt safe in the home and staff knew how to identify and respond to potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs. Staff were recruited through safe recruitment practices. Safe infection control practices were followed; however, medicines were not always safely managed.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. The adaptation, design and decoration of the service could be improved to support people living with dementia.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff did not always protect people's dignity and treat them with respect.

Staff were generally kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their

needs. Care records contained information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the registered manager and that appropriate action would be taken.

The provider and registered manager were aware of their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

Acer Court 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 10 and 11 May 2016 and was unannounced. 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 or caring for someone who uses this type of service.

Before the inspection, the provider completed 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with nine people who used the service, two visitors, two visiting healthcare professionals, the head housekeeper, a domestic staff member, a laundry staff member, the head chef, an activities coordinator, eight care staff, a regional manager and the registered manager. We looked at the relevant parts of the care records of five people, three staff files and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe. A person said, "I feel very safe." A visitor said, "I'm 100% happy that [my family member]'s safe."

A staff member said, "I think people are safe living here. I have no worries about the people here." Staff were aware of the signs and symptoms of abuse and told us they would report any concerns to the registered manager. Staff were also aware of the procedure for reporting to the local authority safeguarding team. A staff member said, "I know who to report concerns to. I'd go to my manager, then agencies like the CQC or safeguarding."

A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept.

Risks were managed so that people were protected and their freedom supported. A person said, "I'm not an inmate. I can be free." Another person said, "I can go out if I take my [walking] frame."

Care records contained detailed risk assessments advising staff what the risks to a person were and how these risks could be reduced. Risk assessments had been completed for the person's level of risk including nutrition, choking, pressure ulcers, falls and moving and handling. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly.

We saw that the premises were well maintained, safe and secure. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. Call bells were working and within the reach of people.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. An evacuation plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

Staff said they had sufficient equipment to meet people's needs and we observed staff using moving and handling equipment safely.

People told us their belongings were safe. A person said, "I leave my door open all the time but not lost anything." A visitor said, "There's never been a problem with [my family member]'s things."

People told us there were enough staff to meet their needs. A person said, "There's often someone passing." Another person said, "They're [staff] good at being around." A visitor said, "I can usually find someone if I need them."

Most staff we spoke with told us they thought they had enough staff, however, staff on the middle floor felt that they needed more staff to support people's needs. A staff member said, "I do feel we need more staff to support people on this floor. I don't think there is enough." We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms on all floors.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased. A staffing tool was also used to calculate staffing levels. We also checked call bell response times and saw that they were answered promptly.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. Clear staff disciplinary procedures were being followed where appropriate.

People told us that they were happy with how their medicines were managed. One person said, "They're [staff] very efficient and have to see me take my pills." A visitor said, "They're much better managed here than when [my family member] was at home."

We observed the administration of some people's medicines and saw they were generally administered safely in line with requirements. However, people told us that staff did not always stay with them while they took their medicines. A person said, "They leave them with me and I take them by myself alone." Another person said, "I'm just taking my pills as I was out the room as the cleaner was in. Sometimes they wait with me while I take them." This person had some manual dexterity problems and was finding it difficult to pick their medicines up, hold them and take a drink. They told us that a staff member would usually wait with them. We also observed that a staff member on a different floor left a medicine with a person to take. This mean that there was a greater risk that staff would not be aware whether a person had taken all their medicines or whether another person had taken a medicine that was not prescribed for them.

Medicines Administration records (MAR) contained a picture of the person and there was information about allergies. However, there was not always information on the way the person liked to take their medicines. MARs confirmed people generally received their medicines as prescribed. However, we saw that one person had received an incorrect dose of a medicine on two days and another person had not received a specific cream on two occasions as stocks had run out.

PRN protocols were in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required. However, some handwritten additions to the MAR charts of medicines had not been double signed by staff to reduce the risk of error.

Medicines were stored in locked trolleys within locked rooms and temperatures of the rooms and refrigerator had been completed daily. We found liquid medicines were not always labelled with the date of opening.

Staff administering medicines told us and we saw documentation indicating they had had competency

checks for medicines administration. They told us they had completed training in medicines administration.

