HC-One Limited

Acorn Hollow General Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 13 December 2017 and was unannounced. At the last inspection in 2015 the service was rated as 'good' overall, but 'requires improvement' in the well-led domain, due to a lack of stable leadership. At this inspection there was clear and stable leadership in place. There were no breaches of Regulations identified at this inspection.

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

The service is registered to provide nursing care and support for up to 48 older people. At the time of the inspection there were 43 people living at the service. The service is spread over two floors. The ground floor accommodates people with more complex nursing needs, whilst the first floor accommodates people with less complex needs.

There was a registered manager working at the service who had been registered with the CQC since October 2011. 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.

Staff had completed training in areas needed for them to carry out their roles effectively. This included training in areas such as moving and handling, safeguarding and life support. In one example the registered manager and another member of staff had provided cardiopulmonary resuscitation (CPR) to a visitor who had become unwell. This had resulted in this person's life being saved. This demonstrated that staff had the skills necessary to deal with emergency situations.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and were aware of the processes for reporting incidents. There was a whistleblowing policy in place which was displayed on the staff noticeboard. Staff were aware of this.

Recruitment processes were safe and there were sufficient numbers of staff in post to keep people safe. New staff had been required to provide two references, one of which was from their most recent employer. They had also been subject to a check by the DBS to ensure they did not have a criminal history. We reviewed staffing rotas which showed consistent numbers of staff were in place. This helped ensure people's needs were being met in a safe manner.

People were supported to take their medication as prescribed. Medication Administration Records (MARs) were being signed by staff as required and medication was being stored securely, in line with legal requirements. People confirmed that they received their medication as prescribed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Information regarding people's mental capacity was included in people's care records and Deprivation of Liberty Safeguards had been applied for by the registered manager as required.

Risk assessments were in place to keep people safe. These were reviewed to ensure they stayed accurate and up-to-date and provided staff with the information they needed. This helped ensure that risks to people were safely managed.

Accidents and incidents were monitored and appropriate action taken in response to these to prevent them from occurring again in the future. For example where people were at risk of falls protective measures had been implemented, such as using movement sensors or bed rails to protect people.

Care records were in place which clearly outlined people's needs and provided details to staff around what support they needed to provide. These were reviewed and updated on a routine basis to ensure the information remained accurate.

Positive relationships had been developed between people and staff using the service. People commented that staff were kind and caring, and we saw examples where staff engaged with people in a compassionate and friendly manner.

People confirmed that there were activities for them to participate in, such as day trips and arts and crafts. There was a 'wellbeing co-ordinator' in post who was in charge of organising activities. During the inspection they spent time doing group activities or one-to-one sessions. There were links with the local church who held regular services at the home. This helped to protect people from the risk of social isolation.

Audit systems were in place to monitor the quality of the service and to generate improvement. People and their relatives had the opportunity to give feedback regarding the service, and action was taken in response to their views.

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.

Staff had received training in safeguarding and knew how to report any concerns they may have.

There were robust recruitment procedures in place to check on the suitability of staff and sufficient numbers of staff to keep people safe.

People were supported to take their medication as prescribed.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to carry out their role effectively.

People told us that they enjoyed the food that was on offer, and were offered choices that were in line with their dietary requirements.

People were supported to access health professionals where needed.

Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff.

Staff maintained people's dignity and were respectful towards them.

There were measures in place to ensure that people's confidentiality was protected.

Is the service responsive?

Good

The service was responsive.

People's care records were personalised and outlined how staff should support them.

There were plenty of activities in place for people to engage in.

People told us they knew how to make a complaint. Where a complaint was received this was dealt with in a timely manner.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who people and staff knew and liked. People felt that she was approachable and staff told us that she was supportive.

People had the opportunity to provide feedback regarding the service, and action was taken in response to this.

Audits which were carried out ensured that the quality of the service was maintained.

Acorn Hollow General Nursing 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 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 the 13 December 2017 and was unannounced.

Prior to the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we spoke with the local authority quality monitoring and safeguarding teams. They raised some concerns regarding medication which we followed up on this during the inspection.

The inspection was carried out by two adult social care inspectors and an expert by experience with experience of caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with 12 people using the service and five people's family members. We looked at the care records for three people and the recruitment records for four members of staff. We also looked at other records relating to the day to day running of the service, for examples audits and maintenance records.

Good

Is the service safe?

Our findings

People commented that they felt safe using the service. Their comments included, "I do feel safe and would say so if I didn't" and, "Oh gosh, yes I am safe". Family members also commented positively on their relative's safety. They told us, "It is really good here, I would have no hesitation in recommending this home" and, "I am really confident to leave my husband here when I go home".

