S.J. Care Homes (Wallasey) Limited

Acorn Heights Care Home

Inspection report

147 Manchester Road
Burnley
Lancashire
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Tel: 01282422500

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11 April 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an inspection of Acorn Heights Care Home on 10 and 11 April 2018. The first day was unannounced.

At our last inspection of 12 and 13 April 2017 our findings demonstrated there were six continued breaches of the regulations in respect of the assessment and management of risks, care planning, environment, Deprivation of Liberty processes, recruitment processes and quality assurance systems. Following the last inspection we asked the provider to complete an action plan to show what they would do to improve the service to at least good and by when.

Following the last inspection the clinical commissioning group medicines optimisation team and local commissioners of services had worked with the management team and staff to support them with improvements.

During this inspection we found that improvements had been made and all regulations were being met.

The registered manager had been in post since April 2017 and registered with the Care Quality Commission in August 2017. 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.

Acorn Heights Care Home provides accommodation and care and support for up to 22 people, some of who were living with dementia or mental ill health. There were 22 people accommodated in the home at the time of the inspection.

Acorn Heights Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Acorn Heights Care Home is located on a main road close to the town centre facilities of Burnley. It is an older detached house with facilities on two floors. There is a small car parking area to the front of the home and an enclosed patio and smoking area to the rear.

During this inspection we found new quality assurance and auditing processes had been introduced to help the provider and the registered manager to effectively identify and respond to matters needing attention. The systems to obtain the views of people, their visitors and staff had been improved. People felt their views and choices were listened to and they were kept up to date with any changes.

The management team and staff had worked hard to introduce much needed changes and improvements.

People and staff were happy with the improvements that had been made and considered the service was managed well. Communication had improved and people felt they had been involved in decisions and consulted about any changes.

People were happy with the personal care and support they received and made positive comments about the staff. They told us they felt safe and happy in the home and staff were caring. People were comfortable in the company of staff and it was clear they had developed positive trusting relationships with them. Staff understood how to protect people from abuse.

Records relating to people's care and support had improved. The information in people's care plans was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

Improvements had been made to ensure the home was a clean, safe and comfortable place for people to live in. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort.

The recruitment of new staff had improved. A safe and robust recruitment procedure was followed to ensure new staff were suitable to care for vulnerable people. Arrangements were in place to make sure staff were trained and competent. People considered there were enough suitably skilled staff to support them when they needed any help. Staffing levels were monitored to ensure sufficient staff were available.

People's medicines were managed in a safe manner. People had their medicines when they needed them. Staff administering medicines had received training and supervision to do this safely.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's diversity and promoted people's right to be free from discrimination.

People had access to a range of appropriate activities both inside the house and in the local community. People's nutritional needs were monitored and reviewed. People were given a choice of meals and staff knew their likes and dislikes.

People told us they were happy and did not have any complaints. They knew how to raise their concerns and compliments and were confident they would be listened to.

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 were protected against the risk of abuse.

Safe recruitment practices had been followed. There were sufficient staff available to meet people's needs.

Accident and incident monitoring and the management of risks had improved to ensure people's safety.

The management of people's medicines had improved. They were managed safely and administered by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff were provided with training and professional development which enabled them to meet people's needs. People felt that staff were competent and could support them effectively.

Improvements to the environment had been made to provide safety and comfort for people. Further improvements were being made; a system of reporting required repairs and maintenance was in place.

People enjoyed their meals. Their dietary needs and preferences were met.

People were supported appropriately with their healthcare and were referred appropriately to community healthcare professionals.

Staff had received training to improve their understanding of the MCA 2005 legislation. The records relating to people's capacity to make safe decisions and to consent to care had improved.

Is the service caring?

Good

The service was caring.

Staff knew people well and good relationships had developed between people and the staff.

People were encouraged to maintain relationships with family and friends.

Staff respected people's rights to privacy, dignity and independence. Where possible, people were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in suitable activities inside and outside the home. Action was being taken to recruit an activities organiser.

Each person had a care plan that was detailed and reflected the care they needed and wanted. Improvements had been made to ensure they were accurate and up to date.

People told us they knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

Is the service well-led?

Good

The service was well led.

The systems to assess, monitor and improve the quality and safety of the service had improved.

There were systems in place to seek feedback from people living in the home, visitors and staff.