People told us the home was clean and their clothes were well cleaned. A person said, "Oh yes it's clean. They're always cleaning every day. They look after my clothes very well." A visitor said, "It's all fine. And it's a bit over the top almost with [my family member]'s clothes – they're so quick to wash things and return them. No complaints." Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection. Domestic and laundry staff felt that they had sufficient time to complete their work effectively.

During our inspection we looked at all bedrooms, all toilets and shower rooms and communal areas. All areas were clean and we observed that staff followed safe infection control practices.

Good

Is the service effective?

Our findings

People told us that staff were sufficiently skilled and experienced to effectively support them. A person said, "I think they're capable. I do see them react well to incidents." A visitor said, "They seem very professional." We observed that staff competently supported people.

Staff felt supported. They told us they had received an induction. A staff member said, "I had an induction for a week before I started. I'd worked in care before, so I felt I was skilled to do the role." A person said, "There's quite a few new ones [staff], they pick things up well and I've seen them shadow. They usually introduce the new ones to us."

Staff told us they had regular supervision. A staff member said, "I feel supported, I've had supervisions." We saw some completed supervision and appraisal documentation which showed a wide range of issues discussed by staff. Training records showed that staff attended a wide range of training. Systems were in place to ensure that staff remained up to date with their training.

We saw staff asked permission before assisting people and giving them choices. Where people expressed a preference staff respected them. A person said, "They always like to ask my permission."

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 Act 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. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had generally been completed. One person did not have an assessment and best interests in place for the use of equipment to monitor when they were getting out of bed. However, the registered manager informed that this had been put in place following our inspection.

DoLS applications had been made for a number of people who used the service and the registered manager told us they would be making further applications especially for those people living on the middle floor of the home. Access to this floor was limited and people could not leave this floor easily as the lift had a keypad code for use and access to stairs was controlled by keypad codes. A visiting healthcare professional said, "I think all people on the first floor should have a DoLS in place."

We checked the records of a person who had a DoLS authorisation in place and we saw that they were

receiving care in line with the conditions of that authorisation. Staff knowledge of the MCA was good. A staff member said, "[MCA] is about making choices for people in their best interest if they are not able to do so for themselves." However, staff knowledge of DoLS was mixed.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place but they had not always been fully completed. The registered manager told us that they had contacted GPs about this and would continue to do so to ensure the forms were complete to ensure that people's rights were protected.

People spoke positively about the food choices available and told us that they received meals that met their needs. One person said, "It's good food you name it, they'll do it. There's fruit on the tea trolley." Another person said, "The food is fine, very good. I always like what I get." A visitor said, "[My family member] loves it! They eat very well and are eating things now that they used to turn their nose up at home."

People told us that they had sufficient to eat and drink. A person said, "There's plenty of fruit juices and we can have wine with our meal. The tea trolley comes round about 11am and 3pm." A visitor said, "There are always drinks on the go." We saw that people were offered drinks throughout the inspection.

We observed the lunchtime meal on all floors. Tables were well laid with condiments available. A choice of drinks was offered to people including beer, wine, lemonade, squashes or water. People received their meals very promptly and when people needed assistance staff sat with them and helped them without hurrying the person. Staff were very attentive and food looked well prepared, a good size portion and nicely presented. People clearly enjoyed their meals.

People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. Nutritional risk assessments had been completed and nutritional care plans were in place with actions to reduce the risks to people for example, choking. The food and fluid charts we examined indicated people had a good fluid intake and satisfactory food intake.

People were weighed monthly as required and appropriate action was generally taken if people lost weight. We saw that when one person had been losing weight, a dietician had been involved and their recommendations had mostly been implemented. However, we saw that they had not been weighed weekly as required, however, the person was weighed during our inspection and they had gained weight.

People told us they were supported with their health care needs. A person said, "They [staff] called the doctor in when I hurt my shoulder and I was sent for an x-ray but they decided it was sprained when I put my hand out to steady myself. The optician came to me about six months ago I think. I get my feet done every month – she's very good - and the activity lass does our nails. I like the hairdresser who does me every week." A visitor said, "[My family member] sees the chiropodist now and gets their hair done each week they like that. The staff were good and got new hearing aid batteries the next day."