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and knew the signs that may indicate that abuse was taking place. Staff knew how to report their concerns and told us they would go to the registered manager, the local authority or the CQC with concerns. There were posters about the service which outlined whistleblowing procedures for staff. Whistleblowing is where staff can raise concern inside or outside the organisation without fear of reprisals.

Risk assessments were in place regarding people's care needs. These provided direction to staff around ensuring people were protected from harm. For example, risk assessments were completed on a monthly or weekly basis to determine people's risk of weight loss. This information was then used to determine whether they needed referring to an appropriate health professional, such as the dietician. Another person had a risk assessment in place around smoking. This prompted staff to ensure that they did not smoke in their bedroom, which might place them at risk of injury from fire.

Accidents and incidents were being monitored and appropriate steps had been taken to protect people from the risk of harm. For example, some people had pressure mats next to their beds which would alert staff if they tried to get out of bed without assistance. Other people who were at high risk of falls also had crash mats next to their beds which helped to protect them from injury in the event of them falling out of bed. Where people had developed, or were at risk of developing pressure ulcers action had been taken to implement appropriate equipment, such as specialist mattresses or pressure cushions which minimised the pressure applied to vulnerable parts of the body when people were lay or sat down. Pressure ulcers can occur where people have fragile skin, or are lay in one position for a prolonged period of time.

Recruitment processes were robust and helped ensure that people were kept safe. New staff had been required to provide two references, one of which was from their most recent employer. They had also been subjected to a check by the Disclosure and Barring Service (DBS). The DBS informs employers where new prospective employees may be barred from working with vulnerable people, or have a criminal record. This helps employers make informed decisions about the suitability of staff to work for them.

There were sufficient numbers of staff in post to meet people's needs. We looked at rotas and found that consistent numbers of staff were on duty. The registered manager showed us that a staffing tool was in place to determine the number of staff required to the dependency levels of people using the service. This showed that sufficient numbers of staff were being used.

Environmental risk assessments had been completed to ensure the environment was being kept safe. A fire escape plan was in place, and fire drills had been completed with staff on a regular basis. Fire extinguishers

had last been serviced in July 2017, which ensured they were kept in good working order. Water temperatures were monitored frequently to ensure they did not go above or below the required temperatures. This protected people from risk of scalds. It also prevented harmful water-borne bacteria from contaminating the water supply. Equipment such as the lift and hoists had been serviced to ensure they were safe for use.

People's family members commented that they felt their relative's medication was being safely administered. Their comments included, "I am really happy that the staff are conscientious in monitoring [my relative's] medicines" and, "They know [my relative] needs medicine at different times and he is never let down." Staff had received training in the safe administration of medication and their competencies to do so had been checked. We looked at people's medication administration records (MARs) were in place and had been signed by staff to show that medication had been given. There was a process in place to administer medication that needed to be administered at specific times of the day, or with food. Staff demonstrated a good knowledge regarding these processes.

Controlled drugs were stored securely and were checked on a twice daily basis. Controlled drugs are those medications that are at risk of being abused, and have legal requirements in place regarding their storage and administration.

Staff had received training in infection control procedures. During the inspection we observed staff using personal protective equipment (PPE) such as disposable gloves and aprons. This helped protect people from the risk of infection.

Good

Is the service effective?

Our findings

Those people we spoke to, and their family members were unanimous in stating that they felt that staff knew what they were doing and provided the correct support, to a good standard. The registered manager and another member of the staff team had recently had to perform cardiopulmonary resuscitation (CPR) on a visitor who had become unwell whilst visiting the service. This person had been successfully resuscitated, and the registered manager and staff had received a certificate from the registered provider to award their actions. We observed two staff supporting one person to transfer from their chair using a hoist. Staff operated the hoist in an appropriate manner which showed good moving and handling skills.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found that they were. The registered manager demonstrated a good understanding of the DoLS process and had made applications for those people who required them.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. People's care records contained details regarding their ability to make decisions relating to their care. For example, one person had developed a pressure ulcer and had been assessed as requiring bed rest to promote healing. A mental capacity assessment had been completed around their ability to consent, and a decision made in their best interests because it was determined they could not consent to this. This had been reviewed monthly to ensure the person's capacity had not changed, and that bed rest was still required.

As part of the induction process for new members of staff they were required to carry out a period of shadowing experienced members of staff. They also completed training in a number of areas relevant to their role, such as basic life support and moving and handling. The induction process met the requirements of the Care Certificate, which is a nationally recognised set of standards care staff are expected to meet. This helped ensure that new staff were prepared for their role.

Staff had received the training they needed to carry out their roles effectively. They had completed training in areas such as moving and handling, basic life support, nutrition and hydration, promoting healthy skin and the Mental Capacity Act 2005. Training was delivered predominantly via e-learning, with some class room based training. Staff competencies were also monitored following the completion of training to ensure they had acquired the skills needed to support people safely.