People made positive comments about the registered manager and staff. They felt the service was well managed and were happy with the recent changes and improvements made.

Acorn Heights 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 April 2018 and the first day was unannounced. The inspection was carried out by an adult care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications and safeguarding information. We discussed the service with the local authority contract monitoring team and local commissioning team. We received positive feedback about the service from three health and social care professionals. We also looked at the findings from the Healthwatch Lancashire report (January 2018) and at the clinical commissioning group medicines optimisation team report (February 2018).

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, the deputy manager, three care staff and a member of the domestic team. We spoke with six people living in the home and a health care professional during the visit.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

At the last inspection of April 2017 we found the provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found there was insufficient information to guide staff on how to manage individual risks in a consistent manner, environmental risks were not updated and incident and accident records were not appropriately analysed or investigated. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made. We found potential risks to people's safety and wellbeing had been assessed and recorded. The assessment information was based on good practice guidance in areas such as falls, skin integrity and nutrition which ensured best outcomes of care, treatment and support were achieved for people. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Records showed the assessments were regularly reviewed and updated in line with changing needs.

We found individual assessments and strategies were in place to help identify any triggers and guide staff how to safely respond when people behaved in a way that challenged the service. The frequency and type of incidents were closely monitored by the service. Appropriate action had been taken in response to incidents of this type including referral to appropriate agencies such as the mental health team.

We checked two people's personal monies and found the balance was correct. We discussed further improvements to the safety of the systems in use with the registered manager. Improvements included ensuring clear risk assessments and consent documents were in place for people whose personal allowances were managed by the home.

Environmental risk assessments had been undertaken in areas such as fire safety, the use of equipment and the management of hazardous substances. We found records were maintained of accidents and incidents. The records were analysed in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences.

At the last inspection of April 2017 we found the provider had failed to operate safe and robust recruitment and selection processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made. We looked at the recruitment records of three members of staff and found appropriate employment checks had been completed before they began working for the service. Recruitment and selection policies and procedures were available. The registered manager told us they were due to be reviewed and updated.

At the last inspection of April 2017 we found the provider had failed to maintain accurate, complete records in relation to the management of the service and care of people using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made. We found people's records were stored securely, were accurate and reviewed in line with their changing needs to reflect the care they were receiving. Records in relation to the management of the service were maintained and were accurate and kept up to date.

During the inspection we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient. People living in the home told us they did not have any concerns about the way they were cared for and said they had confidence in the staff who supported them. They told us they felt safe. They said, "I feel very safe here" and "The staff make sure I am safe." A relative had said, "My [family member] feels safe."

Staff had safeguarding vulnerable adults procedures and whistle blowing (reporting poor practice) procedures to refer to. Safeguarding procedures are designed to provide staff with guidance to help them protect children and adults from abuse and the risk of abuse. Staff had received safeguarding training and a designated safeguarding champion was available in the home; the champion had received additional training and provided advice and guidance to other staff in this area.

Staff understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. Records showed the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and they worked in cooperation with other agencies. Arrangements were in place to respond to external safety alerts.

We saw that safeguarding issues and incidents were routinely discussed during residents' and staff meetings as well as during staff supervisions. This meant people living and working in the home were familiar with the safeguarding procedures and were able to discuss any action to be taken and lessons learned from incidents.

Staff had completed relevant training and had access to a set of equality and diversity policies and procedures. We also noted people's individual needs were recorded as part of the support planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

During our visit we observed people's calls for assistance were promptly responded to and staff were attentive to people's needs. People using the service and staff told us there were sufficient numbers of staff to meet people's needs in a safe way. People made positive comments about the staff. They described them as being 'kind', 'good', 'friendly' and 'patient'.

We looked at the staffing rotas and found a designated senior carer was in charge with two care staff throughout the day and two care staff at night. A cook was available every day and domestic and maintenance staff worked five days each week. The service was currently in the process of recruiting an activities person; staff were working additional hours to provide people with activities. The registered manager and deputy manager worked in the home five days each week and there was a system to provide out of hours support. Any shortfalls due to leave or sickness were covered by existing staff which ensured people were cared for by staff who knew them.

We looked at how the service managed people's medicines. Following the last inspection the clinical commissioning group medicines optimisation team had visited the service and provided advice and support regarding the improvements needed. A recent report from them indicated there had been improvements made and no major concerns were identified. Care staff who were responsible for the safe management of people's medicines had received training and checks on their practice had been completed.

