HC-One Limited

Acres Nook

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 January 2016 and was unannounced.

The service was registered to provide accommodation and nursing care for up to 72 people. Care and support was provided to people from the age of 18 years upwards. Accommodation and care was provided over two floors. People who used the service had physical health and/or mental health needs. At the time of the inspection, there were 52 people using the service.

We carried out an unannounced comprehensive inspection of this service on 17 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to protecting people from harm and abuse, staffing levels and assessing and monitoring the quality of the service provided. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were protected from avoidable harm and abuse by staff who knew how to recognise potential signs of abuse and how to report them appropriately. We saw that systems were in place and were followed to ensure that safeguarding adult's investigations took place when required. However, people were at risk of not receiving their medicines as prescribed because staff were not always accurately recording what medicines had been taken.

There were enough staff to meet the needs of people who used the service and staff were recruited safely. People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

People were encouraged to make their own decisions and support was provided in line with current legislation and guidance.

People with provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with specialist support when required to ensure their nutritional needs were met. People's health was monitored and access to healthcare professionals was arranged promptly when required.

People were treated with kindness and compassion and they were happy with the care they received. People were encouraged to make choices about their care and their privacy and dignity was respected.

Staff were responsive to the needs of people who used the service. People were supported to follow their hobbies and interests in the home as well as in the community.

People knew how to complain if they needed to. A complaints procedure was in place and we saw that complaints had been thoroughly investigated and responded to in line with the provider's procedure. People and their relatives were encouraged to give feedback on the care provided via questionnaires and meetings and the registered manager had an 'open door' policy. The registered manager responded to feedback and changes were made to improve the quality of the service provided.

We saw that improvements had been made to the systems in place to monitor quality and that the registered manager took actions to make improvements when required. However, there were some issues that had not been identified during quality checks. Effective systems were not in place to ensure that staff had access to and time to complete suitable training.

People, relatives and staff felt the registered manager was approachable and responsive. The registered manager understood the requirements of their registration with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were at risk of not receiving their prescribed medicines and creams. There were systems in place to protect people from avoidable harm and abuse. There were enough staff to meet people's needs and risks were assessed and planned for to keep people safe.

Is the service effective?

Good

The service was effective.

We saw that staff had the know ledge and skills to support people effectively. People were encouraged to make their own decisions and care was provided in line with the principles of the Mental Capacity Act 2005. People were offered choices of food and drinks and were supported to eat and drink enough to maintain a healthy diet. People's health was monitored and access to professionals was arranged when required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who knew them well. People and their representatives were involved in decisions about their care and were happy with the care delivered. People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their hobbies and interests and participate in activities that they chose to. Care plans contained personalised information so that staff had access to the information they needed to provide personalised care. People knew how to complain if they needed to and complaints were investigated by the management.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements had been made to the systems in place for monitoring quality, though some issues had still not been identified. People, relatives and staff felt that the registered manager was approachable and acted upon any concerns. The registered manager understood the conditions of their registration with us and kept us updated of developments or changes within the service.

Acres Nook

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 5 January 2016 and was unannounced.

The inspection team consisted of two inspectors, two specialist advisors who had specialist knowledge of nursing care for people with physical disabilities and older people 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.

We looked at information we held about the service. This included information received from commissioners of the service and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 24 people who used the service, 9 relatives and a healthcare professional. 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 spoke with 12 members of care staff, two kitchen staff, the deputy manager, the registered manager and the assistant operations director. We looked at 12 people's care records to see if they were accurate and up to date. We also looked at records in relation to the management of the service. These included quality checks, six staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

Requires Improvement

Is the service safe?

Our findings

At the last inspection the provider was not meeting the regulations because staff did not recognise abuse and had not responded appropriately to incidents when people were at risk of neglect or abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made in this area.

