Ackroyd House Limited

Ackroyd House

Inspection report

183 Moorgate Road
Rotherham
S60 3AX

Tel: 01709364422

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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

About the service
Ackroyd House is a residential care home providing personal and nursing care for up to 51 people. Some people using the service were living with dementia. The home is situated on the outskirts of Rotherham, close to the local hospital and bus routes. At the time of our inspection 43 people were using the service.

People's experience of using this service and what we found
People were safeguarded from the risk of abuse. Staff had confidence the registered manager would take appropriate actions to keep people safe. People's needs had been assessed and risks associated with their care and support had been identified and action taken to minimise them. People's medications were managed safely to ensure people received medicines as prescribed.

The registered manager ensured that lessons were learned when things went wrong and saw the process as a learning opportunity. The home was clean and well maintained. We observed staff using personal protective equipment [PPE] when required. The provider had a good process in place to monitor and minimise the spread of infections.

Prior to people receiving a service at the home, an assessment took place to ensure the person's needs could be met. Staff received training and support to ensure they had the skills to carry out their role. People were supported to maintain a healthy and balanced diet. We observed lunch on our first day of inspection and found this was a pleasant experience and people received the support they required.

The staff team worked well with other services to ensure people received timely and appropriate care. The home was designed to meet the needs of people using the service. Improvements had taken place since our previous inspection. These changes had positively impacted on people living at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff interacting with people and found they were polite, kind and caring. We observed lots of friendly and appropriate banter between staff and people. We saw staff were thoughtful and respected people's dignity.

Care plans were detailed and included people's personal preferences and choices. The provider employed an activity co-ordinator who was responsible for ensuring meaningful and varied activities took place. Social stimulation was also provided by the whole staff team. People requiring end of life care were supported in a dignified and comforting way.

The service had a complaints procedure in place and the provider was responsive to concerns raised.

The management team were dedicated to ensuring people received person centred care. The registered manager had an easy to follow management system in place which was effective and understood by other members of the management team.

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

Rating at last inspection
The last rating for this service was requires improvement (published 22 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ackroyd House

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ackroyd House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and two relatives about their experience of the care

provided. We spoke with ten members of staff including the registered manager, deputy manager, care co-ordinator, nurses, care workers and members of the catering team. 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.

We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found medicine management systems were in place, but not always followed by staff. At this inspection we found improvements had been made.
- The provider had a procedure in place to ensure people's medicines were managed safely.
- We saw medicines were safely stored, recorded and administered to ensure people received their medicines as prescribed.
- People we spoke with said they received their medicines on time and when they required them. One person said, "My tablets are absolutely correct."

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to ensure people were protected from the risk of abuse.
- Staff told us they received training in safeguarding and felt confident they would recognise if someone was being abused.
- Staff and people we spoke with felt confident the management team would act appropriately if concerns of this nature were raised.
- People we spoke with felt safe living at the home. One person said, "The way they [staff] treat you makes you feel safe. The staff are always thoughtful." Another person said, "Knowing there's people around when you need them makes me feel safe."

Assessing risk, safety monitoring and management

- The provider ensured that risks were managed in a safe way. Care documents we looked at contained risk assessments which documented how people could be supported safely.
- People also had Personal Emergency Evacuation Plans [PEEPs] in place. These were to ensure people were supported appropriately in an emergency.
- Risks in relation to the environment and building had also been identified and managed appropriately.

Staffing and recruitment

- People were supported by sufficient numbers of qualified and competent staff available to meet people's needs.
- People we spoke with told us there were enough staff to support them. One person said, "There's enough staff to look after me."
- Staff we spoke with told us they worked well as a team and felt supported by the management team. Staff were confident they could meet people's needs effectively with the number of staff working with them.
- The provider had a safe recruitment policy and procedure in place. We looked at recruitment records and

saw this had been followed.

Preventing and controlling infection
● We completed a tour of the home and found all areas were clean and well maintained.
● The registered manager had worked closely with healthcare professionals and devised a process for managing the spread of infections.
● We observed staff using personal protective clothing [PPE] such as gloves and aprons when required.

Learning lessons when things go wrong
● When things went wrong the registered manager completed a report to ensure lessons were learned. This included any changes in practice to minimise the same mistake reoccurring. Members of the management team signed to say they understood what went wrong and how practice should be changed.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
- At our last inspection we found the mealtime experience for some people could be improved. This was in relation to a very small dining area on the upstairs unit. At this inspection we saw the provider had taken appropriate action. This dining room was now bigger and had a window creating natural light.
- People received sufficient food and drink to maintain a balanced diet and ensure their needs were met.
- On the first day of our inspection we observed lunch being served throughout the home. We saw this was a pleasant experience and people were supported in a kind and caring way.
- We spoke with members of the catering team and found they were knowledgeable about special diets and allergies.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed prior to them moving into the home. This ensured the provider could meet their assessed needs.
- People's preferences and choices were carefully considered to ensure support was delivered in line with them.
- People we spoke with felt their care was appropriately delivered and had choices to consider such as whether they preferred a bath or shower. One person said, "I ask for a bath and the staff arrange it for me whenever I feel like it I get one."