We found a monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate pods according to the time of day. There were safe processes in place for the receipt, ordering and disposal of medicines. We looked at four people's Medication Administration Records (MARs) and found they were clear and accurately completed. Records were in place to support the application of patch medicines and external medicines. Medicines that were prescribed 'as needed' were supported by clear guidelines and any handwritten entries were witnessed to ensure accuracy.

People were identified by a photograph on the MAR which reduced the risk of error and any allergies were recorded which meant staff and health care professionals were aware of any potential hazards of administering certain medicines. People had consented to their medication being managed by the service. There was a system to ensure people's medicines were reviewed by a GP which would help ensure people were receiving the appropriate medicines. Bottled and boxed medicines were dated when opened and there were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly.

We observed people's medicines were given at the correct time and in line with the information in their care plan; we also observed that staff provided careful, patient and considerate administration. Appropriate arrangements were in place for the management of controlled medicines which were medicines which may be at risk of misuse. We checked one person's controlled medicines and found they corresponded accurately with the register.

People made positive comments about the cleanliness of the service. They said, "My room is spotless", "There are no funny smells" and "It is bright and clean." We looked at the arrangements for keeping the service clean and hygienic. Domestic staff were employed and cleaning schedules were up to date and fully completed. We found all areas to be clean and odour free. There were infection control policies and procedures for staff to refer to and staff had been trained in this area. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. There were contractual arrangements for the safe disposal of waste. There was a designated infection prevention and control champion who was responsible for conducting checks on staff practice in this area and for keeping staff up to date. The laundry was well organised with sufficient equipment and staff to maintain people's clothes. The registered manager told us there were plans to upgrade the laundry.

We looked at how the safety of the premises was managed. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. We saw equipment was safe and had been serviced at regular intervals.

Training had been provided to support staff with health emergencies, fire safety and the safe movement of people. We observed people being supported safely and appropriately during the inspection; we observed staff offering reassurance when needed. Regular fire alarm checks and regular fire drills had been recorded to ensure staff knew what action to take in the event of a fire. Each person had a personal evacuation plan in place which assisted staff to plan the actions to be taken in an emergency. We noted recommendations

made following a recent visit from the fire and safety officer were being addressed.

A business continuity plan was in place to respond to any emergencies that might arise during the daily operation of the home. The environmental health officer had awarded the service a five star rating for good food safety and hygiene practices in April 2018. There was key pad entry to enter and exit the house; visitors were asked to sign in and out which would help keep people secure and safe.

There was a development plan for the next 12 months; we noted improvements and maintenance were discussed at the management meetings. Clear timescales and the person responsible for any action, were recorded.

Good

Is the service effective?

Our findings

At the last inspection of April 2017 we found the provider had failed to act in accordance with the Deprivation of Liberty Safeguards. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found there was only brief information about any DoLS application in people's records and limited guidance about how to support people using the least restrictive options. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made. We found the service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met. This was also confirmed from feedback received from a social care professional. There were policies and procedures to support staff with the MCA and DoLS. Staff had received training in this subject which would help improve their understanding of the processes relating to MCA and DoLS. We were told three applications had been submitted to the local authority for consideration. Four authorisations were in place and information relating to any agreed restrictions was included in the care plan. A register was held of the applications and progress with the local authority was regularly checked.

People's capacity had been assessed and there was some information recorded about people's capacity to make specific decisions about their care and support. There was information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights. This meant people's best interests or choices would be considered. The registered manager was reviewing this information to provide sufficient detail to ensure all staff acted in people's best interests and considered their choices. We noted a best interest decision was recorded where a person had been assessed as lacking capacity to make specific decisions in relation to medicines.

We observed staff asking people for their consent before they provided care and treatment such as with administering medicines or with moving from one part of the home to another. Staff told us they understood the importance of gaining consent from people. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. People's consent was recorded in areas such as information sharing, personal care, involvement, medicine management and taking photographs.

Four people had a do not attempt cardiopulmonary resuscitation (DNACPR) decision in place. The person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time.

