

1st Care Limited

Acorn Care Home

Inspection report

88 Handsworth Wood Road
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Date of inspection visit:
23 August 2017
24 August 2017

Date of publication:
22 September 2017

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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 23 and 24 August 2017. The inspection was unannounced on the first day but the provider knew we would be attending on the second day.

We last inspected this home on 14 and 15 August 2015 when we rated the service as providing a good service. At this inspection we found that the service continued to provide a good service but there were some improvements to be made in the auditing and monitoring of the quality of the service.

Acorn Care Home is registered to provide accommodation and nursing care for 22 people who have nursing or dementia care needs. There were 17 people living at the home when we visited.

There was a registered manager in post at the time of our inspection. 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.

There were some quality monitoring systems in place but they were not always effective in identifying shortfalls in the service.

People received a safe service, because the provider had procedures in place to reduce the risks of harm to people. Staff were trained to help keep people safe and knew the procedures for ensuring people did not suffer abuse or harm.

People received their medicines as prescribed and were cared for in an environment that was maintained to ensure they were safe.

People were supported by sufficient numbers of staff that were suitably recruited, trained, supervised, supported and monitored to ensure they were cared for people effectively.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People had a choice of meals and were supported to eat and drink enough to maintain their health and well-being. Staff knew how to support people that may be at risk of not eating or drinking sufficient amounts to maintain their health. People had access to health care professionals when they were unwell so their health care needs were met.

People and their relatives were happy with the care they received and felt that staff were caring and compassionate towards them. People's privacy and dignity was maintained and staff encouraged people to be as independent as possible.

People and their relatives were involved in planning and agreeing their care needs, so they knew what care was being provided. Where people had concerns about their care, there were effective procedures in place to handle these concerns. People were confident that any concerns they raised would be acted on.

Social activities were provided for people who wished to take part.

People received a service that was well managed, by a stable management team. People had the opportunity to comment on the quality of the service they received.

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 received a safe service because staff understood how to keep people safe and were able to raise any concerns they may have.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people.

People received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff that were trained and knew people's needs well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff, and their individuality, independence, privacy and dignity were respected and promoted.

People made decisions about their care with support and guidance from staff and were supported to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and agreeing their care and received care that met their individual needs.

People were confident that their concerns would be listened to and acted upon.

Is the service well-led?

The service was not consistently well-led.

There was a clear management structure in place and systems to monitor and improve the service provided. However some further improvements were needed to ensure any shortfalls were identified and acted on in a timely manner and to ensure records were accurate.

Requires Improvement ●

Acorn 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 August 2017 and was unannounced on the first day but the provider knew we would be returning on the second day.

The inspection was carried out by one inspector.

Whilst planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We also reviewed any complaints and concerns received from people that used the service and their relatives. We contacted the local authority and the clinical commissioning group that purchased the care on behalf of people. We also reviewed reports that the local authority send us on a regular basis.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within the required timescale.

During our inspection we spoke with four people that lived at the home, the provider, a consultant that supported the provider, two nurses and three care staff. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. 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 looked at the care records of two people to check they received care as planned. This included medication administration records (MAR). We looked at the recruitment of two staff to check the recruitment process had been followed. Other records looked at included safety records, analysis of incidents, accidents,

questionnaires and the provider's system for ensuring the quality of the service provided.

Is the service safe?

Our findings

Some people that lived at Acorn Care Home were not able to tell us if they felt safe but we saw that their body language and facial expressions showed that they were comfortable in the presence of staff and the other people that lived there. People who could tell us told us that they felt safe with the staff. One person told us, "Yes I feel safe."

Staff spoken with told us and records showed that they had received training in how to protect people living in the home. Staff spoken with were able to describe what actions they would take if they suspected that people were at risk of being abused. This showed that they were able to escalate their concerns so that any identified issues were referred to the appropriate people for investigation. Records we hold about the service showed that we were kept informed about incidents that occurred so that we could monitor and ensure people were protected.