People we spoke with told us they felt safe. One person said, "Yes I feel safe, especially at night when they [staff] walk up and down outside my room." A relative told us, "We regularly use the home for respite care; we would not do so if we didn't feel it was a safe environment." We spoke with staff members who were able to recognise the signs of abuse and the different types of abuse that may occur. Staff told us they would report any concerns to a member of the management team. We saw that staff had received training on how to understand and recognise signs of potential abuse. One staff member told us they had reported a concern to the manager and we saw that this had been reported to the local authority in line with local safeguarding adult's procedures and an investigation had taken place. We saw that a system was in place for the reporting of potential abuse and avoidable harm which meant that incidents were reviewed by the registered manager and higher managers to ensure that safeguarding adult's procedures were followed. Records showed that the provider had followed direction from the local authority to ensure that suitable actions were completed following the outcomes of any investigation. This showed that systems were in place and were followed to help keep people safe from avoidable harm and abuse.

At the last inspection the provider was not meeting the regulations because there were not enough staff to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made in this area.

People told us and we observed that there were enough staff to meet the needs of the people who used the service. One person said, "I don't have to use the bell often as they always pop in to see me." Another person, who needed support from two staff to move safely said, "When I ask for help to go to the toilet they say, 'just wait one minute' and they come with another member of staff reasonably quickly." The registered manager explained how they used a tool to help assess and monitor the number of staff required to safely meet people's needs. This involved looking at each person's individual needs and the type of support they needed. We saw that this was regularly reviewed and that the number of staff on duty was above the minimum number that had been assessed as required. Staff told us and we saw that safe recruitment practices were followed. This included references and Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions.

People were at risk of not receiving their medicines as prescribed. Some people were prescribed topical creams. We saw that the nurse signed the medication records but told us that care staff would apply the

cream. There was no record that showed care staff had done this so we could not be sure that people were receiving their topical creams as prescribed. We observed that staff administering medicines sometimes signed to say a person had taken their medicine before they had witnessed them take it. On one occasion we observed a person spit out their medicine when the nurse had signed the medication record to say they had taken it. We pointed this out to the nurse, who had not noticed and they ensured that the person got the medicine they required. Medicine administration records (MAR) should only be signed when staff are certain that people have taken their medicines. This meant that this person was at risk of unsafe care because there was the potential for their MAR to indicate that they had received prescribed medicines when they may not have taken them.

People told us they received their medicines when they needed them. One person said, "They give my tablets when they should, they sort it all out." We saw that people were given the time and explanations they needed to take their medicines. Some people took medicines 'as and when required'. For example, one person was prescribed medication to reduce anxiety as and when they needed it. There were clear plans for staff to follow so that this medicine was only given when needed. The plan clearly explained to staff how the person may behave if they were in need of this medicine. This helped to ensure that medicines were given as prescribed in a safe way.

People's risks were assessed and monitored. Individual assessments were completed for each person dependent on their specific needs to ensure they were protected whilst also promoting their freedom. We saw that one person accessed a kitchen area to make their own hot drinks. Their risk of burns and scalds had been assessed and we saw that they were supported to make drinks in line with their risk assessment. We saw that another person had been assessed as high risk of falls. There were plans in place to minimise the risk to the person which included the use of bed rails to reduce the risk of falls from bed. We saw that the bed rails were in place and staff were aware of the reasons for them. The person's risk assessment stated that they needed the support of two people and a hoist to help them to move safely and we observed that staff followed the risk assessment to help the person move safely.

We saw that people who were at risk of developing pressure sores had their risks assessed and preventative measures were put into place. For example, one person required a specialist mattress and support to change their position every three hours. We saw that the mattress was in place and was suitably maintained to ensure it was safe to use. Staff told us and records showed that the person was supported to change their position in line with the assessment and the person had not suffered any damage to their skin.

Good

Is the service effective?

Our findings

People told us that staff knew how to support them well. We observed that staff understood people's needs and knew how to provide appropriate care. For example, staff described to us how one person usually presented to them when they were supported to take their medication. They described the techniques that worked well to ensure that person was supported successfully. We observed the staff put the techniques into practice and saw that the person was supported to take their medication, which showed that staff understood people's needs and had the knowledge and skills to support them. Records showed that most staff had completed mandatory training and the registered manager was taking action to ensure that the remaining staff completed any outstanding training.