At the last inspection of April 2017 we found the provider had failed to provide a properly maintained and suitable environment for people to live in. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found worn furniture and furnishings,

damaged window panes on the stairway, scuffed walls and woodwork and poorly maintained laundry and storage areas. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made and the home was comfortable, well lit, warm and maintained. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. Clear and appropriate signage was in place. We noted appropriate signage was in place throughout the home and there were nostalgic photographs displayed on the corridor walls. Areas of the home had been redecorated and re-furnished. Further improvements were planned as part of the development of the home and included redecoration and refurbishment of the lounge, bedroom and bathroom areas, replacement of windows and provision of a decking area. Action was being taken in response to the fire safety officer's advice.

People told us they were happy with the improvements to the home. They said, "There is a massive improvement. The home is clean and bright." People told us they were happy with their bedrooms and they could have keys to their bedrooms. Bedrooms were decorated to the person's tastes and a homely environment had been created with personal items such as such as furniture, photographs, posters and ornaments. This promoted a sense of comfort and familiarity. Some people had their own kettles and fridges in their rooms to maintain their independence. 18 bedrooms were single occupancy and two were shared rooms with privacy screens available. 11 bedrooms had en-suite facilities. Bathrooms and toilets were located within easy access of bedrooms and commodes were provided where necessary.

People told us they were happy with the service they received and felt staff had the skills and experience needed. They said, "It's noisy. There is always laughing here. It's a home" and "The staff know what they are doing." A healthcare professional said, "Staff act on instructions."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a range of appropriate training to give them the skills and knowledge they needed. The service had also accessed the training provided by the local commissioners. There were effective systems to ensure training was completed in a timely manner. Additional training was taking place to address the shortfalls.

All staff spoken with confirmed they received sufficient training that was useful and beneficial to their role. Staff said, "The training is very good. I can ask for any additional training that I feel I need", "We complete regular quizzes to check what we have learnt and that we know where things are", "We are encouraged to achieve and to improve" and "I get plenty of training." Staff had either completed a nationally recognised qualification in care or were currently working towards one. Training and induction was linked to the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life.

New staff had undertaken induction training which included completion of the provider's mandatory training, working with more experienced staff, competency assessments and the completion of regular reviews during a probationary period to ensure they had the knowledge and skills to carry out their role effectively and competently. There was a programme of follow up and refresher training to ensure staff maintained their knowledge and skills in the mandatory areas.

Staff told us they were provided with a good standard of support and encouragement from the management team. All staff received formal one to one supervision; this would help identify any shortfalls in staff practice and the need for any additional training and support. Staff told us they were able to express

their views and opinions and to be updated with recent changes at regular staff meetings.

Staff told us communication was good. Regular handover meetings, handover records and communication diaries kept staff up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a very good understanding of people's needs and the management of the home.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us, "The meals are alright. I'm well fed and can have drinks and snacks throughout the day", "I enjoy the meals. We have good cooks" and "I sometimes have takeaway meals when I fancy." They confirmed they were offered meal choices, had been involved in the menu planning and told us they received plenty to eat and drink.

During our visit we observed breakfast and lunch being served in the main dining room and in other areas of the home if people preferred. We observed people enjoyed their meals. The meals looked appetising and the portions varied in amount for each person; some were provided with extra helpings on request. We noted the main meal was served later in the day in recognition that some people had late breakfasts.

We observed people being supported and encouraged to eat their meals at their own pace and we overheard much laughter and friendly conversations during the lunchtime period. The main menu was displayed in the dining room and people were asked for their choices each day. The dining tables were appropriately set and condiments and drinks were made available. Protective clothing was provided to maintain people's dignity and independence. We observed drinks, fresh fruit and snacks being offered throughout the day.

Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. We were told records would be made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. Appropriate referrals were made to a variety of healthcare agencies. The nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in their care. Staff were able to access remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided. People considered their health care was managed well.

Appropriate information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. People were accompanied by a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known by staff and taken into account and care was provided consistently when moving between services.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information. This also enabled people to have on-line contact with families and friends. Staff had E-learning formed part of the staff training and development programme. CCTV was available in communal areas to ensure people's safety; information regarding this was included in the welcome pack.

Good

Is the service caring?

Our findings

People told us they were treated with care, respect and kindness and they were complimentary of the support they received. They said, "Staff are lovely and kind", "Staff are very caring. There is always someone asking about me and my welfare" and "Staff are like my family." One person said, "The staff are good to me. We all look out for each other." Health care professionals said, "Staff are attentive and kind" and "Staff treat the resident's like their own family." A member of staff said, "These people are my family."

