

# Key inspection report

## Care homes for older people

<b>Name:</b>	Acorn Nursing Home
<b>Address:</b>	46-48 All Saints Road Bradford BD5 0NJ

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Stephen Marsh	2 9 0 6 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Acorn Nursing Home
Address:	46-48 All Saints Road Bradford BD5 0NJ
Telephone number:	01274734004
Fax number:	01274740859
Email address:	
Provider web address:	

Name of registered provider(s):	Regency Healthcare Limited
Name of registered manager (if applicable)	
Mrs Elinaty Mtonga Simpasa	
Type of registration:	care home
Number of places registered:	34

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	34
physical disability	34	0

### Additional conditions:

The maximum number of service users who can be accommodated is: 34

The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP and Physical disability - Code PD.

Date of last inspection	1	0	0	2	2	0	1	0
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### Brief description of the care home

Acorn Nursing Home is a thirty-four bedded care home, which provides both residential and nursing care. The home was formerly a vicarage and it is conveniently situated less than one mile from Bradford City centre and close to St Luke's Hospital. The home is well served by public transport and there is adequate parking to the front of the property. There are double and single rooms situated on the ground and first floor of the building, with two having en-suite facilities. There is level access to the main door

#### Brief description of the care home

and a passenger lift is available. The communal areas are situated on the ground floor, comprising of two lounges and a dining room. There are communal bathroom and toilet facilities located throughout the building. There are gardens and a patio area for the people to use and enjoy when the weather permits. Current fees for the service range from GBP 359:25 to GBP 465:08 per week Residential and GBP 525:00 to GBP 675:00 Nursing.

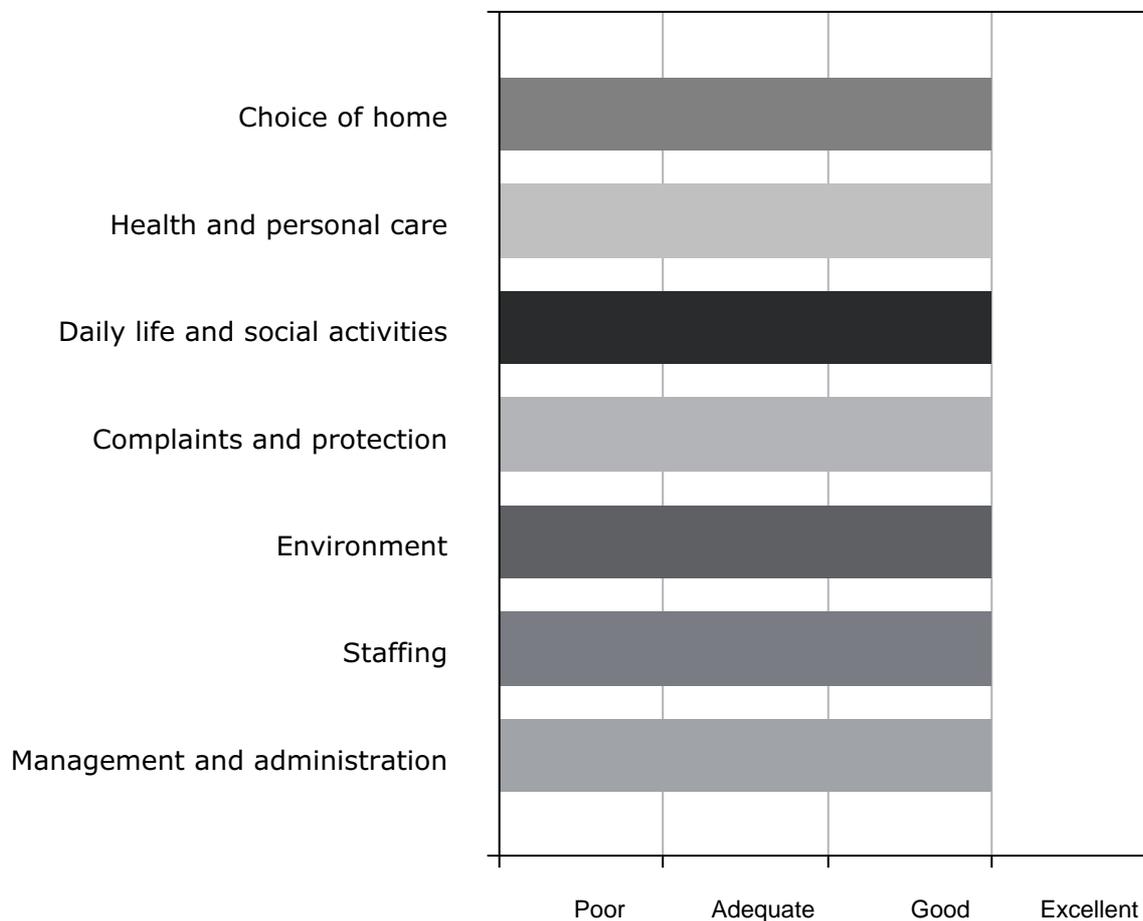
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The last key inspection of this service was carried out over two days the 10 February 2010 and the 3 March 2010. The overall quality rating for the service at that time was poor and we made three requirements relating to care planning, food and fluid intake charts and the need for monthly reports on the conduct of the service to be completed and forwarded to us under Regulation 26 of the Care Standards Act 2001. Two of the requirements relating to care planning and food and fluid intake charts were outstanding from a previous inspection.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely enforcement action will be taken