Staff support: induction, training, skills and experience
- Staff received training which supported them to carry out the requirements of their role.
- Staff we spoke with told us they received a thorough induction and training to ensure their skills were maintained and developed.
- The registered manager kept a record of training staff had completed. This showed training was taking place regularly.
- People we spoke with told us staff knew there job well. One person said, "Staff are trained, definitely."

Staff working with other agencies to provide consistent, effective, timely care
- The provider worked closely with other agencies to provide consistent care in line with people's needs and requirements.
- The home provided 15 transfer of care beds for people who were medically fit for hospital discharge but required more support prior to going home. We saw staff worked efficiently to ensure this care was provided.

Adapting service, design, decoration to meet people's needs
● The home was designed and decorated to meet the needs of people currently living at the home.
● People had access to a well maintained garden area.
● The home would benefit from some signage upstairs to assist people living with dementia to navigate around the home.

Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare professionals when they required their support.
● Where people had input from healthcare professionals, their care plans were updated, and staff ensured their advice was followed.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We looked at care documentation and found the provider was meeting the requirements of the MCA.
● Decisions made on behalf of people who lacked capacity, were done so in the person's best interest and involved relevant people.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff interacting with people who used the service and found they were kind, caring and reassuring.
- We observed one person being assisted to use the stand aid. Staff explained what they were doing and ensured they maintained eye contact and smiled as they knew the person had a positive reaction to this.

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

- Staff engaged in meaningful conversations with people and included everyone. We observed lots of friendly and appropriate banter between staff and people.
- The atmosphere in the home throughout our inspection was very pleasant, inclusive and welcoming.
- People we spoke with felt staff were caring. One person said, "They [staff] look after you and have a laugh." Another person said, "The staff are kind and always do what you ask."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us how important it was for people's privacy and dignity to be respected.
- We saw staff treated people with dignity and respect. Staff knocked on doors prior to entering people's private space. We saw staff ensured people were covered, preserving their dignity, when using moving and handling equipment.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were involved in their care and supported in accordance with their preferences and choices.
- People's needs were carefully recorded in their care plans and staff were keen to ensure people were supported in accordance with their wishes.
- Care plans included people's likes and dislikes and preferences such as what toiletries or jewellery they preferred.
- We observed staff interacting with people and it was clear that staff knew people well. One person became angry when they were given a drink and a biscuit, but staff supported the person in a professional and kindly way which reassured them, defusing the situation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people and displayed throughout the home.
- Easy to read versions of information such as the complaints procedure were available.
- Care plans we saw had a section for communication. One person communicated their needs and understood verbal directions. They used a hearing aid and staff were required to ensure the person had access to it. Another person required staff to speak in a clean and well-spoken voice, so they could understand the conversation.

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

- The provider employed an activity coordinator who was available Monday to Friday.
- People had access to a full and varied activity program which included things such as, music therapy, pet therapy, pamper day, and one to one time.
- We were also informed that a blind food tasting session had taken place which prompted lively conversation and reminiscence. We were also told that sandwich making took place to maintain skills and independence.
- We observed staff asking people where they would like to sit and were thoughtful about helping people to maintain friendships.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure which was displayed in the main entrance of the home.
● The registered manager recorded all complaints and actions taken to resolve them.
● The registered manager was keen to learn from complaints and saw them as a development opportunity.

End of life care and support
● At the time of our inspection some people were receiving end of life care.
● The provider ensured that people's end of life care needs were carefully planned and delivered to ensure people's preferences were adhered to.
● People's religious and cultural needs were also considered and addressed appropriately.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection the provider had systems in place to monitor the service, however, these were not effective and required embedding in to practice. At this inspection we saw the registered manager had introduced a management system which was understood by the management team. We saw this had improved the monitoring of the service.
- The registered manager led the management team in completing audits to ensure the home was operating in line with the providers standards.
- Action plans were in place to address any outstanding actions raised as part of the auditing system.
- The provider also completed regular visits to the home and checked on the actions raised from audits.
- The registered manager had introduced a series of competency checks to ensure staff were competent in areas such as medication administration, tissue viability, moving and handling and nursing interventions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff team were keen to ensure care and support was person centred and met people's outcomes.
- The registered manager and deputy manager were present throughout the inspection and seen to be involved in care and dealing with visiting healthcare professionals. They clearly knew people well.

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

- The registered manager and provider were aware of their legal responsibilities and understood how to act in line with duty of candour.
- The registered manager appropriately reported incidents to the Care Quality Commission in line with requirements of their registration.
- We observed members of the management team leading and guiding staff in a supportive way.
- Staff we spoke with spoke highly of the management team and felt supported. One staff member said, "It's been a lot better since new manager came. We have a meeting and we can get things off our chest and we feel listened to." Another staff member said, "[Registered manager] is part of the team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider involved people who used the service and their relatives in the running of the home.
● People, their relatives and staff were given opportunities to feedback their experience of the service. The provider sent out questionnaires twice a year and a residents and relatives meeting was held to discuss the outcome of the survey and discuss a way forward.

Working in partnership with others
● The home provided transfer to care beds. This was to ensure people medically fit for hospital discharge were moved from hospital to a care service prior to moving back home in the community.
● The management team identified a problem with the number of infections they were getting in the home. The registered manager put a system in place and shared with infection control leads within the Clinical Commissioning Group. They were so impressed by this that they asked the registered manager to share the protocol with another managers.