

Mrs Anita Lewis

Half Acre House

Inspection report

Roch Valley Way
Rochdale
Lancashire
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Half-Acre House is based in Rochdale and is registered to provide personal care and accommodation for up to 25 older people. There are 25 single occupancy bedrooms over two floors. There were 25 people living in the service at the time of our inspection. The home has a number of communal areas as well as large grounds. This was an unannounced inspection which took place on 9 December 2014.

We last inspected this service on 27 December 2013 and found the regulations we assessed were being met.

The home had two registered managers in post. Registered managers are people who have registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and the visitors we asked told us that half Acre House was a safe place to live. Staffing levels were sufficient to meet the needs of people who used the service.

Summary of findings

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

We found that recruitment procedures were thorough so that people were protected from the employment of unsuitable staff.

We saw that people were supported to take their medicines as prescribed. Members of staff responsible for the administration of medicines had received training and their practice was regularly assessed to ensure correct procedures were followed. However, care plans lacked guidance for staff to follow about when people should be given medicines prescribed to be taken 'when required.'

We noted that the risk of falling was not clearly identified in people's care plans. Clear guidance for staff to follow about how to prevent the formation of pressure sores was not recorded in the care plans of two people who used the service.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service. Senior members of staff had also completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application should be made and how to submit one.

All the people we asked told us the meals were good. Snacks and drinks were readily available throughout the day and night. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

Throughout the inspection we saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner. People who used the service told us they liked living at the home and received the care and support they needed.

We saw that care plans included information about people's personal preferences which enabled staff to provide person centred care. These plans were reviewed regularly and updated when necessary to reflect people's changing needs.

Leisure activities were routinely organised within the home and in the local community. People who used the service told us there were plenty of things to do.

People who used the service and their representatives were encouraged to express their views about any aspect of the care and facilities provided at the home at their regular meetings.

A copy of the complaint's procedure was displayed on the back of each bedroom door. People who used the service told us they didn't have anything to complain about. No complaints had been made to CQC or the local authority during the last year.

We saw that systems were in place for the registered managers to monitor the quality and safety of the care provided. Audits completed regularly covered all aspects of the service provided.

People who used the service and their visitors told us the home was very well run and they would recommend it to others.

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 not consistently safe. People who used the service told us that Half Acre House was a safe place to live.

Members of staff knew the action they must take if they witnessed or suspected any abuse.

More detailed information about the prevention of pressure sores and falls in care plans should help ensure these risks are managed safely.

Requires Improvement



Is the service effective?

The service was effective. Members of staff were supported to access training appropriate to their role including nationally recognised vocational qualifications.

People who used the service told us the meals were good. At meal times members of staff chatted to people and offered appropriate help and encouragement.

People were registered with a GP and had access to other health and social care professionals.

Good



Is the service caring?

The service was caring. We saw that members of staff treated people with dignity and respect.

People who used the service told us they received all the care and support they needed.

Good



Is the service responsive?

The service was responsive. People who used the service were given the opportunity to take part in activities organised within the home and in the community.

Peoples care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

A copy of the complaint's procedure was available in each bedroom. No complaints had been made to CQC or the local authority during the last year.

Good



Is the service well-led?

The service was well led. People told us the home was very well run and they would recommend it to others.

Members of staff told us the registered managers were approachable and supportive and they enjoyed working at the home.

Good



Summary of findings

<p>There were systems in place for assessing and monitoring the quality of the service provided.</p>	
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Half Acre 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.

Our unannounced inspection at Half Acre House took place on 9 December 2014. During the inspection we spoke with 16 people who used the service, five visitors, five care workers, the cook, the business manager and one of the two registered managers.

The inspection team consisted of a lead 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 services for older people.'

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for five people who used the service and medication administration records for sixteen people. We also looked at the training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

All the people and visitors with whom we spoke told us that Half Acre House was a safe place to live. One person said, “I feel safe here.” Another person said, “Yes, I do feel safe. They’re good people. We’re a happy family.” The relative of one person said, “She’s safe here. They check on her at night.” Another visitor described the home as “Absolutely safe.”

