

Countrywide Care Homes Limited

Acorn House Care Centre

Inspection report

Whalley New Road
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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?	Good ●

Summary of findings

Overall summary

About the service

Acorn House Care Centre is a residential care home which provides personal care for up to 32 older people and people living with dementia. Accommodation is provided over two floors and a passenger lift is available to provide access to both floors. At the time of the inspection 30 people were living at the home.

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

People told us they felt safe living at the home. We received mixed feedback about staffing levels and have made a recommendation about this. Staff followed safe infection control practices, including wearing appropriate personal protective equipment (PPE) to protect people from COVID-19 and the risk of cross infection. The provider ensured staff were recruited safely and were suitable to support people living at the home. People were protected from the risk of abuse or avoidable harm and appropriate action was taken to manage accidents and incidents. Staff managed people's medicines safely, in line with national guidance. The safety of the home environment was checked regularly.

Staff knew the people they supported and provided them with individualised care that reflected their needs, risks and preferences. They encouraged people to make choices when they could. People's care documentation included detailed information to guide staff about how to support people well and was reviewed and updated regularly. People's end of life care wishes had been discussed with them, or their relatives where appropriate. People were happy with the range of activities available at the home. The provider managed concerns and complaints appropriately.

The manager and staff were clear about their responsibilities. They focused on providing people with high quality care, which reflected their needs and preferences. The service worked in partnership with a variety of community professionals to ensure people received any specialist support they needed. Management sought people's views about the service and acted upon them. Everyone we spoke with was happy with the management of the service. The regular checks and audits completed by management were effective in ensuring appropriate standards of quality and safety were maintained at the home.

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

Rating at last inspection and update

The last rating for the service was requires improvement (published 15 January 2021).

For those key questions not inspected, we used the ratings awarded at the last inspection where those key question were reviewed, to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good, based on the findings of this inspection

Why we inspected

This was a planned inspection to follow up on the breach of regulation that had been identified at the inspection in September 2019 but had not been reviewed during the inspection in December 2020.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led.

Details are in our well-led findings below

Good 

Acorn House Care Centre

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 an inspector and an 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.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. The manager had started working at the service six weeks before our inspection and had applied to CQC to become the registered manager for the home. When a service has a registered manager, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who lived at the home, four visiting relatives and a visiting healthcare professional, to gain their feedback about the care provided. We also spoke with the manager, a regional director, three care staff, a domestic assistant and a kitchen assistant. We reviewed a range of records, including two people's care records which we reviewed in detail, a selection of medicines records and two staff recruitment files.

After the inspection

We spoke with four care staff on the telephone. We reviewed a variety of records related to the management of the service, including policies and audits. We contacted two community health care professionals who visited the service regularly for their feedback about the care and support provided.

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 good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse and avoidable harm. People felt safe living at the home. They told us, "I feel very safe here. I am happy to be here, and all the girls are nice. They have a lot of patience, there is not one that I dislike" and "It's grand. They look after me, I feel safe and looked after." One relative commented, "I like the staff, as does my wife, they know her and are very attentive. She feels very safe, they do everything for her."
- Management had taken appropriate action when incidents took place or safeguarding concerns had been raised about the service. Where shortfalls were identified, improvements were made, and any lessons learned were shared with staff. All staff had completed safeguarding training. Staff told us they would report any safeguarding concerns to the manager, but not all staff were aware that they could report concerns directly to the local authority. We discussed this with the manager, who told us she would remind all staff of the process.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were reviewed and updated regularly.
- The provider had systems to manage accidents and incidents effectively. Staff supported people appropriately when accidents or incidents occurred. Management reviewed accidents regularly to ensure appropriate action had been taken by staff.
- Regular checks of the home environment, including equipment, fire safety and water safety, were completed to ensure it was safe and complied with the necessary standards.

Staffing and recruitment

- We received mixed feedback about staffing levels at the home. People told us there were enough staff to meet their needs. One person commented, "Staff are great. They are busy, but I think there is enough unless anyone is off sick."
- Staffing rotas showed that on a number of occasions over recent weeks, the service had been understaffed during the day and night. Staff confirmed that this was the case and told us they covered extra shifts when they could, however, this was not always possible and sometimes people experienced delays in receiving support when they were short staffed. The manager explained that this was due to staff resignations, short notice sickness and difficulties recruiting and retaining staff. We are aware that recruitment has been an issue nationally across the health and social care sector. The manager advised that two new staff were starting shortly, which would help to alleviate some of the shortages, and they were continuing to advertise for vacant posts.
- The provider was looking at creative ways to recruit and retain staff, including offering shorter shifts. The

provider agreed to use agency staff to cover any shortages until additional staff could be recruited.

We recommend the provider continues to monitor staffing levels at the home, to ensure sufficient staff are available at all times to meet people's needs in a timely way.

- The provider recruited staff safely. Appropriate checks were completed to ensure staff were suitable to support people living at the home.

Using medicines safely

- People's medicines were managed in line with the National Institute for Health and Care Excellence (NICE) guidance. People received their medicines as and when they should.
- Staff had completed appropriate training and been assessed as competent to administer people's medicines safely. We observed one staff member administering people's medicines and found it was done safely. Management completed regular checks of medicines stock and records, and action was taken where improvements were needed.