Comments received by the home highlighted the caring approach taken by staff. People's comments included, "Staff are super-duper" and "Staff are really good and respectful and good company."

The overall atmosphere in the home appeared happy, calm and peaceful. We observed good relationships between staff and people living in the home and overheard banter, laughing and encouragement during our visit. We observed staff interacted in a caring, friendly and respectful manner with people living in the home. We observed appropriate humour and warmth from staff. There was a named nurse and key worker system in place which provided people with a familiar point of contact in the home to support good communication. People confirmed there were no restrictions placed on visiting.

We observed people were treated with dignity and respect at all times and without discrimination. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. People were encouraged to maintain their independence. They said, "Staff help me when I need help" and "I can go out when I like."

From our discussions and observations it was clear staff understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination. However, we noted people's ethnicity and sexual orientation was not recorded in their care documentation and their preferences with regard to being cared for by male or female staff were not recorded; this meant people's needs may not be fully met. The registered manager told us this information would be considered as part of the pre-admission assessments and care planning. Information about people's spiritual or religious needs had been recorded in their care plans and ministers from various churches visited the home to support people's beliefs.

People were dressed appropriately in suitable clothing of their choice. People said, "My clothes are always laundered nicely" and "I don't always get my clothes back; they sometimes get lost in the system." People confirmed there were no rigid routines imposed on them that they were expected to follow. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For example, people were supported to maintain their mobility skills. One person told us, "I'm very independent but staff are here to help me when I need."

People were encouraged to express their views by means of daily conversations, completing satisfaction

surveys and at residents' meetings. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person told us they had their room decorated according to their personal preferences. Bedrooms were fitted with appropriate locks and people told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter.

Useful information was displayed on the house notice boards and informed people about how to raise their concerns, any planned activities, the results of recent surveys, events in the local community and any changes in the home. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were provided with a copy of a welcome pack on admission to the home which provided an overview of the services and facilities available in the home. The registered manager told us the information could be made available in other formats to ensure it was accessible to everyone. The website was also being reviewed to ensure it was up to date and reflective of the service and facilities provided.

Good

Is the service responsive?

Our findings

At the last inspection of April 2017 we found the provider had failed to maintain accurate, complete records in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found people's care records were not always reflective of the care being given and they had not been kept up to date or reviewed in line with changing needs. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made. Each person had an individual care plan which was underpinned by a series of risk assessments. The care plans were organised and included valuable information about people's likes, dislikes, preferences and routines; this helped ensure they received personalised care and support in a way they both wanted and needed. Information about people's changing health needs and specialised care needs were recorded clearly; the advice given by health care professionals was clearly documented and followed. A healthcare professional commented, "The care plans are easy to navigate and understand." The care plans provided staff with clear guidance and direction on how best to support people and to be mindful of what was important in their lives when providing their support. However, we noted there were no short term care plans in place to provide guidance for staff in areas such as minor chest infections and skin tears. The registered manager assured us this would be discussed with staff and appropriate records maintained.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. People spoken with said they were kept up to date and involved in decisions about care and support. People had been involved in providing useful information about their preferences, interests and routines. Daily records were maintained of how each person had spent their day and these were written in a respectful way.

There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries, notice boards and handover sheets. Staff considered communication had improved since our last inspection visit.

Before a person moved into the home assessments of their physical, mental health and social needs was undertaken by an experienced member of staff. People, or their relatives, would be invited to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs.

People were happy with the personal care and support they received and made positive comments about the staff and about their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the registered manager. People said, "The staff are very good." A social care professional said, "During my visits I have found staff to be very co-operative in answering any queries I have in regards to my client and in providing me with information I

need in order to facilitate my role."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home and included in the welcome pack. There had been no complaints made about this service since the last inspection visit. People told us they were able to discuss any concerns during resident meetings; they told us they were resolved at that time.

We noted complimentary comments had been received about the service. Comments from relatives included, "[Family member] is well looked after. I have no concerns or complaints about this service."

The service did not have an activities person. We were told the activities person had left recently. Staff confirmed they were working additional hours to provide people with activities, outings and entertainments until a replacement activity person could be employed. This meant people were able to engage in meaningful and enjoyable activities both inside and outside the home.