The purpose of this inspection was to assess what further progress the home had made and the impact of any changes made on the quality of life experienced by people using the service. On this occasion we did not ask the home to complete an Annual Quality Assurance Assessment form and we did not send surveys questionnaires to people living at the home, their relatives or other health care professionals.

The visit was unannounced and was carried out by two inspectors between the hours of 09:30 and 17:00. During the visit we talked to people using the service, visitors, staff and management. We also spent time observing care practices.

At the end of the visit we gave feedback to the manager about our findings.

### **What the care home does well:**

The management team continue to have a positive approach to the inspection process and show a willingness to work with us to maintain and improve standards.

Staff are approachable, have a caring attitude and try hard to create a homely atmosphere.

The home has established a close working relationship with other health care professionals, which makes sure people's health care needs are met in line with their care plan.

People told us that the food is good, they said there is always a choice and alternatives are available if they don't like what is on the menu.

### **What has improved since the last inspection?**

The management team are now more proactive and identify shortfalls in the service quickly instead of them being brought to their attention through the inspection process.

There are now clearer lines of communication and accountability both within the home and external management, which means that the home is being managed more effectively and in the best interest of people living there.

Staff morale has improved since the last inspection and staff now have a more positive attitude, are better motivated and want to move the service forward.

Improvements have been made in the care planning system and care plans are now more person centred and provide staff with clearer guidance on how to meet people's needs.

Nutritional assessments are now routinely carried out for all new admissions to the home and for people identified as being nutritionally at risk staff are now accurately recording and monitoring their food and fluid intake to make sure their health is not compromised.

### **What they could do better:**

The home needs a period of stability and clear leadership so that it can move forward and improve outcomes for people.

The improvements made to the care planning system must be maintained and developed further so that the home can clearly evidence that it can meet people's needs.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk).  
You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our  
order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The admission procedure is thorough and people will not be admitted to the home unless the manager is sure that staff are able to meet their needs.

Evidence:

Records show that people's needs are now always assessed before they move into Acorn Nursing Home either in their own home or temporary place of residence. We looked at the pre-admission assessments for the last two admission to the home and found that they provided staff with good information about the people's health, personal and social care needs.

People are invited to visit the home before admission to see at first hand the facilities provided, meet the staff and other people living there and stay for a full day if they wish to do so. People are also able to move in to the home on a trial period if they are still undecided. This is good practice and shows that people are supported through the admission process.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements have been made to the care planning system and care plans are now more person centred and reflect people's current needs. However, the improvements must be maintained and developed further so that the home can clearly evidence that it can meet people's needs.