We saw that risks associated with people's care needs had been assessed and management plans were in place to minimise the risks to people's safety. All the staff spoken with were knowledgeable about people's needs and how to keep them safe. We saw that people were assisted to move safely around the home and observed staff using equipment safely. One person's records showed that they would watch staff to identify the pattern on the coded lock on the door so that they could leave the home without the support of staff which meant they would be unsafe. We saw that staff were mindful of who was in the vicinity and always covered the lock with their hand to minimise the risk of the code being identified. Staff told us they regularly changed the code so that people at risk of not being able to keep themselves safe were not able to leave the building.

Staff spoken with were aware of the actions they needed to take in the event of an emergency such as fire or injury following a fall. Staff told us and records showed that staff had received training in the use of the equipment such as hoists and first aid. We saw that there were individual plans in place to keep people safe in the event of a fire and there was equipment such as fire extinguishers available that were serviced regularly to ensure they were in good working order.

People told us they felt there were sufficient staff available to help them. People told us that staff were always available to assist them. We saw that the provider had assessed the staffing levels so that sufficient numbers of staff were available to provide close monitoring for some people that needed this for their safety. Staff spoken with told us that they felt there were sufficient numbers of staff on duty to meet the needs of the people living in the home.

All the staff spoken with told us that employment checks were carried out before they started their employment. These checks included work references from previous employers and Disclosure and Barring Service (DBS). DBS checks help employers to make safe recruitment decisions and reduce the risk of employing staff not suitable to care for people. The Provider Information Return (PIR) told us that staff did not start their employment until the recruitment checks had been completed. Recruitment records looked at confirmed this.

People spoken with told us that they received their medicines as prescribed. One person told us that they took their own medicines and we observed this happen. During our inspection we observed nurses administer medicines to people. We saw that people were provided with drinks to help them take their medicines. Nurses waited to ensure that people had swallowed their medicines. We saw that people were asked if they were ready to take their medicines or not. Systems were in place to ensure that medicines were stored safely and at the correct temperature. We saw that systems ensured that medicines were available to people when needed.

Is the service effective?

Our findings

People spoken with told us they were happy with the care they received at Acorn Care Home. One person told us they received the support they needed. Records looked at showed that people had been involved in planning their care. We saw that some people were planning to move to more independent living and they were receiving support to help them achieve this goal.

We saw that staff were knowledgeable about people's needs. People told us that staff supported them appropriately. One person told us, "Staff are good." Staff told us that they received the training needed to provide them with the skills to support people. This included first aid, safeguarding, health and safety and moving and handling training. Some people in the home were at risk of choking and staff spoken with were aware of the actions they should take if this happened.

The PIR also told us that staff received support through supervisions, handovers at shift changes and meetings. Staff spoken with confirmed this and we observed a handover of information at shift changes. Staff confirmed that they had received an induction into the home which equipped them for their roles. We saw that the registered provider monitored the training staff had undertaken.

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). A visiting professional told us, "Not all residents are happy there but this is the nature of their needs and do not feel they need to be in any care home and lack insight into their needs. DoLS are applied for and training for staff is provided for the Care Act, safeguarding, MCA and 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 were being met. We found that they were. Staff spoken with were aware of the MCA and DoLS and were able to describe to us how they supported people to make choices and decisions about their lives on a day to day basis and also long term plans. Staff were able to describe why in some circumstances they had to make decisions on behalf of people and that these were always in people's best interests. We saw that where required the appropriate applications were made to the appropriate authority when required to ensure that people's legal rights to liberty were protected.

People told us they were happy with the food they received. One person said, "Meals are quite good, there is always a choice." Another person said, "We get five meals a day and variety." A third person told us, "Can't complain about the food." During our inspection we noted that drinks were readily available to people. We saw that when people had been assisted to get up in the morning they were offered drinks before they ate their breakfast so that they did not have to wait for drinks. We observed that mealtimes were well organised,

calm and unrushed. We saw that some people required assistance to eat their meals and this was provided by a member of staff sitting with them.

