

## Countrywide Care Homes Limited

# Acorn House

### Inspection report

Whalley New Road  
Blackburn  
Lancashire BB1 9SP  
Tel: 02154 679395

Date of inspection visit: 4 November 2014  
Date of publication: 20/03/2015

#### 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 on 4 November 2014 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.

The service is registered to provide nursing or personal care for 32 people. On the day of the inspection 28 people resided at the home.

We last inspected this service on 20 November 2013 when we found it was meeting the regulations we reviewed.

This was an unannounced inspection. During the inspection we spoke with six people who used the service, four relatives, three care staff, a domestic, the chef, the deputy manager and the registered manager.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us, "There is no bullying. If I had any problems I would speak to the

# Summary of findings

manager. She is very approachable”, “I feel very safe and happy here” and “I feel very safe. I cannot see but the staff are prompt, kind and caring”. Relatives told us, “The care is safe and we can chat to staff about mum”, “I have no issues with the home. Mums care is very good and the staff keep me informed about her welfare” and “My dad is well looked after and feels safe”. The people we spoke with felt safe at this care home.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We found action had been taken where necessary to ensure people’s capacity to make their own decisions had been assessed. Where any restrictions were in place we found these were legally authorised under the Mental Health Act 1983 or with people’s consent. The registered manager had made applications for people using the current framework including one person’s needs to be accompanied in the community.

We saw that people who used the service or a family member had signed their consent for staff to administer medication. People received the support they required to take their medicines as prescribed. Staff responsible for administering medicines were regularly assessed to ensure their practice was safe.

Staff received a range of training and told us they were supported so they could deliver effective care. People who used the service said, “All the staff are good” and “The staff look after me”.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

People who we spoke with told us, “Every day staff come round and offer me a choice of food. If you don’t like what’s on the menu they will give you something else” and “The food is good and we get lots of fresh fruit and vegetables. I drink lots of water which is always available”. We were present for a short time whilst people took their meal. All the people we spoke with at this time said the food was good.

People’s needs were assessed and regularly reviewed so that staff could deliver personalised care and support. Staff ensured they worked closely with the wider multi-professional care team to ensure people’s needs were met.

Systems were in place to record and review complaints. People were encouraged to express their views about the service they received. Records we looked at indicated people had been satisfied with the way any complaints they had made had been dealt with. The registered manager said she was available to talk to regularly for people to have the opportunity to voice their concerns.

People who used the service were supported to take part in individual and group activities both in the home and in the community. These activities were designed to stimulate people and allow people to have access to the community.

Staff told us they enjoyed working at Acorn House Care Centre and felt well supported by the registered manager and other staff in the home. People who used the service, staff and family members told us registered manager was approachable and open to ideas to improve the service.

The registered manager had systems in place to regularly monitor and assess the quality of care provided at this care home. Arrangements were in place to seek and act upon the views and opinions of people who used the service. We looked at the results of a survey sent by the service to families and people who used the service. The results were positive and included comments like, “A friendly, homely care home”, “Clean and comfortable” and “I feel the staff are very good and care for my relative well”.

# 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. There were systems in place for staff to protect people. Staff had been trained in safeguarding and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff who administered medication had been trained to do so.

Good



### Is the service effective?

The service was effective. This was because staff were suitably trained and supported to provide effective care.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were not restricted in the home unless this was legally authorised.

People were given a choice of food to help ensure they received a nutritious diet. All the people we spoke with said food was good.

People were able to access professionals and specialists to ensure their health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Good



### Is the service caring?

The service was caring because people who used the service thought staff were helpful and kind. Some family members thought staff were sometimes overworked.

We observed staff during the day. Care was given privately and people were treated with dignity.

Good



### Is the service responsive?

The service was responsive. People who used the service, or where appropriate a family member were involved in their care and care plans. Plans of care contained sufficient personal information for staff to meet people's health and social needs.

People were able to access professionals and specialists to ensure their health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

There was a suitable complaints procedure for people to voice their concerns. The manager and head office analysed complaints, concerns and compliments to provide a satisfactory response to people who used the service.

Good



### Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

During meetings and by sending out questionnaires the service obtained and acted upon the views of stakeholders, families and people who used the service.

The local authority contracts and safeguarding team did not have any concerns and said the service had improved since the new company had taken it over.

Good



# Acorn House

## 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 checked 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 04 November 2014 and was unannounced.

Membership of the team consisted of three 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. The expert was experienced with older people and people with dementia.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the

service. We did not request a Provider Information Return (PIR) because the provider would not have had sufficient time to return the form. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However, we asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. The views were positive.

During the inspection we observed care and support in the communal areas of the home. We looked at the care records for three people who used the service and medication records for four people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe and made comments such as, “There is no bullying. If I had any problems I would speak to the manager who is very approachable” and “I feel very safe here”. Family members told us, “My dad’s care is very safe” and “The care is safe and we can chat to staff about mum”.

