

Robert Pattinson

Acorn Grange Care Home

Inspection report

Vicarage Road
West Cornforth
County Durham
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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

This inspection took place on 4 January 2018 and was unannounced, this meant the provider and staff did not know we would be visiting.

Acorn Grange 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. Acorn Grange accommodated 37 people at the time of the inspection.

The service was last inspected on October 2015 and the rating for this inspection was Good. At this inspection we found the service remained Good.

Risks to people arising from their health and support needs as well as risks associated with the premises were assessed, and plans were in place to minimise them.

People received their medicine safely and were supported to access the support of health care professionals when needed. People were protected from the risk of abuse because staff understood how to identify and report it.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a varied and nutritional diet that met their preferences and dietary needs.

The interactions between people and staff showed that staff knew the people well.

Care was planned and delivered in way that responded to people's assessed needs. Care plans contained detailed information about people's personal preferences and wishes as well as their life histories.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. People, relatives and staff felt any concerns would be taken seriously and acted on. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|--|---------------|
| Is the service safe? The service remains good | Good ● |
| Is the service effective? The service remains good | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains good. | Good ● |
| Is the service well-led? The service remains good. | Good ● |

Acorn Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 January 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, two pharmacy inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with 8 people who lived at the service and 7 relatives via the telephone after the inspection. We looked at four care plans and six staff files. We looked at how medicines were managed. We spoke with the registered manager, the deputy manager, three care staff members, the cook, the handyman and the activity coordinator.

Is the service safe?

Our findings

We asked people and their relatives if they felt safe at Acorn Grange. People we spoke with said, "I feel safe here, the young ones are very helpful and all of them are very nice to me." Another person said, "I have a feeling of security as there are no strangers coming into my room." One relative we spoke with said, "I have no concerns with my [family member's] safety and nothing is a problem to staff." Another relative said, "My [family member] is as safe as they can be but feel there is not sufficient staff, however the staff here are brilliant."

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff we spoke with said they would not hesitate and would feel comfortable raising a concern.

People were protected from the risk of abuse. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

Risk assessments were in place which identified risks and detailed the measures to minimise harm whilst empowering people to undertake an activity. We saw evidence of positive risk taking, for example, one person had difficulty with swallowing and was advised by the speech and language therapist (SALT) to start a soft diet. This person decided not to follow these guidelines, they have full capacity and understand the risks and the service respected their wishes and decisions.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as electrical testing were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors and water temperatures. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may have required support to leave the premises in the event of an emergency. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly for trends or patterns. The registered manager did a falls analysis where they looked at the area the fall took place, the time of the fall, if it was witnessed or un-witnessed, was there an injury and what the nature of the fall was. We saw where necessary the falls team were involved and due to most falls taking place in people's bedrooms, sensor mats had been put in place where needed.

The registered provider had systems and processes in place for the safe management of medicines. People

were supported to access their medicines when they needed them. Medicines were stored securely and safely. The temperature of the room the medicines were stored in was taken daily and remained in safe limits. Improvements were needed to the records for applying creams and patch applications. The registered manager was aware of this and had already started to implement better practices. Staff were trained to administer medicines and had their competency checked annually with an observed practice.

We saw there were enough staff on duty to support people. There was a senior care worker and two carers on each unit with an extra care worker to support both units when needed. The service had also introduced a new position called care coordinators; this was a role that was to support the deputy manager. The registered manager used a dependency tool which assessed the staffing levels on a monthly basis dependent on the amount of people using the service and their needs.

Staff we spoke with said, "Yes there are enough staff," another staff member said, "Yes there are enough and the extra staff member that works on both units really helps."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

The service was warm, clean and tidy with no areas of malodour. We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves. The kitchen had been awarded a five star hygiene rating by environmental health. People who used the service and relatives said they thought the premises were clean and tidy, comments included, "The premises are definitely clean, the cleaning staff are in every day." And "The home is clean and spotless." and a relative said, "The premises are immaculate."

Is the service effective?

Our findings

We asked people if they thought staff had received training to enable them to carry out their role effectively. One person said, "They [staff] have the right skills and the young ones have time off to go to college." Another person told us, "They [staff] are very up on things, especially [named staff member]." And a third person commented, "They [staff] have the right skills and training, they are very helpful and knowledgeable."

