

Oldham Property Investments Limited

Acorn Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Acorn Lodge Nursing Home is a residential nursing home which provides personal and nursing care for up to 85 people. At the time of the inspection 72 people were living at the home.

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

Some records were not always accessible, accurate or up to date, including body maps for the application of creams and patches, we brought these to the attention of the manager who took immediate action.

We have made a recommendation about recording practices.

Moving and handling training was safe. Competency checks had been completed and appropriate equipment was in place to assist staff when moving and handling people. People were safeguarded from abuse. Staff were safely recruited and staffing levels were adequate. The home was clean and tidy, though some cleaning records had missing signatures. Staff used appropriate personal protective equipment (PPE).

Person centred care was being provided and people had their own care plans which were reviewed. People's communication needs were recorded, and complaints were logged and responded to. The service was supporting visits from family and loved ones in line with relevant guidance, and activities were taking place in the home. End of life wishes were discussed, though at the time of inspection not all staff had received end of life training. During the inspection the provider sourced appropriate training for staff to complete.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focussed inspection of this service on 20 and 21 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to check if they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Lodge Nursing Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Acorn Lodge Nursing 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 Care Act 2014.

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

The inspection was carried out by two inspectors.

Service and service type

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

At the time of inspection, the home did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in place who was completing the registration process.

Notice of inspection

We gave the service 24 hours' notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, clinical lead, a unit manager, nurse, a senior carer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to moving and handling of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff received moving and handling training and had their competencies assessed. Although paperwork relating to competency checks had been misplaced, we felt confident this action had been completed due to other supporting documents provided.
- Bath hoists had been fitted with appropriate lap belts and were safe to use.
- Various risk assessments were in place. However, we reviewed the care plans for two people living with dementia for whom specific risk assessments explaining how this impacted on their lives and level of functioning had not been completed. The provider was in the process of upgrading the care plans and advised this would be addressed in the process.

Using medicines safely

- Some improvements were needed regarding medicines records.
- Body maps were not always in place to indicate where pain relief patches had been placed or where creams needed to be applied. This meant it was difficult for staff to ensure they were following the manufacturers guidelines and applying medication or topical creams correctly. Shortly after our site visit the provider advised body maps were now being used consistently.
- Some creams and oral medication were not dated when opened, which meant staff were not always aware if they were following manufacturers guidelines regarding storage time frames for these medicines.
- We reviewed one person's records who received medicines covertly. Correct paperwork and consent was in place, however, their medicine administration record lacked detail on how to covertly administer one of the medicines. During the inspection the provider liaised with the GP and pharmacist to gain clarification on how to covertly administer this medication. The above issues are addressed further in the well led domain.
- The service had necessary medicines policies and procedures in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse.
- Necessary safeguarding referrals had been made and records showed appropriate action had been taken

as a result of those concerns.

- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- People who used the service told us they felt safe. One person told us "Everything is fine for me, I am safe."
- Lessons learned were taking place. The provider completed this as part of an audit of incidents and fed back any necessary actions to staff as part of their one-to-ones.

Staffing and recruitment

- Staffing levels were adequate and recruitment processes were safe.
- We reviewed a sample of staffing rotas and enough staff were deployed to keep people safe, although the use of some agency staff was needed to achieve this. The manager explained a number of staff had left along with the previous registered manager and they were still recruiting to these posts.
- Robust systems and processes were in place when the service recruited staff and safe recruitment procedures had been followed with the necessary checks in place.
- Call bell audits were reviewed and calls were answered in under three minutes. One person told us "I use it (call bell) at night. They do come quite quickly. They are very good."

Preventing and controlling infection

- The home appeared clean and tidy.
- People told us they thought the home was clean, one person told us, "Oh its clean definitely, there is a cleaner, god knows how many times they do the floor, but it is definitely clean."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care which met their preferences.
- Each person who used the service had their own care plan in place containing information to guide staff about people's health conditions and how they wanted to be supported. Care plans were reviewed and updated every 12 months or when people's needs changed.
- People had a recent photograph on their door to help them identify their bedrooms.
- People said the service was responsive to their needs. One person told us, "Yes, if I ask for anything food or anything they get it. They get a me a full English every morning which I really do enjoy, if I want something different as a meal they get me it, I never go short."

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were being met.
- People's care plans detailed their communication needs, and the service user guide explained the different ways in which information could be provided to people, to ensure it was accessible to all.
- A complaints policy and procedure was available and this explained the process people could follow if they were unhappy with the service they received.
- A complaints log was maintained, along with details of the responses provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Visitors were being allowed back in the home following recent lock down rules and the service were working in line with current guidance.
- The service had two activities co-ordinators who planned and led on a variety of activities for people living in the home. During our inspection we witnessed activities taking place.
- People told us they were given the choice to take part in various activities, one person told us, "I play bingo, ball games and I exercise and they (staff) get me word searches which I like, I enjoy reading and I have plenty of books."

End of life care and support

- Although the service did not have a specific end of life policy in place, other policies referenced end of life care and the expectations around this.
- People were asked about their end of life wishes and where agreed, an end of life care plan was in place.
- Nurses had received end of life training; however, carers had not been provided with this training despite this being suggested in the last inspection report. During the inspection the provider sourced a suitable course and enrolled carers onto this as part of their mandatory training.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly assess the risks relating to governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We identified some minor concerns around the governance of the service in relation to record keeping.
- The service had various audits in place including care plan audits, cleaning audits and medicines audits, however, these audits had failed to identify some of the recording issues we found in a small number of records during the inspection. Paperwork relating to the competency checks for moving and handling had also been misplaced.

We recommend the provider reviews the systems they have in place to ensure accurate recording is taking place.

- Confidential information including staff recruitment files and care plans was stored securely.

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

- The service promoted a positive culture.
- Staff told us they enjoyed their roles. One staff member told us, "I enjoy my role and I love chatting to residents and feeling that at the end of the day that I have helped."
- Most people knew who the manager was and spoke positively about the service. One family member told us, "I think it's very good and caring. They listen to what the residents want."
- Various thank you cards were received by the service, comments within these cards included, "All staff at Acorn Lodge, for all you do, take care. You are all heroes." and "Your care and support is fantastic".

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; Continuous learning and improving care

- The provider reported accidents, incidents and concerns to the CQC and the local authority in a timely way.
- The provider completed lessons learned for incidents which happened in the service, to ensure continuous learning took place.
- A whistleblowing policy was in place and staff were encouraged to be open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged regularly with staff to ensure they were up to date with important changes.
- The service had conducted staff and residents' surveys. Actions had taken place in response to the survey results.
- The manager worked in partnership with the local authority and health teams to obtain good outcomes for people.