Staff supervision was carried out with staff on a routine basis. This gave staff the opportunity to discuss any training or development needs they may have. It also enables management to raise any performance related issues with staff and set objectives for improvement.

People commented that they enjoyed the food that was on offer. Their comments included, "I like the food. If you don't want something, the staff will do their best to get you an alternative" and "I love my toast and hot milk at night". One person's relative commented, "Drinks are always available if required and I like that". During the inspection we observed the lunch time experience. There were plenty of staff available to support people, and the food looked well presented and appetising. Where people required a special diet, such as low sugar or softer options, these were provided.

People's health needs were monitored and reviewed on a regular basis, and alterations made to the delivery of their care where changes were identified. For example, staff noticed one person displaying symptoms of a urine infection and had referred them to their GP. A short-term antibiotic care plan had been put in place whilst the person had the infection, which prompted staff to monitor their wellbeing and administer the anti-biotic as required. This showed the reviews of people's health and wellbeing were being carried out.

People had been supported to access health care professionals such as their GP where appropriate. People's care records contained a professionals communication log where updates regarding their health needs were recorded. Action was taken in response to advice from health professionals which helped to ensure their continued wellbeing.

Good

Is the service caring?

Our findings

People commented positively on the staff working within the service. Their comments included, "Staff are always looking to help out," "Staff do like and help me," and "I have a good quality of life here". People's family members also commented positively on staff. Their comments included, "From what I have seen staff are brilliant", "Staff are really friendly and helpful," and "This is a happy and cheerful home".

Positive relationships had developed between staff and people using the service. Conversations between people and staff were relaxed and familiar, and we observed people laughing and joking with staff. One person commented that a member of staff was, "great" and that they enjoyed spending time talking with them.

People confirmed that staff were kind and caring. One person's family member told us, "Recently a person wouldn't eat and was asked what they would like. They wanted fish and chips, so one of the carers went out and got them." We observed staff attending to one person who was distressed in their bedroom. They used distraction techniques and spoke in a calm tone to help relax the person and reduce their anxiety. In another example staff were supporting one person, using a hoist. They spoke to the person, telling them what they were doing and making sure they were comfortable. This prevented the person from becoming distressed and showed that staff were acting in a person-centred way.

People confirmed that staff treated them with dignity and respect. We observed staff knocking on people's doors prior to entering, and ensuring that doors were closed whilst personal care tasks were being completed. One person commented, "Staff are very caring and respectful" whilst a person's family member told us, "Staff have 100% respect for people's privacy, dignity and independence". Staff gave appropriate examples regarding how they would maintain people's dignity during personal care tasks. One member of staff told us they ensured people were covered with a towel.

There was a positive atmosphere throughout the service. One person commented, "We are like one big family in here." In communal areas people were sat chatting, reading newspapers or watching television. A family member had made some Christmas decorations for the service and people were helping to put these up. We saw positive examples where support and encouragement was offered to people, not only by staff but by other people using the service. For example, one person was reluctant to eat their food during meal time, however with gentle encouragement from people and staff they were persuaded to eat some more.

People's human rights were promoted. The registered provider had a policy in place regarding making information accessible to people living with disabilities, such as hearing and visual impairments. We spoke with one person using the service who had a visual impairment. They told us they accessed support from the RNIB (Royal National Institute of Blind People) and had been supported to access the local library who provided them with audible books which they listened to in their bedroom. We observed that people who required the use of reading glasses and hearing aids were wearing these. This helped ensure people living with impairments were not being disadvantaged.

People's confidentiality was protected. Records containing personal information about people were stored securely in offices that were locked when not in attendance. Information stored electronically was password protected, which helped to prevent unauthorised access.

The registered manager and the staff team promoted a supportive culture which impacted positively upon staff morale. Staff appeared cheerful and told us that they enjoyed working at the service. The registered provider had an award scheme in place to recognise good practice amongst staff. The registered manager confirmed that she had registered staff to receive this, and had also been nominated to receive one herself. This helped to generate a positive culture within the service.

Good

Is the service responsive?

Our findings

People confirmed that staff provided them with the support they required. One person told us, "The staff are good, they come to see me in my room when I don't feel like getting up. They seem to know what I want and are friendly and kind." We spoke with staff who were knowledgeable about people's needs and observed examples where they provided effective care. For example, where one person became distressed staff knew the best ways to offer reassurance which helped to calm this person. In other examples we saw staff using appropriate equipment, such as a hoist where required.