Nutritional assessments are now routinely completed for new admissions to the home and food and fluid charts are being completed and checked correctly, which means that people's health is no longer being compromised.

Evidence:

We looked at four people's care plans. The plans have been reorganised since our last visit in March 2010, they are now well laid out and information about people's needs is easy to find. A detailed assessment of people's needs had been completed after they moved in and the information from the assessments used to draw up care plans. The care plans are up to date and provide staff with clear information about the actions they need to take to give people the care and support they need. The care plans are usually written within a week of the person moving in, this allows the home time to

## Evidence:

carry out a more detailed assessment of their needs. In order to make sure that staff have information about people's needs as soon as they move in we recommended that interim care plans be put in place using the information obtained during the pre-admission assessment. This will reduce the risk of people's needs being overlooked. This was discussed with the manager.

Risk assessments are in place for areas of potential risk such as falls, developing pressure sores and nutrition. At the last inspection we were concerned that people's nutritional needs were not being properly identified and met. Since then the home has introduced a more detailed nutritional assessment which includes information about people's dietary preferences. At the last inspection we were concerned that the food/fluid charts were not being properly completed and checked to make sure people were receiving adequate amounts of food and drink. This has improved and we saw that the charts are completed and are now checked every day by the nurse in charge. People who are identified as being nutritionally at risk have their weight checked every week and where necessary the home has involved other professionals such as General Practitioners and dietitians. We saw that when people are prescribed dietary supplements these are recorded and signed for on the medicine charts. We looked at the weight charts of two people we had identified as being at risk due to weight loss at the last inspection and saw that they have both gained weight.

The records showed that people have access to a range of NHS services. We saw records of visits by General Practitioners and district nurses and evidence of involvement by the Tissue Viability and Diabetic nurse specialist. People have access to opticians and chiropodists who visit the home.

During the visit we spoke to one visitor who told us they are happy with the care their relative is receiving.

The manager told us she has started to involve people and/or their representatives in drawing up and reviewing the care plans. She said she intends to offer people the opportunity to take part in reviewing their care plans every six months.

We looked at the way medicines are managed and saw that they are stored and administered safely. The medication records are up to date. We identified a concern with one person not receiving one of their prescribed medicines for ten days because they were out of stock. The manager explained this is a problem with the way the person's GP surgery issues the prescriptions and she is taking action to sort it out.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home are encouraged and supported to participate in a range of social and leisure activities, which take into account their preferences and ability.

Evidence:

The manager told us that the daily routines are flexible and wherever possible people are encouraged to make choices about how they will spend their time whilst living at the home.

We saw that information about people's past lives, experiences and interests is recorded in the care plans. Having this information available helps staff to engage with people and helps to make sure people can be given the support they need to follow their personal interests.

The home employs an activities co-ordinator who is responsible for organising activities, entertainment and outings for people living at the home. For people that don't like to join in group activities time is made to engage with them on a one-to one basis.

People living at the home told us that they are able to see visitors in their own rooms

Evidence:

if they wished to do so and family and friends were always made to feel welcome and offered light refreshments when they visited.

During the visit we observed the lunchtime meal. The dining room cannot accommodate everyone living at the home therefore people can have their meals in the lounges or in the privacy of their own bedroom. The meal served looked appetising and we saw that staff showed a good awareness of people's needs and preferences and offered assistance discreetly to people who were not able to manage to eat independently.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are suitable systems in place to make sure that complaints are dealt with appropriately and people are protected from any form of abuse.

Evidence:

There is a clear complaints procedure in place and the manager confirmed that the home operates a zero tolerance approach when dealing with complaints and adult protection (safeguarding) issues.

People living at the home who were able said that they were aware of the complaints procedure and would have no problem at all in approaching the manager or registered provider if they had any concerns about the standard of care being provided.

Adult protection policies and procedures are in place and training records provided by the manager show that all staff have received training in the recognition and reporting of allegations of abuse.

