

Robert Pattinson

# Acorn Grange Care Home

## Inspection report

Vicarage Road  
West Cornforth  
County Durham  
DL17 9HU

Tel: 01740656976

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Acorn Grange is a residential care home providing personal care to up to 46 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 37 people using the service.

### People's experience of using this service and what we found

Medicines were mostly managed safely. The management team took immediate action during the inspection to address a lack of robust arrangements around one person's medicines. The premises were clean and there were good infection control practices in place.

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, although we have made a recommendation around documenting best interest decisions more thoroughly.

People told us they felt safe living at Acorn Grange. People and relatives told us they were happy with the quality of care provided. Staff had completed safeguarding training and knew what action to take to keep people safe. Risks to people were identified and detailed assessments were in place, to ensure risks were managed safely.

The registered manager had good oversight of the service. Quality checks were effective in identifying and generating improvements to ensure the safety and quality of the care people received. People and relatives said the service was well managed and they would recommend the service to others. Staff worked effectively alongside other health and social care professionals to ensure people's needs were met and their health promoted and maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (31 January 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Acorn Grange Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Acorn Grange is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acorn Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, 2 ancillary staff, 1 administrative assistant, 1 care co-ordinator and 4 support workers. We reviewed a range of records which included 3 people's care records and 7 people's medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we sought feedback from relatives. We spoke with 2 relatives on the telephone and received email feedback from 3 relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- For people who did not have capacity to make their own decisions, mental capacity assessments were completed, and 'best interest' decisions were made, but these were not always documented as thoroughly as needed. When we discussed this with the registered manager, they confirmed documentation for best interest decisions would be updated.

We recommend the provider reviews the documentation in place for best interest decisions to ensure it is in line with the Mental Capacity Code of Practice.

### Assessing risk, safety monitoring and management

- Most of the home was clean and well-maintained, but some areas of the home, particularly bathrooms, needed updating. We observed several people who spent their time in one of the downstairs lounges wanting to use the toilet at the same time, and they had to wait a short period of time. When we discussed this with the registered manager, they explained refurbishments were planned imminently, which included a new wet room and an additional toilet downstairs.
- Risks to people's safety and welfare were identified and managed. Staff knew people well and were aware of people's risks and how to keep them safe. People's care plans included risk assessments about individual care needs.
- Fire drills and checks on fire safety equipment were undertaken regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

### Using medicines safely

- Medicines were mostly managed safely, although we found robust arrangements were not in place to

ensure one person received their medicines when they needed them. Although there was no evidence the person had not received their medicines as prescribed, a lack of clear guidance increased the risk of this happening. When we discussed this with the registered manager, they and the deputy manager took immediate action to rectify and communicate this to staff.

- Other medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were trained in how to administer medicines safely. Their competence to administer medicines was kept under regular review to ensure their skills and knowledge remained up to date.
- Staff were patient and respectful when they supported people to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- People and relatives felt the service was safe and they were happy with the care provided. One person said, "I feel safe here and I'm more than happy with the care. The lasses are all lovely, can't complain here at all." A relative commented, "I think people are safe as staff are always on hand to keep an eye on people." Another relative said, "I think it's a brilliant care home. The staff are very good, and people are safe, no question."
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

Staffing and recruitment

- There were enough staff to meet people's needs promptly. Staff supported people in a calm and professional way.
- Safe recruitment procedures were followed. Appropriate pre-employment checks were carried out which included a Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was carried out in line with current government guidance.

Learning lessons when things go wrong

- People were protected from the risks of accidents and incidents recurring as the management team promoted a culture of learning. Accidents and incidents were monitored and analysed to aid learning and



improve care. This included looking at actions to reduce the risk of recurrence.

- Information was shared and discussed in staff meetings to support learning and promote good practice.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led. There was a positive culture and ethos at the service which was driven by the management team. The registered manager led by example and actively promoted responsive care which improved people's quality of life. Staff ensured people received person-centred care.
- People and relatives said the service was well managed and they would recommend it. One person told us, "[Registered manager] and [deputy manager] are always around if there are any issues, which there aren't." A relative said, "The home is definitely well-run. I can speak to [registered manager] about anything, although I have no complaints whatsoever." Another relative told us, "The home appears to be run in a very professional and conscientious manner. Staff are proactive and caring and meet people's needs to a high standard."

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

- The registered manager understood their legal responsibility to be open and honest when something goes wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were effective in identifying and generating improvements within the service.
- The registered manager and staff understood their roles and responsibilities. When an incident occurred, this was investigated thoroughly, and lessons were learnt where appropriate. The registered manager submitted notifications to CQC for significant events that had occurred at the service, such as accidents and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People and relatives were supported to provide feedback about the service. Suggestions were followed up and changes were made in response to feedback.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

Working in partnership with others

- The management team and staff had effective working relationships with other organisations and professionals to ensure people's needs were met and their health promoted and maintained.