People each had a personalised care record in place which outlined their care and support needs. These contained information about their life histories, likes, dislikes and personal preferences. For example, people's care records outlined what they used to do for work, their skills and interests. One person's care record stated that they liked "tea with no sugar" and enjoyed eating mint cakes. Another person's care record stated that they liked "fish, chips, salad, Chinese food and omelettes". Care records also contained details of people's family members or significant others. These details helped staff get to know people and helped to facilitate the development of positive relationships.

Care records contained details of people's care and support needs. For example those people at risk of developing pressure ulcers had appropriate support in place to help minimise the risk of these developing. Other people who were at risk of falls also had appropriate support in place, such as the use of equipment or moving and handling from two members of staff. One person's care record clearly outlined that they could sometimes exhibit behaviours that challenge, and outlined what staff should do in those situation. This meant that staff had access to the information they needed to carry out their role.

Daily monitoring charts were being completed by staff on a daily basis. These included pressure relief charts for those people at risk of developing pressure ulcers. This demonstrated that staff had been providing pressure relief at regular intervals over a 24 hour period. Daily notes were kept outlining the support that had been given to people, and any general observations made by staff regarding people's presentation and wellbeing. This helped ensure an up-to-date record was maintained around people's care.

At the time of the inspection there was no one using the service who had required end of life care. However, people's care records showed that people had been offered the opportunity to discuss their end of life wishes. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was displayed at the front of their care record. This helped ensure staff had access to important information. One family member commented, "There is a lot of dignity here. If death happens, the home tries to deal with such matters in a professional and dignified manner."

People confirmed that there were plenty of activities available. Their comments included, "I like it that there are so many activities here", "The staff do a lot to organise days out" and The atmosphere is very good here and I like to join in with activities and day visits". During the inspection we observed staff taking people out to the shops, and we also observed a church service taking place. There was a 'wellbeing co-ordinator' in post who was in charge of organising activities. We observed them sat doing crafts and other activities with

people. This helped protect people from the risk of social isolation.

Information on how to make a complaint had been made available to people when they first started with the service. The process was also displayed on a notice board within the service. People commented that they knew how to make a complaint, but they did not feel that they had had cause to do so. The service had received one complaint in November 2017 which the registered manager had dealt with in a timely manner.

Good

Is the service well-led?

Our findings

There was a registered manager in post within the service who had been registered with the CQC since October 2011. People, their families and staff spoke highly of the registered manager. One person commented, "The Manager takes an interest in all service users and their relatives," whilst other people commented that the service was "Well run". Staff described the registered manager as "Supportive" and told us they liked working at the service.

At the last inspection we identified that there was a lack of stable leadership within the service. At this inspection we found that this had been addressed. There were clear lines of accountability in place for staff. Beneath the registered manager there was a deputy manager and senior care staff. Staff were aware of who they needed to report to and told us that they felt well supported by senior members of staff.

There were audit systems in place to monitor the quality of the service. Care plan audits were carried out by the registered manager on a regular basis and actions identified for areas of improvement. Records showed that these actions had been followed up as required. Medication audits were carried out on a daily, weekly and monthly basis. There was a 'resident of the day' scheme in place which included a holistic review of a people's care needs each day, including their physical health, medication needs and audit of their care records. Falls audits were carried out on a monthly basis which looked at trends and patterns, such as locations or times when falls were more likely to occur. Appropriate action had been taken to mitigate the risks of falls occurring.

The registered provider had quality monitoring systems in place. A quality monitoring audit had been undertaken by the registered provider's quality monitoring team in December 2017. This had identified issues in areas such as medication and compliance with the Mental Capacity Act 2005. During our inspection we looked at these areas and found that improvements had been made. The registered manager was required to input information regarding safeguarding concerns, falls and other incidents into the registered provider's monitoring system which enabled the registered provider to ensure that appropriate action was being taken in these areas.

A 'night time walk around' was completed by senior staff on duty which included consideration of staffing levels, staff presentation, the cleanliness of the home and the interactions of staff with people using this service. This helped ensure that caring standards were being maintained.

Residents meetings took place on a regular basis. This enabled people and their family members to ask any questions they may have, or raise any concerns. At the last meeting held, the minutes showed that people had not raised any issues with the registered manager.

There was a process in place for getting feedback from people using the service and their family members. This was done using an electronic feedback station at the entrance to the service. The results of this feedback showed that overall people were happy with the service being provided. Where some comments indicated that there were areas of improvement, an action plan had been put in place to address these.

Staff meetings were held on a routine basis and any issues of concern noted and addressed. Staff told us they were informed of any changes that occurred within the service through staff meetings and daily handovers, which meant they received up to date information and were kept well informed.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection taking place we reviewed the notifications that we had received from the registered provider and found that this was being done as required.

The registered provider is required by law to display the most recent rating awarded by the CQC. During the inspection we observed that this was on display as required.