Preventing and controlling infection

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

Visiting in care homes

- People were receiving visits in line with Government guidance. When visits within the home environment had not been possible, staff had supported people to maintain contact with family and friends by other means, including video calls and window visits.

Learning lessons when things go wrong

- The provider ensured there were systems in place to analyse incidents, complaints and concerns. The manager made improvements where necessary and shared any lessons learned with staff.

Is the service responsive?

Our findings

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

At our inspection in September 2019, this key question was rated as requires improvement. We did not review this key question at our last inspection in December 2020. At this inspection, this key question has 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

At our inspection in September 2019, the provider and registered manager had failed to ensure people's care was planned in a person-centred way to meet their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This breach of regulation was not reviewed at our last inspection in December 2020.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- New care plans had been introduced since our last inspection. The care plans we reviewed were personalised and included detailed information to guide staff about people's needs, risks, abilities and preferences. Information about the choices people could make was also included. Care plans were reviewed and updated monthly or when people's needs changed. We noted each person's care file contained a one-page summary of their needs and risks. The manager told us they would keep a folder of people's summaries on each unit, so that it was easily accessible to all staff. As care plans can be lengthy, this could be particularly helpful for new staff or agency staff, who may not know people well or have had a chance to review their care plans.
- Staff supported people in a personalised way, which reflected their needs and preferences. People told us staff knew their likes and dislikes. One relative commented, "Staff do everything for [person], and know him well." One health professional who visited the service regularly, told us staff knew people's needs and risks and people were well cared for. They told us staff referred people for specialist support when they needed it and followed any treatment advice given.
- We observed staff supporting people and noted that they knew people's needs, risks and routines well. People looked relaxed around staff and seemed comfortable asking for support when they needed it. Staff offered people choices, such as where they spent their time and what they ate at mealtimes.

Meeting people's communication needs

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 care plans included information about how people communicated and any support they needed with communication.
- Staff were aware of people's communication needs. We observed them communicating effectively with people, repeating or explaining information when necessary.

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

- Staff encouraged people to maintain relationships that were important to them and avoid social isolation. Relatives, friends and representatives were able to visit the home in line with Government guidance. People had been supported to stay in touch with friends and relatives through window visits and video calls when visiting inside the home had not been allowed due to the pandemic.
- Staff supported people to follow their interests and take part in activities. The home had an activities co-ordinator, who supported people with a variety of group and one to one activities, including movement to music, guided meditation, bingo, book club, board games and coffee mornings. People were happy with the activities available and were encouraged by staff to take part.
- Care plans included information to guide staff about people's hobbies, interests and whether they liked taking part in activities.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy and information about how to make a complaint was available to people.
- None of the people we spoke with had made a complaint. One person commented, "I did have a concern some time ago. I spoke to the manager, I can't remember what it was about now, but it was sorted out no problem." People told us they would feel comfortable raising concerns with staff or management if they had any. Records showed that complaints were managed appropriately, and improvements were made when needed.

End of life care and support

- People's end of life wishes had been discussed with them, or where appropriate their relatives. Care records documented their wishes and preferences, including whether they wanted to remain cared for at the home when they reached the end of their life. Information about people's resuscitation status was also included.

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an open culture, where people, relatives and staff were encouraged to share their views. Management and staff treated people as individuals and included people, and their relatives when appropriate, in decisions about their care. Staff provided people with individualised care, which reflected their needs and preferences and focused on supporting them to achieve a good quality of life.
- People and relatives we spoke with were happy with how the service was being managed and told us they would recommend the home. One relative commented, "I would definitely recommend the home to others. I am very pleased I chose this home. There is a poster on the wall which says, 'This isn't our workplace, it's the residents' home' and that sums it up."
- Staff felt people were supported well and received high quality care. They told us they would be happy for a member of their family to be cared for at the home. They felt the service had improved since the last inspection and found the new manager supportive and approachable. One staff member commented, "The new manager seems nice. She's person-centred and wants to get to know the staff and the people living here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy and management were aware of their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The provider and manager understood their roles and regulatory responsibilities. The manager was responsible for the day to day management of the home, with support from the deputy manager. They completed regular audits of quality and safety, along with the provider's regional director who visited the home regularly and completed a detailed monthly audit. Action plans were put in place when improvements were needed. The audits completed by management were effective in ensuring that appropriate standards of quality and safety were maintained at the home.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and during staff meetings.
- The manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is

required to send us by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had various processes to gain feedback from people, and their relatives when appropriate, about the care and facilities provided. Feedback seen from recent satisfaction surveys and residents'/relatives' meetings was positive and showed that management listened and responded to any concerns and suggestions.
- Staff meetings took place regularly and staff felt involved in the service. They told us they would feel comfortable approaching management with concerns or suggestions.

Continuous learning and improving care

- Where audits identified the need for improvements, management took action to address these in a timely way. Any lessons learned from complaints, concerns or incidents were shared with staff during meetings and handovers, to improve care.
- There was a programme of redecoration in place at the home. The upper floor had almost been completed and further redecoration of the ground floor was planned.

Working in partnership with others

- Management and staff worked in partnership with people's relatives, representatives and a variety of health and social care professionals to ensure people received the support they needed. These included GPs, community nurses, hospital staff, dietitians, speech and language therapists and podiatrists. One community professional who visited the service regularly told us people were well cared for, staff were good with people and the home was always clean. They did not have any concerns about the quality of care provided at the home.