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. We saw that one person had a pressure ulcer and a care plan was in place. Staff were supporting the person to change their position in line with their care plan. This meant that the risk of further skin damage was minimised. Another person was living with diabetes and were receiving appropriate support to manage this condition.

Limited adaptations had been made to the design of the home to support people living with dementia. Staff told us that some people who used the service found it difficult to find their way around the home and to find their bedrooms.

We found people's bedrooms were not clearly identified. Handrails were the same colour as the surrounding walls and would be difficult for people with visual difficulties to distinguish on two of the floors. Bathrooms and toilets were not clearly identified and there was no directional signage to support people to move independently around the home.

Requires Improvement

Is the service caring?

Our findings

We observed that not all staff treated people with dignity and respect at all times. We overheard staff providing a person with personal care in their bedroom. One staff member did not treat the person with respect and the other staff member present did not challenge them. We also saw another staff member did not respect the dignity of another person who used the service. We informed the registered manager who took immediate disciplinary action in relation to all three staff.

People felt that their privacy and dignity were respected. A person said, "They [staff] knock and come in my room when I call out." Another person said, "Respectful, very much so." A visitor said, "Yes, I've always seen them knock and wait. Very respectful."

We saw staff took people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. Staff had been identified as dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

People were supported to eat their meals independently; adapted cutlery was used by some people. A person said, "Yes, they [staff] let me try to do as much as I can, washing, dressing and so on." Another person told us, "They leave me to do as much as I can so I don't need much help." Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

A person said, "My family come at all times and it doesn't seem to matter." A visitor said, "We can visit any time." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction.

People told us that all staff were kind, caring and considerate. A person said, "The girls [staff] are very kind I've no complaints." Another person said, "The staff are always kind." A visitor said, "They're very friendly and kind."

Staff were generally kind and caring in their interactions with people who used the service. We saw one person got up and left the dining table before their main course had arrived. A staff member went across to them, put an arm round them, spoke kindly and offered to bring the rest of their lunch to them in their room.

People told us that they were confident staff listened to them. A visitor said, "Staff definitely listen to me if I ask anything." Staff had a good knowledge of people and their needs. A staff member said, "Providing care is about building a relationship with people. To some people I am a stranger each day, so it is key to know

them well to offer reassurance."

People told us they had been involved in making decisions about their care. A person said, "They [staff] come regularly and talk me through it. One of the girls gives me an update." Another person said, "They have a big folder and discuss it with me." A visitor said, "I did all the paperwork on [my family member]'s arrival. They keep me in touch about their health."

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centred and contained information regarding people's life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person. Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us.

Good

Is the service responsive?

Our findings

People told us that they received care that was responsive to their needs. A person said, "Definitely, we are given choices all the time." Another person said, "It's very much so, making choices of what we do when we want to." Another person said, "I decide my own bedtimes."

People's views were more mixed on how quickly call bells were responded to. One person said, "If I ring, it all depends how quickly they come. It takes time in the mornings if they're [staff] hoisting people I just have to be patient. It has been 20 minutes but I'm not worried about being forgotten. I know they check on me at night." Another person said, "I find them very good at coming when I call." We saw that call bells were responded to promptly.

People's views were generally positive about the activities that were provided. A person said, "There's plenty going on. I like music and we've had some good dos. I used to do yoga on Mondays until I hurt my shoulder. I've made lots of friends here and I've never felt lonely." Another person said, "I pick and choose or I'll do my knitting here in my room and watch tv. I've got good friends at meals now. I went on an outing to the cinema in Derby, which was good." A visitor said, "It's very, very varied and nicely structured. [Name of family member] is doing knitting again, hurrah! They came with five friends from a home that closed so they're always in and out each other's room or doing things together."