Staff told us they had received training in the safeguarding of vulnerable adults. This was confirmed by staff training records we looked at. All the staff we spoke with were able to tell us how they would respond to allegations or incidents of abuse; they were also aware of the lines of reporting concerns in the home. Staff were aware of the whistle blowing policy and said they would use it if necessary. Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC and, where necessary, the police. This should help ensure measures were put in place, where necessary, to protect the safety of people who used the service and others.

Staff we spoke with were able to tell us how they supported people to make their own decisions wherever possible and offered choices for people to remain as independent as possible.

We noted in the plans of care risk assessments had been completed and reviewed for falls, moving and handling, nutrition and tissue viability. Any identified risk was highlighted and professional help such as from a dietician was sought to keep people safe.

People we spoke with told us they received the support they needed to take their medicines as prescribed. Where staff were responsible for the administration of people’s medicines we saw systems were in place to record what medication people had taken. We looked at the Medicines Administration Record (MAR) charts for four people who used the service and found these were fully completed. We also saw regular checks were undertaken by the registered manager and local pharmacy to ensure staff in the home were able to safely administer medicines to people who used the service.

Medicines were stored in a locked cabinet in a lockable room. Two staff signed hand written prescriptions to minimise possible errors. The temperature of the

medication room was checked and recorded to ensure medicines were stored safely. Some medication needed to be kept cool and this was stored in the fridge and the temperature recorded. Staff retained the supplied advice sheets to check for possible side effects. No person currently used controlled drugs although there was a cabinet and ledger should they be needed. Medication no longer required or prescribed was returned to the pharmacy safely for disposal.

We looked at the files held for three staff who were employed in the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work in the home. These included a criminal records check now called a Disclosure and Barring Service Check (DBS), two written references and proof of address and identity. This should help protect people against the risks of unsuitable staff.

People who used the service said staff were helpful and thought there were sufficient staff to meet their needs. Several relatives thought there were enough staff although two people visiting together thought they could, “Do with more staff to have better interaction with people with dementia”. The registered manager said she reported dependency levels to her head office and this was used to determine staffing levels.

The registered manager and head office audited any incidents and accidents to ensure any action could be taken to minimise further risks to people who used the service.

There was an infection control policy and the registered manager conducted regular inspections to check for cleanliness and faults. The service also had a copy of the current health authority infection control guidelines for care homes for staff to follow good practice. There were hand washing facilities for staff to prevent the spread of infection. The laundry was sited away from any food preparation areas to prevent possible cross contamination of bacteria and contained sufficient suitable equipment to provide a good service. Staff were able to wear protective clothing, for example gloves and aprons to prevent the spread of bacteria.

## Is the service safe?

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm, electrical installation, gas appliances, portable electric

appliances, fire extinguishers and emergency lighting. The fire system and procedures were checked regularly to make sure they were working and each person had an emergency evacuation plan.

# Is the service effective?

## Our findings

The service was effective. This was because people who used the service told us they were supported by staff who knew them well and had the right skills and knowledge to meet their needs.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The registered manager and staff we spoke with told us they had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Policies and procedures were in place to provide guidance for staff about their responsibilities under these pieces of legislation which are in place to safeguard the rights and responsibilities of people who may not consent to their care and treatment or may lack the capacity to make some of their own decisions. Applications (DoLS) had been made to the relevant authorities to protect people's rights when best interests decisions had to be made.

Records we looked at provided evidence that, where necessary, assessments had been undertaken of people's capacity to make particular decisions. Care plans we looked at included an assessment of a person's capacity to administer their own medication and people signed their agreement for staff to administer medication. We saw this assessment had been completed in accordance with the principles of the Mental Capacity Act. This meant the person's rights had been protected as unnecessary restrictions had not been placed on them.

We spoke with the cook, two care staff and the registered manager during the day of the inspection. They told us they felt well trained and supported by management. Staff files showed that training was ongoing to ensure staff were up to date with topics such as moving and handling, first aid, food safety, fire safety and infection control and a recognised qualification in health and social care.

We asked people about the quality of food served at the home. People who used the service told us, "Every day the staff come around and give me a choice of meal. If you don't like it you can have something else" and "The food is very good".

During our observations at lunchtime we noted staff provided encouragement to some people to eat their meal. However, there was limited interaction with other people who used the service

We spoke with the staff member mainly responsible for planning and preparing meals in the service. She said she knew people's food preferences and would always offer a choice if required. She said she had received training to help her understand people's nutritional needs.

Records we reviewed showed people's nutritional needs had been assessed. Where necessary people were referred to their doctor or a dietician if they were deemed to be at risk from poor nutrition. Systems were in place to ensure people's weight was recorded on a regular basis; this should help ensure people were not losing or gaining too much weight.