On the day of our visit we observed a group of people participating in a craft session and other people colouring during which we overheard much laughter and banter. People told us about their plans for a party to celebrate the royal wedding. People were accompanied by staff to visit the local shops and enjoy meals out whilst another person attended the local gym and library. We observed other people relaxing and chatting to staff, visitors to the home or each other. We were told social evenings were held where everyone enjoyed a take away. People told us they went to the local pub with staff for a meal, drinks and karaoke. One person said, "There is enough going on. I don't join in much but I like to watch the others doing things." A visitor said, "People are able to go out and activities are provided."

Where possible, people's choices and wishes for end of life care were being recorded, kept under review and communicated to staff. Where people's advanced care preferences were known, they were shared with GP and ambulance services. The service had developed good links with specialist professionals and staff were supported to develop their knowledge, skills and confidence to deliver end of life care. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and service user guide could be available in different font sizes to help people with visual impairments. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs.

Good

Is the service well-led?

Our findings

At the last inspection of March 2017 we found the provider had failed to operate effective systems to monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found the quality monitoring systems were not fully effective. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made and the breaches in regulation, noted at previous inspections, had been addressed. Since the last inspection the senior management team and staff had worked exceptionally hard to introduce much needed changes and improvements in areas such as people's care and support records, the cleanliness and maintenance of the home, recruitment processes, management of people's medicines and the quality assurance systems.

We found there was an effective governance framework in place to ensure that quality monitoring was reviewed and regulatory requirements were managed correctly. The registered manager monitored the quality of service by using a wide range of regular audits and spot checks. These included audits of the medicines systems, support plans, staff training and supervision, infection control and fire systems. We saw action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

People felt their views and choices were listened to and they were kept up to date. They told us, "They ask us what we think" and "I feel like I'm involved in decisions." People were encouraged to share their views and opinions about the service by talking with management and staff, attending regular meetings and by taking part in the annual customer satisfaction survey. Records showed people had been kept up to date and their opinions had been sought and acted on.

The views of people living in the home, their relatives, staff and visiting health and social care professionals had been obtained during a recent customer satisfaction survey. The results had been shared with people and we noted that people had provided positive feedback on the questionnaires. Comments from professional visitors included, "An amazing home; the changes made are incredible", "They contact me for advice on good practice regularly, as they constantly look for ideas of where they can improve even further", "The care home's management team have worked so hard" and "Amazing staff and management team. Always happy to help." Relatives commented, "I have every confidence in staff" and "Well done everyone."

The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. She was regularly seen around the home, and was observed to interact warmly and professionally with people and staff. All staff spoken with made positive comments about the registered manager and the way the home was managed. The registered manager was described as 'approachable', 'fair' and 'effective'.

The registered manager told us she was committed to the continuous improvement of the service. She was

able to describe her achievements over the last 12 months and planned improvements for the year ahead. The registered manager had also set out planned improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service and how it could be developed and improved.

The registered manager was supported by the provider and the necessary resources were available to achieve and maintain appropriate standards of care and safety at the home. The registered manager forwarded a weekly management report to the nominated individual (owner) to keep them up to date with any changes in the service; they visited the service on a regular visit to monitor the quality of the home and the effectiveness of the registered manager's practice. People told us the nominated individual spoke with them and enquired about their health and well-being. One person told us, "The owner cares about what goes on; he shows an interest."

Staff felt valued and were confident they worked well together as a team. Staff said, "The owner appreciates us; it makes a difference as it's not just a job", "It's good to come to work. I love it", "We get thanked for what we do. We are told if we are doing things wrong but we get praise for doing it right" and "There has been a massive improvement in a short space of time." They said communication with the registered manager and deputy manager was good and they felt supported to carry out their roles in caring for people. Staff said they felt they could raise any concerns or discuss people's care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns; there was always a senior member of staff on duty with designated responsibilities.

Regular staff meetings had taken place and records showed they had been kept up to date and were listened to. Staff were provided with job descriptions, contracts of employment and had access to policies and procedures which would make sure they were aware of their role and responsibilities.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. We noted the service's CQC rating and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection

The registered manager had forged good links with the local community and with other registered managers and providers in the local area, which helped to make sure people received care that was reflective of best practice. The home had recently signed up to the Red Bag scheme which helped to improve continuity of services for people living at Acorn Heights Care Home.