Discussion with a registered manager and the training records we looked at confirmed that all members of staff had received training in safeguarding vulnerable adults from harm. We discussed safeguarding with two care workers and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed.

Information we received from the local authority prior to this inspection stated there had been no reported safeguarding incidents in the last year.

We looked at records of financial transactions involving people’s money. The records we saw confirmed that procedures were robust and should help to protect people from financial abuse.

We looked at the care plans of five people who used the service. These plans identified some of the risks associated with older people such as the formation of pressure sores. The care plans for two people indicated that they had a high risk of developing pressure sores. However, clear directions for staff to follow in order to prevent pressure sores had not been recorded in these two care plans. Lack of appropriate guidance for staff to follow puts the health and wellbeing of people who used the service at risk.

Although we found that a falls diary was kept for two people who were considered to be at risk of falling none of

the care plans we looked at contained a definitive falls risk assessment. This meant that any factors related to an increased risk of falling had not been identified so that appropriate action could be taken to manage this risk.

We saw that medicines were stored securely which reduced the risk of mishandling. We looked at the medication administration records of people who used the service and found these had been completed correctly. These records included details of the receipt and administration of medicines. A record of unwanted medication returned to the pharmacy was also available. There was a system in place for regularly auditing medicines in order to ensure people had been given their medicines as prescribed.

Some people were prescribed medication to be taken when required for example pain killers. However, a care plan explaining whether a person was able to tell staff when they needed this medication or the signs and symptoms they displayed if they could not was not in place. Clear directions for members of staff to follow should ensure that people received their medication when they needed it.

We looked at the files of two members of staff appointed in the last year. These files included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff. One visitor said, “Most of the staff have been here for years.”

Throughout the inspection we saw that people were not kept waiting when they needed assistance from members of staff. One person said, “One of the carers comes if I need them. The girls are all very, very good.” Another person said, “The staff are lovely.” Discussion with the business manager and examination of the duty rota confirmed that staffing levels varied throughout the day and were higher at peak times of activity for example in the mornings when people needed assistance with personal care.

Is the service effective?

Our findings

Discussion with people who used the service and their visitors confirmed that the care provided was effective. One person told us the care staff were fantastic and said, “I couldn’t do without them.” It was clear from the information contained in the five care plans we saw that people who used the service and their representatives had been involved in the care planning process. The relative of one person said, “If I want to look at her notes they’ll get them for me.” Where possible people who used the service had signed their care plan to indicate their agreement and consent to the care provided at the home.

One care worker explained that she asked people’s permission before carrying out any care tasks. She said that people were always given choices about their care for example whether to have a bath or a shower.

Two members of staff on duty told us about the training they had received. This included moving and handling, infection control, fire prevention, dementia, safeguarding adults, first aid, food safety, health and safety and nationally recognised vocational qualifications in health and social care.

The registered manager on duty showed us records which clearly identified when members of staff had completed training and when further training was required. We looked at the personnel files of two members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

Training records also confirmed that seven senior members of staff had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This training helped staff to understand the procedure they must follow if a person was unable to make decisions about their own care and treatment. There were no authorisations for DoLS in place at the time of our inspection. However, the registered manager on duty told us that such an application had recently been made for one person who used the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty

Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager on duty explained that all newly appointed members of staff were required to complete a structured induction programme. This involved learning about the service’s policies and values and the responsibilities of their role. New employees worked on a supernumerary basis for one or two shifts depending upon their experience. New staff were also supported by more senior staff until they felt confident in their role and became familiar with the needs of people who used the service.

There was a system in place to ensure that all members of staff were supported through regular three monthly supervision meetings with the registered managers. Records confirmed that at these meetings work related issues and training were discussed. The two members of staff we asked both said they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work at the home.