We saw that people were encouraged to make their own decisions and that staff sought consent before providing support. For example, we saw people being asked where they would like to sit, if they would like help to change their clothes and if they would like help to move position. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that referrals for DoLS authorisations had been made when required and the principles of the MCA had been followed.

People told us and we saw that they enjoyed the food. One person said, "The meals are very good. For breakfast you can have just a bit of toast or a full English, whatever you fancy." We saw that people were offered choices of food and meal times were flexible to meet people's needs and preferences. People were not rushed and staff sat with people and chatted to them, we saw that people were smiling and eating their meals. People told us and we saw they were regularly offered and provided with a choice of hot and cold drinks. One person said, "There's plenty of drinks." We saw that there was a fruit bowl in the dining area which people could freely access. The cook told us and we saw that the menus had been adapted so that people could have regional foods that they enjoyed including Staffordshire Oatcakes. People were offered choice and provided with enough food and drinks to maintain a balanced diet.

People's nutritional needs were assessed and support was provided when needed. We saw that one person was assessed as needing their drinks thickened to ensure they could swallow them safely. We observed that they got thickened drinks in a beaker which was in line with their care plan and advice given by a Speech and Language Therapist (SALT). Some people needed support to eat their meals and we saw that this was provided by staff. The cook was aware of people dietary's requirements and preferences and ensured that they were served appropriate foods to meet their needs.

People were supported to maintain good health and had access to healthcare professionals when they needed them. People told us that they got to see a doctor when they needed one we saw that the GPs visited the home regularly. We saw that one person had specialist input from professionals regarding the way in which they were fed via a tube. We saw that staff followed the advice given by professionals to ensure the person's health needs were met safely and monitored. Records showed that people had access to a variety of professionals including dieticians, SALT, psychiatrists, podiatry and occupational therapy.

Good

Is the service caring?

Our findings

People told us and we saw that staff treated them with kindness and compassion. One person said, "The staff are good. I'd recommend this place to anybody. They look after you very well here." Another person said, "All the staff are very kind. I think it's a wonderful place." We saw that staff knew people well and called them by their preferred names. Staff chatted to people in a relaxed way about things they liked. We heard staff asking people how their family were and chatting about the recent holiday period which made people smile and created a relaxed and homely atmosphere. We observed caring interactions between people and staff and we saw that staff took action when people were upset. For example, we saw that one person shouted to staff because they were uncomfortable. The staff member said, "What would you like? How can I help you?" We saw that staff supported the person to move to a comfortable chair and the person thanked them and smiled at them.

People and their family representatives were involved in decisions about their care. A relative said, "They go out of their way to keep us informed and involved, I can't speak highly enough of the place." People were supported to access an advocate to speak up on their behalf if needed. Independent advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

We saw that people's dignity was respected and the staff were caring. We observed staff supporting a person to move using a hoist. The person was anxious and we saw that staff tried to comfort them by singing to them. The person began to sing with staff and became more relaxed. The staff made sure the person's legs were covered with a blanket so that their dignity was maintained. Another staff member told us, "I'm going to support [Person who used the service] to their bedroom to administer their insulin injection because it's more discreet."

People told us and we saw that their privacy was respected. Some people chose to spend time in their rooms and staff were aware of people's preferences. We saw that staff knocked before entering bedrooms and closed doors when people were being supported with personal care. People liked their bedrooms and were able to choose how they were decorated. One relative said, "We've been able to personalise [Person who used the service]'s room and bring their own things in. It's brilliant here, it's great."

Good

Is the service responsive?

Our findings

People told us and we saw that they were supported to follow their interests and take part in activities they chose. One person said, "I go out all the time. I go all over; I went out yesterday, shopping." Another person said, "They give me lots of different things to do, I go to work therapy every Thursday which I enjoy." We observed that activities were taking place in the lounge areas and that people could choose whether to participate or not. One person said, "The activity lady is exceptionally good, we play all sorts of quizzes and games." One person told us they were supported by staff to attend football matches of the team they supported and staff told us how they supported another person to attend a music concert of their favourite artist.