The environmental health department had given the service a five star very good rating for food safety at the last inspection which meant the preparation, storage and serving of food was safe.

There was a suitable induction process to give new staff the confidence and competence to work with vulnerable adults. The induction followed the skills for health and social care workers guidelines.

Staff had been trained in food hygiene, infection control, moving and handling, health and safety, fire safety and first aid. Staff were also encouraged to complete a recognised qualification in health and social care such as a NVQ or diploma.

Staff told us and records confirmed they received regular supervision from more senior staff. The registered manager told us supervision sessions were used to promote the professional development of all staff. This was confirmed by staff who told us they had been supported to gain nationally recognised qualifications in health and social care.

Plans of care were developed, where possible, with people who used the service or a family member. The plans contained details of people's personal preferences and

## Is the service effective?

choices and were regularly reviewed by staff to keep people's health and social care needs up to date. The plans of care were individual to each person and showed staff had recorded people's likes and dislikes. The plans also contained a life history which told us about a person's past work and social life. There was a comprehensive daily record of what people did, if they needed to see anyone or where they went to keep staff informed of people's progress.

People had signed their consent to care and treatment where possible. We saw evidence in care plans that people had access to health care professionals and specialists. Each person had their own GP. One person who used the service told us she was escorted to the hospital by staff because she had no family to take her. Another person said, "If I needed a doctor they would make sure I got one" and

"My friends take me to the doctor". Family members confirmed their relatives had access to specialists and one family member told us, "The staff contact us if anything has changed". People were also able to attend regular appointments at dentists, chiropodists and opticians.

We toured the building on the day of the inspection. The modern building was suitable for the people accommodated at the home. There was a lift to access both floors. There was a large communal lounge and dining area on the first floor with smaller communal space on the second floor for people with dementia.

Bedrooms we visited had been personalised to people's tastes. Bathrooms and toilets had suitable equipment for people who had mobility problems.



# Is the service caring?

## Our findings

We found the service was caring. People who used the service told us the staff were kind and supportive. We observed staff looking after people in a professional and considerate manner. People who used the service told us, “The staff are very kind and treat me respectfully. When it’s your birthday they make a cake and sing happy birthday. They do act upon what I say” and “I would like it if I could shower myself all over but cannot. Staff just wash my back and let me do what I can do for myself”. One relative said, “The staff support my dad to be as independent as possible”. We saw people who used the service had made positive comments about staff in the satisfaction survey. These included, “The managers and staff are easy to talk to and have made Acorn House feel like a home from home” and “Friendly and helpful staff”. During our inspection we observed positive interactions between staff and people who used the service. This included staff encouraging people to mobilise independently at their own pace.

We observed that staff were attentive and caring with the people who lived at the home and knew each individual well, including their likes and dislikes. Any care we saw given by staff was done in a private and caring manner. People who used the service told us, “There are no restrictions. I go to bed when I like and do what I want when I want. Staff respect my choices” and “I would say the

staff are skilled. They discuss care and medication with me”. Plans of care were personal to each person and staff gained as much information about personal choices as possible. This meant care was individual to each person.

Plans of care were individualised for each person and contained their known wishes and choices. This helped people be comfortable with the care they received and took account of their diverse needs. Staff told us they encouraged families and people who used the service to attend reviews to make their wishes known. Some family members confirmed they were kept up to date.

There was information available to direct people to access the local advocacy although the people we talked to mostly had family and friends to help their voice be heard.

From our observations and what people told us people were treated with respect and dignity. People had access to attend church services if they wanted to. Visiting was unrestricted for people to socialise with their family and friends. People who used the service were also able to go out with their family members. One person we talked to had been on holiday with his family and had been supported by staff to make the arrangements. There was a quiet room for people to talk in private and we were told by the registered manager people could use their bedrooms for visits. This meant people had privacy during their visits if they wished.

People’s personal records, including plans of care were stored in cabinets in a lockable office to protect their confidentiality.

# Is the service responsive?

## Our findings

We found the service was caring. People who used the service told us the staff were kind and supportive. We observed staff looking after people in a professional and considerate manner. People who used the service told us, “The staff are very kind and treat me respectfully. When it’s your birthday they make a cake and sing happy birthday. They do act upon what I say” and “I would like it if I could shower myself all over but cannot. Staff just wash my back and let me do what I can do for myself”. One relative said, “The staff support my dad to be as independent as possible”. We saw people who used the service had made positive comments about staff in the satisfaction survey. These included, “The managers and staff are easy to talk to and have made Acorn House feel like a home from home” and “Friendly and helpful staff”. During our inspection we observed positive interactions between staff and people who used the service. This included staff encouraging people to mobilise independently at their own pace.

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# Is the service well-led?

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