Feedback from staff indicates that they are aware of the home's policy on "whistle blowing" and knew what to do if they suspected that people were being abused or working practices at the home were not in the best interest of the people living there.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements have been made to the environment and there is an ongoing programme of refurbishment and renewal to make sure the home continues to provide people with a pleasant, comfortable and safe place to live.

Evidence:

All the communal areas including lounges and the dining room are on the ground floor of the home, conveniently close to toilet facilities. The standard of decor and furnishing in these rooms is generally satisfactory and there is now an ongoing programme of refurbishment in place.

However, we noted that the central heating was on in some parts of the home and as it was a very warm day some of the lounge areas felt uncomfortably hot. The manager told us that she is aware this is a problem and work has started to rectify it but it is taking longer than expected.

Bedrooms are situated on both the ground and upper floors of the building and there are two passenger lifts available to assist people with mobility problems. On admission people are encouraged to bring personal possessions into the home to personalise their room and it was evident during the tour of the building that many people had done so. The standard of decor and furnishing in bedrooms was generally good and some were in the process of being decorating.

## Evidence:

We reviewed the communal bathing/shower facilities and found that the home continues to have one shower room on the first floor and bathrooms on the ground and second floors of the building. Currently the home does not have an assisted bath suitable for people with a physical disability as the baths in use are positioned against a wall and do not allow for staff access from both sides. However, we were informed by the manager that plans have been drawn up to convert an existing toilet and bathroom on the first floor of the home in to one large bathroom with an assisted bath centrally positioned. This will resolve this problem and assist people to maintained their personal hygiene.

The home is also making alterations to improve the office space and give the manager an office on the ground floor of the building. This will be an improvement as at present the main office is located on the top floor which means that if the manager is doing administrative work it is more difficult for her to manage the day-to-day running of the home.

On the day of the visit the home was clean and tidy. Externally the grounds are pleasant and well maintained.

## Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home are protected by the staff recruitment and selection procedures in place.

Staff are supported in developing the skills and knowledge they need to meet people's personal, health and social care needs.

Evidence:

At the last inspection we found that the home now has a thorough staff recruitment and selection procedure, which includes obtaining at least two written references and a Criminal Record Bureau (CRB) before new staff start work unsupervised.

When we visited on this occasion we found that there were four care staff and a nurse on duty on the morning shift. Staff told us there are usually four care staff on duty in the morning and this is generally enough to give people the care and support they need. The activities organiser helps with meals and drinks until after lunch and then organises activities for people. The manager is not included in the number of staff on duty. The home also employs separate staff for housekeeping, laundry and catering. The home has employed one new nurse since our last visit.

We saw that staff meetings had taken place in April and July this year. The items discussed included how the home could continue to make improvements to the

Evidence:

service.

At the last inspection we saw that there had been an improvement in staff training and this has continued. Training has taken place on nutrition, food hygiene, adult protection and infection control. Moving and handling training is scheduled to take place in July and August.

## Management and administration

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are now clearer lines of communication and accountability both within the home and with external management which means the home is in a position to move forward and continue to improve quality outcomes for people using the service.

Evidence:

The manager is in the process of applying for registration with the Commission. The home has appointed a deputy manager and she will start work as soon as all the required pre-employment checks are completed. This will help to strengthen the management team in the home.

The organisation has an area manager who visits the home at least once a month and we looked at the reports from these visits. They showed that the area manager is auditing the service to make sure improvements are being implemented and maintained. The manager told us that the area manager had spent a week in the home supporting staff with making improvements to the care plans.

## Evidence:

When we visited the home was in the process of issuing quality assurance questionnaire to people to give them an opportunity to share their views of the service. The home had received 5 completed surveys and they showed that generally people are satisfied with the service. One person said the ironing could be improved.

The manager told us that staff supervision is in place, this includes helping staff to identify areas where they can improve their practice and providing the necessary support to help them do this.

The home continues to have a policy of not holding money in safekeeping or being involved with people's financial affairs but will assist individuals to seek appropriate external help and support should they require assistance to manage their finances.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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