Staff were responsive to the needs of people who used the service. We saw that care staff alerted the deputy manager as a person did not seem to be their usual self. The deputy manager checked on the person and spoke with their visiting relative who expressed the same concern. We observed that the deputy manager contacted the person's doctor and followed their advice. However, they assessed that the person's condition had deteriorated and contacted the emergency service so that the person could get the medical support they needed.

Care records contained information about people's care preferences and life histories which meant staff had access to the information they needed to provide personalised care and meet individual needs. Some people told us they enjoyed attending church on Sundays and that staff had arranged for them to be supported to attend by local church volunteers. People told us they could spend their time as they chose. One person said, "I can do what I want. I'm not daft and they don't treat me as if I am." Another person said, "They ask me if I want to get up and I do, but I don't have to."

People and relatives knew how to complain if they needed to. They told us they would feel comfortable to complain if required and felt confident that their concerns would be dealt with. There was a complaints procedure in place and records showed that complaints had been dealt with in line with the procedure. We saw that thorough investigations into complaints were completed and that people received written responses to their concerns. If people were unhappy with the outcome of their complaint, we saw that the assistant operations director would meet with people to discuss further and that this had been done when required.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection the provider was not meeting the regulations because they did not have effective systems in place for assessing and monitoring the quality of the service provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made in this area.

Systems were in place to assess and monitor quality and these were used to drive improvement. There was a registered manager in place. The registered manager completed daily quality checks of the environment and we saw that redecoration was happening on the day of the inspection to improve the quality of the environment. The registered manager completed a number of audits including checking clinical information and we saw that action has been taken when required. For example, we saw that one person's weight had decreased, this has been identified during the monthly checks and a referral had been made to the dietician for support. The assistant operations director also visited the service weekly to complete quality checks with a different theme each week. We saw that when any issues were identified, the registered manager was given actions to complete and we saw that these were completed. However, audits had not identified some gaps in records including topical cream records and one example of a risk assessment not being completed for one person. This meant that some improvement was still required to ensure that robust records were kept and issues were identified promptly.

Effective systems were not in place to support staff to have the necessary skills and competence to carry out their roles and responsibilities efficaciously. Staff told us they did not have time to complete the online training that was provided for them and that some staff had not completed recent refreshers of their knowledge because of this. Some staff felt that the online training did not equip them with them specific skills to support people with more complex needs. The deputy manager told us, "The staff need to be able to further educate themselves so they come to understand what different residents suffer with. I don't think the e-learning provides enough education about conditions." The registered manager told us that staff were given time specifically to complete online training and we saw reminders to staff were displayed in the staff room. The registered manager told us they were working on completing supervision with all staff where they would have the opportunity to identify and discuss their training needs.

The registered manager sought feedback from people who used the service and their relatives. A quality questionnaire was completed annually and issues were acted upon. For example, one person had commented about the need for redecoration and we saw this was being done. Another person asked for particular food to be available and we saw that it was now available. Regular residents and relatives meetings were held and records showed that people were encouraged to be involved in the development of the service. For example, discussions were held about changing the function of the some of the communal rooms in the home and people were asked for their thoughts and opinions, as this was something the registered manager was considering changing.

People, relatives and staff felt supported by and had confidence in the registered manager. One person said,

"The manager is very nice. He comes in and talks to us." A relative said, "There has been an improvement in the last 12 months. The manager listens to any concerns and acts on them. I've seen a vast improvement in the moral of staff and residents while they have been in charge." A staff member said, "Staff morale is a lot better which has a knock on effect on how care is provided and I think it's down to the manager who is approachable and has made it really good to work here." We saw that the registered manager was well known to people who used the service and knew their needs and preferences. They operated an 'open door' policy which people and relatives were aware of and accessed. People told us they knew who the manager was and we saw the register manager speak with people about things they liked.

The registered manager understood their responsibilities of registration with us. We were notified of significant events in line with registration requirements. Staff knew about and understood whistleblowing procedures and said they would feel confident to use these procedures if required.