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made in respect for each person living at the service and approved by the local authority in line with the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and records showed they had received training in this area.

People were very complimentary about the food. One person said, "The food is good, there are two choices; I have poor eyesight and a spot lamp is provided so I can feed myself without support." Another person told us, "The food is excellent, you get plenty to eat; it is hot, you get a good choice and it is not repetitive." And another person commented, "The food is excellent, you cannot knock it at all." Everyone was very complimentary about the chef, one person said, "The new chef has made a big difference." The chef was extremely passionate about their role, they knew everyone's likes and dislikes and individual preferences and who had special dietary requirements such as soft/pureed diet or vegetarian. The chef said, "Just because a person now has to have a soft or pureed diet, I don't want them to miss out on taste, one person loves beetroot, therefore I have spent time to work out how I can puree this, I have now been able to do allsorts even a soft corned beef and beetroot sandwich." The chef had received training about food and nutrition including how to get food to the right consistency.

Snacks were available throughout the day such as hot drinks, homemade cakes and high calorie mousses. Family members were welcome to join in with meals. The chef said, "I always make extra, everyone is welcome."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social worker, psychiatrist and dentist.

We found the premises were well kept and well decorated with dementia friendly adaptations. People's bedrooms were individually decorated with personal belongings. One person we spoke with said, "I am happy with my room, I have a lovely view over the countryside and I see a lot of wildlife." Another person commented, "I am happy with my room, I have my own furnishings."

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were really good, kind and respectful. Comments included, "Staff on the whole are kind and treat me with respect." Another person said, "I am happy with my care, you cannot knock it at all."

Relatives we spoke with were positive? One relative said, "The staff are caring and kind, [named staff member] is brilliant, he is respectful and the residents love him to bits." Another relative told us, "The staff are so kind, I know nearly of them and I get a warm welcome as soon as I come into the building." A third relative commented, "I am certainly happy with the care my [family member] receives, the staff are always having a laugh and a joke with [family member]."

Peoples' equality and diversity was respected. Staff had completed training in equality, diversity and human rights and adapted their approach to meet peoples' individualised needs and preferences. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service. One staff member said, "We treat everyone the same but in line with their own needs." Another staff member commented, "We treat everybody equally but different for their own needs, we don't assume everyone is the same."

There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. For one person their religion was very important to them, a priest attended the service to give Holy Communion and to pray with them. One staff member said, "It is important for this person to pray and have their rosary beads to hand."

People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. One person told us, "Staff listen to me, sometimes they disagree with my opinion but say it is your choice." Another person said, "Staff listen to me and keep it to themselves."

Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One person said, "I am independent but I know I would get help if needed." Another person commented, "Staff respect my independence as I can wash and dress my self." A third person told us, "The staff promote independence and encourage me with regard to improving my mobility."

We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. One person said, "I have lots of visitors."

Peoples' privacy was respected and consistently maintained. A relative told us "My [family member] is definitely treated with respect, from the young staff to the old." We observed staff did not enter people's rooms without the person's permission and information held about people was kept confidential.

No one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. There was information available for people if they wished to use an advocate.

Is the service responsive?

Our findings

Staff understood how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes.

We looked at four care plans and assessments in detail and saw these were comprehensive and included people's likes, dislikes and preferences. The care plan included information on people's history up to moving into Acorn Grange. The care plans detailed information on how a person wished to be cared for. For example, one person liked to sleep with their light off but with the right side curtain open so they got the glow from the security light. One staff member said, "We write the care plans with information on how they [people who used the service] want things, anything they want is in there such as if a person wants three pillows they get three pillow." The care plans also contained detailed information about a person's routines, rituals and why they did certain things. This meant staff were aware of certain behaviours and understood the reasons behind them.

Records showed that staff had worked in partnership with the individual, their relatives and professionals involved in their care to develop a support plan outlining how people needed and wanted to be supported. Relatives told us they were consulted about their family member's care and one relative commented, "I get time to talk about what is important to my mother, the manager always waves me in for an update." People said they were aware of their care plans. One person told us, "I am aware of the care plan and once a month I have the opportunity to ask any questions or say if I have concerns." Another person said, "My [relative] makes sure my care is reviewed and that everything is alright." And another person commented,, "I am involved in my care."