All the people we asked told us the meals were good. One person said, “The food is very good. It’s the same food as we have at home. I can’t grumble about it.” Another person said, “The food is really excellent.” The meal served at lunch time looked wholesome and appetising. We observed that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people’s needs and sat next to the people who required assistance to eat their meal. Care workers also chatted to people and offered appropriate encouragement when necessary. One person said, “The meat pie today was very nice.”

Although the menu was displayed in the dining room the cook said that alternatives to the menu were always available. The cook told us that she asked people about their likes and dislikes and was aware of the people who required a special diet such as diabetic or vegetarian. Snacks and drinks were available throughout the day. One person said, “I didn’t wake up until 10 this morning. I missed breakfast. They brought me some toast up.” The relatives of one person said, “They are very good on the food side. They make him a poached egg on toast in the night because he’s hungry.”

Is the service effective?

People's weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician and records of food and fluid intake were kept. However, one of the care plans we saw did not contain a risk assessment for nutrition. This meant that any risks to the person's nutritional status had not been clearly identified so that, if required, a risk management plan could be developed.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as dieticians, speech therapists, district nurses, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people's changing needs and any recurring problems.

Is the service caring?

Our findings

All the people we asked told us they liked living at the home and received the care and support they needed. One person said, "The staff are very good. They are very caring." Another person said, "I'm managing better than I would at home. It's nice to know that there is someone there to look after you." The relatives of one person said, "They are really caring. He had to go to hospital and the carer stayed with us three or four hours after her shift had finished." The relatives of another person said, "It's exceptional. The care is excellent. My dad is so settled here."

The care workers we spoke with understood the importance of promoting people's privacy and dignity. We also observed that members of staff spoke to people in a courteous and friendly manner. One person said, "The staff are nice people, they talk to us pleasantly." We saw that people had their own bedrooms which meant they had the privacy they needed. People could also choose whether to spend time in their own room or communal areas of the home. Communal rooms were spacious and suitable for a variety of leisure and cultural activities.

Throughout the day we observed many positive interactions between people who used the service and care workers. At lunchtime care workers asked people whether they needed any assistance with such things as cutting up their food. People's permission was sought before protective bibs were used at mealtimes. This demonstrated that members of staff treated people with kindness and compassion. The relative of one person said, "This is the best home in Rochdale."

Arrangements were in place for one of the registered managers to visit and assess people's personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. The pre-admission assessments we looked at were fully documented and signed by the person's representative to indicate their agreement with the information obtained by the registered manager. Information was also obtained from other health and social care professionals such as the person's social worker. This process helped to ensure that people's individual needs could be met at the home.

We looked at the care plans of five people who used the service. These plans contained information about people's individual likes and dislikes and their preferred daily routine. This enabled staff to provide care which was person centred and promoted people's dignity and independence.

Where possible information about each person's wishes regarding end of life care and resuscitation had been discussed and documented in their individual care plan. This informed staff what people wanted to happen at the end of their life.

People who used the service told us that visiting was unrestricted. One person said, "Families can visit anytime. They don't mind them coming at night, as long as it's not too late." There was an area on the first floor of the home where people could take their visitors if they preferred not to stay in communal rooms or the person's bedroom.

Is the service responsive?

Our findings

People who used the service told us they were well looked after and that the registered managers and care workers responded to any needs that they might have. One person said, "One of the carers comes if I need them. The girls are all very, very good." Another person said, "It took me a while to settle in, but now I'm fine. I think of it as my home. If I go out I'm always glad to get back."

People were encouraged to be as independent as possible. The relatives of one person said, "She is encouraged to walk. When it was nice she walked down the garden with us."

The registered manager explained that they had a secure video conferencing link to local medical services 24 hours a day. This meant that advice was always available when people who used the service were unwell. It could also be easily determined whether a person needed a visit from the doctor or admission to hospital.