We saw that people were assessed to determine if they were at risk of not eating or drinking enough to maintain good health. Where people were assessed as being at risk plans were put in place to manage those risks. For example, one person needed to have their drinks thickened so that they could take drinks safely. A member of staff we asked was aware of the person's needs and how much thickener they needed to add to drinks. Kitchen staff were aware of people's individual dietary requirements such as cultural requirements, pureed, soft and fortified diets.

People told us they saw the doctor and other health care professionals when needed. Records showed that people's health needs were reviewed regularly and people were supported to attend appointments when needed. During the morning handover of information between staff we heard that one person had a medical appointment and later in the day we saw that the person was supported to attend the appointment.

Is the service caring?

Our findings

People told us that staff were caring and friendly towards them. We saw that people were comfortable with the staff and there was general chit chat between them throughout the day. We heard one person say to a member of staff, "What will you do when I'm gone?" The staff member replied, "Cry." A visiting professional told us, "Staff are friendly and helpful and sensitive to the needs of people." We saw that staff were kind and gave reassurance and encouragement to people. People's facial expressions and responses indicated they were at ease with staff. Staff spoke about people in a kind and caring way and knew about their duty to provide dignified care. For example, staff told us that where people were unable to tell them how they liked to be supported family members were consulted about preferences and individual choices so that they could support them accordingly.

People were able to make choices about their day to day lives. One person told us they were able to get up and go to bed when they wanted. We saw that people were able to move around the home as they wished and some people were able to access the smoking area when they wanted. We saw people being supported to make choices at mealtimes and whether to join in with activities that were available to them. The Provider Information Return (PIR) told us that care plans reflected people's preferences. Care plans looks at confirmed this.

We saw that people were dressed in the way they wanted to be dressed and that reflected their gender, culture and personality. We saw that meals were available to meet people's cultural needs.

People's privacy and dignity was promoted. We saw that people were called by their first names and supported to have their personal care needs met to manage their dignity. For example, we saw that two members of staff using a hoist in a lounge were talking to people whilst assisting them to move to a comfortable chair. They checked with the person if they were happy to be moved and told them when the hoist would be going up and down. All bedrooms were singly occupied so that people had their own personal space where they could have privacy. We saw that staff knocked on bedroom doors before entering and buzzers were responded to quickly to ensure people could be supported in a timely manner.

We saw that people were supported to be independent where possible by ensuring people had access to walking frames and wheelchairs. People were encouraged to eat independently with prompting and encouragement. We saw that all areas of the home were accessible to people including the gardens. Staff told us that they encouraged people to do as much as they could for themselves. One staff told us, "We let them [people] do what they can and then help with the rest." We saw that one person was being supported to be independent with their medicines. We saw that the staff brought the medicines to the person who took their medicines and completed the medicine administration record which they kept with themselves. This was so that the individual could develop their self care skills so that they could move to more independent living.

Is the service responsive?

Our findings

People told us they had been involved in planning the care they received and in making plans for the future. One person told us they got the care they needed and was being supported to make plans to move to more independent living. We saw staff encouraging one person to stand up from a sitting position with patience, gentle reassurance and guidance. Records showed that there were regular reviews of people's needs and that people, relatives and healthcare professionals were involved in the reviews of care.

We saw that the majority of staff were interacting very well with the people they supported. We discussed with the provider that one member of staff was not as interactive and we were told that this was already being addressed with the individual. We saw that there were some people whose moods changed quickly and they could present with behaviours that challenged the staff. We saw that staff were effective at handling these situations and staff were able to describe the techniques they used such as distracting people's attention to a topic that they enjoyed. During our inspection we heard staff discussing an individual who was continually going to the window and looked as if they were carrying some repairs. We heard them talking about arranging an activity where the person could be provided with some plastic nuts and bolts and tools to enable them to carry this out activity safely.