In the morning of the first day of our inspection we observed a traditional tea activity in the ground floor lounge. 13 people who used the service from all the floors were brought to join in. The activity team had prepared cake stands with butterfly cakes and shortbread, ornate paper plates and napkins. There was also a trolley with colourful teapots and assorted bone china teacups and saucers for an authentic 'afternoon tea' appearance. 1940s music played in the background. People who used the service were seated in semi circles around coffee tables so they could socialise. Activity staff were attentive and spent time interacting with people once the lounge was full. In the afternoon we saw that a dog had been brought into the home to interact with people who used the service.

Staff told us that a team of two activity staff and an apprentice currently covered activities for the building. A weekly activity plan was produced and displayed and distributed to all people who used the service. Activity staff gave people who used the service on each floor the opportunity to join in an activity if appropriate. Staff felt that activities were generally good though more activities could be offered to people on the middle floor. A staff member said, "People do get to go out, but I think there could be more opportunities for people. It does tend to be the more able."

A pre-admission assessment had been completed and a range of care plans developed covering people's care and support needs. These provided a good level of detail and the plans had been completed from the perspective of the person with information about their personal preferences. There was a variety of information in people's care records about their life, important relationships, things they enjoyed and their interests. Care plans had been reviewed monthly.

Care plans were in place for the management of people's health needs. However, we saw that the care plan for a person with diabetes did not provide information on the signs and symptoms that staff should look out for to identify whether the person was becoming unwell due to their diabetes.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. We saw that people were supported to attend religious activities in line with their preferences. A staff member said, "I help people go to church on Sunday."

People were aware of who to complain to and understood the home had a complaints policy. A person told us that they had raised an issue with the registered manager and said, "The [registered] manager apologised and wrote me a nice note." Staff were able to explain how they would respond to complaints. A staff member said, "If a person made a complaint I'd listen to what they had to say and report it to a team leader or the manager. If it was serious I'd report to the CQC or to safeguarding as well. I would speak up."

Complaints had been handled appropriately. Guidance on how to make a complaint was in the guide for people who used the service and displayed throughout the home. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

People felt involved in the running of the home. A person said, "I've no complaints. The main courses are especially good. My only complaint is Sunday tea – always the same old Chef's buffet and tipsy trifle. I said couldn't we have something like open sandwiches for a change and the next day they did us some nice open scones with toppings, so they do listen."

People were aware of meetings for people who used the service and their visitors. A person said, "I always go to the meetings." Another person told us, "They had the meeting this week. They ask us about things like new meals. We can give our opinions." A visitor said, "We've been to two now and the management seem genuine."

We observed a meeting of people and their visitors taking place during our inspection and comments were positive about the quality of care provided at the service. During the meeting the registered manager stressed their open door policy for any queries or issues that people or their visitors may have. We also saw that surveys were completed by people and their visitors regarding the quality of the service. Responses were positive.

Visitors told us that they felt that management and staff listened to them and their views were respected. A visitor said, "Yes, definitely they listen to us and answer questions." Another visitor said, "I'd say yes, we've been listened to."

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception.

A visitor said, "The whole of the staff are lovely. You feel like it's a hotel we made a good choice." Staff were positive about their work and told us they worked well as a team.

People and visitors were positive about the registered manager. A person said, "We see her around most days. She's nice and easy to talk to." Another person told us, "She makes a tour round and we can talk to her ok. It's pretty efficient here." A visitor said, "The manageress is very friendly and happy and totally approachable."

Staff told us they felt the leadership of the home was good. Staff were positive about the registered manager. A staff member told us, "When I need to see her or need something doing she responds straight away." Another staff member said, "The registered manager has clear expectations and high standards. She wants us to provide a person-centred service." Another staff member said the registered manager was, "Brilliant." We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way.

A registered manager was in post and was available during the inspection. She clearly explained her

responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. She told us that sufficient resources were available to her to provide a good quality of care at the home. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required. The current CQC rating was clearly displayed.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by representatives of the provider. Audits were carried out in a range of areas including infection control and care records. A detailed medicines audit was carried out once a year. Following the issues we found at this inspection, the registered manager told us they would be completing the medicines audit each month to ensure that issues were promptly identified and addressed.