The care plans we looked at included information about people's interests, hobbies and religious needs. One person said, "We have plenty to do. A lady comes in to play dominoes or cards, which is very good, and a lovely men's choir, from Bury, comes in pretty regularly. At Chinese New Year they brought different lots of food. I'd never had Chinese food before. I liked it. Last week four of us went to Spotland Methodist Church for Christmas lunch. Schoolchildren came in to sing for us. We had a trip to Healey Dell. It was really lovely. We had tea there. We went to a school, where the owner used to teach. We had tea there and the children entertained us. That was in late summer." The relatives of one person said, "A few weeks ago a man came in to do photography. There are things to do on a regular basis." The relatives of another person said, "They take people out and have concerts here. They also do exercises." One person said, "I enjoy the movement to music."

Transport was arranged for people who wanted to attend the local Church for Sunday worship. Local clergy also visited the home regularly and offered communion for people who wished to practice their faith in that way.

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties. Where possible people who used the service or their representatives were involved in these reviews in order to ensure that the care and support provided was responsive to people's needs.

A copy of the complaint's procedure was displayed on the back of each bedroom door. One person said, "I would tell them if I was unhappy, but they're really lovely." Another person said, "We've no complaints. The staff are lovely." However, several people told us they would make a complaint if anything was wrong. The relatives of one person said, "We've never had to complain. If we did we would go to the managers." No complaints had been made to CQC or the local authority during the last year.

People who used the service and their relatives were given the opportunity to complete satisfaction questionnaires annually in January. The registered manager explained that the results of these surveys were published along any proposed improvements. Following the last survey in January 2014 a care worker on duty had been designated to spend time individually with people who used the service between 11.30am and 2pm. In addition to this action was taken to help improve people's confidence during moving and handling procedures.

People who used the service and their representatives were also encouraged to express their views about any aspect of life at the home at meetings held three times a year. The registered manager on duty told us that infection control, safeguarding, fire procedures, menus, and leisure activities were always discussed at these meetings.

Is the service well-led?

Our findings

People who used the service and their visitors told us the home was very well run and they would recommend it to others. One person said, “The managers are very obliging.” Another person said, “I’m happy, I wouldn’t go anywhere else.” The relatives of one person said, “We like the home very much. It was the friendliest one we saw and doesn’t smell.” The relatives of another person said, “We waited for a place to become available.”

There were two registered managers employed at the home. One became a registered manager 19 years ago and the other 10 years ago. The two managers were supported by a business manager (who has been in place for four years) and the provider who regularly visited the home. The two registered managers worked on different days including the weekends. This meant that a registered manager was usually available to speak with people who used the service and their visitors and deal with any problems. The registered managers operated an ‘open door’ policy which provided the opportunity for people who used the service and members of staff to discuss any issues with them at any reasonable time.

The care workers we spoke with told us the registered managers were approachable and supportive. One care worker said, “The managers are good to talk to.” Members of staff also said they were aware of and understood the whistleblowing policy for reporting poor practice. They said they would not hesitate to report any concerns about the practise of their colleagues and were confident that any concerns would be acted on immediately. The registered manager on duty confirmed that any information she received through the whistle blowing procedure would be investigated without delay.

Information received from the local authority commissioning team prior to this inspection confirmed

that there were no concerns about how the home was being managed. Moreover, they reported that the home owners were proactive in their involvement in meetings arranged by the commissioners for care providers to discuss future developments in the care industry.

There were systems in place for assessing and monitoring the quality of the service provided. We found that people using the service and their relatives or representatives were involved with decisions which affected them personally, both informally on a daily basis and as part of the care planning and review processes.

We saw that audits completed regularly by the registered managers covered all aspects of the service provided. These audits included care planning, medication, infection control, health and safety and the environment. All accidents and incidents were recorded and analysed by one of the registered managers every six months so that any trends could be identified and addressed. We suggested that a monthly analysis would be more appropriate. There were also records to demonstrate that fire safety equipment was tested and serviced regularly. This should ensure that in the event of a fire emergency lighting, fire alarms and fire extinguishers were in full working order.

Meetings for the staff team were held three or four times a year. The registered manager told us that at these meetings safeguarding, infection control, training, care planning and activities for people who used the service were discussed. In addition to this members of staff were given the opportunity to raise any issues they wanted to discuss with the staff team and management.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.