We saw that there were activities that people enjoyed and looked forward to. One person told us he was going to play snooker later. Another person told us that they used to like to go swimming but didn't like it anymore. We heard another person arranging with staff to go swimming in a few days time. We saw that the activities available catered for people according to gender, age and interests. For example, we saw people enjoy an exercise activity where there were boxing skills involved for those people that wanted to get involved. During the same session a balloon was being 'headed' by people who were less able to stand. At another time during our inspection we saw staff talking to people about cars and watches they had owned, music they had listened to and discussed articles about past events in history. Some people told us that they went out with staff to get shopping. One staff member told us, "There are activities everyday. Staff go to people in their bedrooms to do activities with them."

Systems were in place to gather the views of people. People told us that if they had any complaints they would speak to a member of staff or the manager. The complaints policy was displayed in the home so that people were reminded of the way in which they could raise any concerns they might have. The complaints record showed where complaints had been made information about the complaint and the investigation were available. We discussed with the registered provider about who investigated any complaints raised about them. The registered provider confirmed that they had identified that up until now they had looked into this themselves but acknowledged that they needed to identify another person who could do this.

People told us that there were some meetings where they could discuss matters and we saw records of these discussions. We saw that there were some meeting for people and their relatives but relative attendance was low.

Is the service well-led?

Our findings

People living at the home told us that they felt they received a good quality service. People spoke highly of the staff that supported them.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. These included medication, infection control, care records, health and safety etc. The audits we sampled were up to date. However, we found that some improvements could be made in the audits and care records. For example, we saw that the medication audits were not sufficient to identify some shortfalls we found. We saw that staff were not always signing medicine administration records (MARs) after each person had been given their medicines but were all signed off at the end of the medicine round. During a sampling of some liquid 'as and when' required medicines we saw there was a significant discrepancy in the amount of medicine remaining in the bottle compared to what should have been available according to the records. We raised this with the registered provider who sent us a copy of the system being introduced to closely monitor the usage of this medicine. We also identified further improvements that could be made to the auditing systems such as analysis of complaints and incidents so that themes and trends could be identified. Care records were very extensive and staff would not have time to read them all. A short report of people's needs, risks, triggers for behaviours that could challenge staff and management strategies to be used would be a useful reference for staff to refresh their knowledge with. The provider told us they had identified that there were too many documents for staff to read. There was a programme of redecoration in the home that was ongoing. We discussed with the registered provider that some points of interest were needed for people who walked with purpose. This would encourage people to stop and touch and interact with items that might interest them. The registered provider was receptive to developing areas of interest to offer people further opportunities for engagement.

We saw that questionnaires were carried out to gather the views of people, relatives, staff and visitors so that their views could be used to assist in making improvements in the service. The provider had internal quality assurance processes that were completed monthly. There were also external quality assurance processes that were carried out and we were told that some areas that required improvements had been identified in the records as a result and these would be acted on.

There was a registered manager in post at the time of our inspection. We saw that the registered manager had informed us about incidents that had occurred in the home as they were legally required to do by law. We had received a completed Provider Information Return (PIR) by the date requested. We found the information included in the PIR was reflected as being accurate during our inspection.

Staff spoken with told us that they felt supported and were happy with the management and culture of the home and they knew who they could turn to for support if they had any concerns. We saw that there was a staff structure in place where responsibilities were delegated and shared out to assist in the smooth running of the home.

Staff told us that they received support to carry out their roles through regular supervision and training and

felt that the staff team worked well together. The member of staff supporting us during our inspection told us, "We have a good staff team. They are skilled, know the people they look after, report concerns and document issues." Staff told us that they were able to put forward ideas for improvements to the service and felt listened to and valued. Our observations during the inspection confirmed that the staff team worked well together and there was a good understanding within the team about the needs of people. We saw that there was person centred approach to the service provided which meant individual needs were met appropriately.