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, medicines and personal safety and risk. The care plans also contained actions for staff to follow if a person became anxious along with the signs of anxiety.

We saw in the care records that end of life care plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

People were happy with the activities on offer and told us about the social events and outings that were available and those that did not take part advised that they knew of the events and could participate in them if they wanted to. Examples of activities and outings included, darts, bingo, cards, dominoes, board games as well as outings to the Metro Centre and Beamish Museum.

One person told us, "I get help taking part in activities like bingo because of my poor eyesight and they give me large playing cards." Another person said, "I know the activities that are on and the activities provided over Christmas were good." Other people's comments included, "There are all kinds of activities going on" and "They are always doing something."

We spoke with the activity coordinator who said, "I am planning on a horse racing day and going out for afternoon tea. I am also looking at doing something for the royal wedding. Someone has requested the ponies to visit so I am just arranging this." They also said they were planning an event to celebrate Chinese New Year.

The service were part of the local community and joined in events such as a pie and pea supper with the Cornforth Partnership, singing carols at the Excel Centre. There had also been visits from the Salvation Army and local schools.

The registered manager said, "We are also aiming to provide a wider range of activities to improve the psychological and physical wellbeing for people, such as armchair aerobics. I am also obtaining more wall mounted activities for people living with dementia."

There was a clear policy in place for managing complaints. The service had received six complaints in 2017 and we saw these had been fully investigated with an outcome to meet the complainant's satisfaction. One person who had made a complaint said, "I was happy with the way my complaint was addressed." Relatives we spoke with said, "We have been given information on how to make a complaint. I would go straight to the manager and would have no qualms about doing so." Another relative said, "I would go to the manager if I had a complaint, her door is always open and she has time to talk to you."

We saw the service had received many compliments with comments such as, "My [family member] has totally transformed within a week of being here, all staff are excellent", "Extremely satisfied and grateful," and "The staff, wow, what lovely friendly happy people."

Is the service well-led?

Our findings

The service had a registered manager. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Quality assurance audits were embedded to ensure a good level of quality was maintained. The results of which were analysed by the provider in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The service had a strong emphasis on team work, communication and providing a homely atmosphere. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together as a team. One staff member said, "This is their [people who used the service] home and we make it feel like home, everybody is happy, if staff are happy the residents are happy." A person who used the service said, "The staff are happy in their work, you never hear them muttering on, she (the registered manager) has a good team behind her."

The registered manager said, "Staff and management regularly attend forums and networking events to ensure practices reflect current standards."

Staff meetings were held where staff had the opportunity to discuss people's changing needs and the running of the service. We saw minutes of the meetings were maintained and made available to staff who had not attended the meetings. They detailed matters discussed at the meeting, actions that were needed to be taken and by whom.

People, relatives and staff were complimentary about the registered manager and the way the home was run. One person said, "The manager has a good grip on things having worked her way up through promotion." Another person commented, "The home is well managed and if there is a problem she (the registered manager) tries to solve it straight away." A third person said, "The manager is very approaching, she is out and about." A further person told us, "The manager's door is always open, she knows her stuff." A relative said, "The management of the home has improved from years gone by." They went on to say they had written a complimentary letter about the care provided.

A staff member commented, "The manager is an excellent manager." Another staff member said, "The manager is lovely, you can always go to her and rely on her, she is very accommodating and treats everyone

the same."

We asked staff what they thought the culture of the service was and what the provider's values were. One staff member said, "The culture is an open culture, very honest." Another staff member said, "Our values are to provide a homely atmosphere."

People who used the service and relative meetings took place every two months. During these meetings they were asked how they were, if they required anything, what they thought of the food and what activities they would like to do. One person told us, "I attend meetings where they ask you for your views and suggestions." Another person said, "I attended a meeting and put my concerns across about the bread being too thin and burnt toast." A third person commented, "I can raise any concerns at the meeting and provide my own input."

One relative said, "I find the meetings valuable, staff ask for anything you want to say or have an opinion on, you also find out valuable information such as staff changes or what is planned for the future."

We asked the registered manager what their biggest achievement was, they said, "Working my way up within care homes from being kitchen assistant to the position I am now. I am now able to share my experience and knowledge as well as have the influence to carry out my own values in order to improve my setting and the service we provide."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback.