Countrywide Care Homes Limited

Acorn House Care Centre

Inspection report

Whalley New Road
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31 January 2017

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 30 and 31 January 2017. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The service was last inspected on 4 November 2014 when we found it to be meeting all the regulations we reviewed.
Acorn House is located in Blackburn, Lancashire within easy reach of the town centre. The service is registered to provide nursing or personal care for up to 32 people. On the first day of our inspection there were 29 people living in the service with one person admitted on the second day of our inspection.
The service had a registered manager in place at the time of our inspection. 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.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There was a lack of activities and stimulation for people who used the service. The activities co-ordinator was working as a care staff on both days of our inspection. Records we looked at showed that concerns had been raised by relatives of people who used the service in the past about the lack of opportunity to undertake activities.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

The management of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare. The service was clean and tidy and there were no malodours.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed. The service had achieved a five star, very good rating from the national food hygiene rating scheme.

All staff members had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Care plans contained people's personal preferences so they could be treated as individuals.

People were given the information on how to complain with the details of other organisations if they wished to go outside of the service. The complaints procedure was displayed in the entrance of the service for visitors to see.

Staff and people who used the service all told us managers were approachable and supportive. The registered manager told us they received support from the providers.

Meetings and supervisions with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service told us they felt safe living at Acorn House. Staff members had received training in safeguarding and knew how to keep people safe.

Medicines were managed safely within the service.

Moving and handling equipment throughout the service had been serviced regularly to ensure it remained in good working order. Staff had received training in moving and handling procedures.

Is the service effective?

Good

The service was effective.

Staff members were expected to complete an induction when they commenced working at Acorn House. People who used the service felt staff members knew them well.

Records we looked at showed a number of people within the service were either subjected to a DoLS authorisation or an application had been made to the local authority; no one was being unlawfully deprived of their liberty.

Bedrooms we visited had been personalised to people's own tastes and people could bring in their own furniture if they wished. People told us the service was clean and tidy.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us that staff members were kind and caring. We observed interactions that were sensitive and respectful of people who used the service.

Care records relating to people who used the service were stored safely and securely to ensure confidentiality.

We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of activities available for people who used the service. On both days of our inspection the activities co-ordinator was working as a care staff member. There were limited activities/stimulation for people living with dementia.

Prior to moving into Acorn House a pre-admission assessment was undertaken. This was to ensure that the service could meet the needs of people prior to them moving in.

Throughout our inspection we saw staff members giving people choices such as what they wanted to eat, what they wanted to drink and where they wanted to spend their day.

Is the service well-led?

Good

The service was well-led.

There were policies and procedures for staff to follow good practice. These were accessible for staff and provided them with guidance to undertake their role and duties.

There were systems in place to monitor the quality of care and service provision at the service.

Staff told us they felt supported and could approach managers when they wished.

Acorn House Care Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 and 31 January 2017 and was unannounced.

The inspection team consisted of one adult social care inspector on both days.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not raise any concerns with us.

We spoke with three people who used the service and one relative. We also spoke with three staff members, laundry person, cook, deputy manager and the registered manager.

Most people who used the service had a diagnosis of dementia and were unable to answer our questions. Therefore during the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for four people who used the service and the medication records for a number of people. We also looked at three staff personnel files and a range of records relating to how the service was

managed, these included training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Acorn House. Comments we received included, "Oh yes I feel safe. It is just far enough out of town. Like anything else you have to get used to it", "Yes I do feel safe here" and "I am safer here than at home. There is always someone here to help you." We also asked relatives if they felt their loved ones were safe in Acorn House. Comments we received included, "Yes definitely. She is happy here. She is very settled but it has took a while."

Staff members we spoke with knew how to keep people safe. Comments we received from staff included, "I would go and report it to the manager straight away" and "I would inform the managers if I had any concerns." All the staff members we spoke with told us they would report any concerns to the registered manager or take it higher management if they needed to. Staff were also able to recognise the different types of abuse and when and how to report concerns. We asked two staff members what they felt may constitute a safeguarding concern. They told us, "Financial abuse, physical abuse and verbal abuse" and "It could be abuse from a family member or a staff, such as financial, mental or physical abuse."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. Staff members we spoke with confirmed they had received safeguarding training.

The service also had a whistle blowing policy in place. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Staff members told us they understood the whistleblowing policy. Information we reviewed prior to the inspection showed the registered manager had reported all safeguarding incidents to the relevant authorities including CQC. This should help to ensure measures were put in place to protect the safety of people who used the service.

Risk assessments had been completed on an individual basis for people who used the service, such as falls, moving and handling, nutrition and pressure ulcers. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do and provided staff with guidance to minimise the risks.

There was also environmental risk assessment to ensure all parts of the service were safe. This covered topics such as slips, trips and falls, disposal of clinical waste, building maintenance, laundry, kitchen and bedrooms. This showed the service had considered the health and safety of people using the service.

We saw moving and handling equipment throughout the service, such as mobile hoists. Records we looked at showed these had been serviced regularly and wheelchairs were checked monthly by the maintenance person. We observed staff using moving and handling equipment; we heard staff members directing the person on where to hold and what they were doing to encourage and support the person. We asked staff members how they ensured equipment within the service was safe to use. Comments we received included,

"I have had training in moving and handling so I know how to use the equipment safely."

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift and the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

People who used the service had personal emergency evacuation plans (PEEPs) in place. This was a record showing the person's ability to make decisions and choices in the event of an emergency situation such as fire and the level of support they required. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

During our inspection we noted evacuation slides were available at various points throughout the building and the fire evacuation procedure was displayed in the entrance. There was a fire safety policy in place which detailed what to do on discovering a fire, administrative guidelines and training.

Fire drills were undertaken on a regular basis. We saw that fire escapes, extinguishers, emergency lighting and fire systems were checked on a regular basis to ensure they were in good working order and fit for purpose. A fire risk assessment was in place. The service had a contingency plan in place in case of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow.

We saw the service had a policy in place for the reporting and recording of all accidents and incidents within the service, including notifying CQC if there was a serious injury. We checked a number of accident forms and found these detailed the incident, the action taken and any recommendations.

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the manager on safe recruitment processes. We reviewed three staff personnel files. We saw that there had been a robust recruitment procedure for two staff members. One person had not had their background or any gaps in employment fully checked although all other information had been obtained. The registered manager informed us they would contact the staff member and ensure all relevant information was obtained. The other two files contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service (DBS) check. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

People who used the service told us they felt there were enough staff members on duty to meet their needs. One person told us, "There is always a staff member to help me. They are always willing to walk down here. I sit here because I like to look out of the window and no-one has asked me not to."

Staff members we spoke with about staffing levels told us, "It is tough at the minute. We had a really bad outbreak and staff were unwell. Some staff members have left. I don't mind, I cover when I can" and "At the minute staffing levels are low; there has been a lot of absences. The last couple of months have been on and

off." We also asked staff members if they had time to sit and talk with people who used the service. Comments we received included, "Not at the minute but I always try to" and "At the minute, no. The best time is weekend as they are a bit quieter." We observed staff had very limited time to sit and chat with people throughout our inspection.

The manager told us and we observed staffing levels on the first day of our inspection consisted of five care staff, chef, administrator, laundry person, housekeeper. On the second day of our inspection we observed five care staff, chef, administrator, laundry person, housekeeper and maintenance person. The service had an activity coordinator, although on both days of our inspection they were working as a carer due to staff sickness. On the night of the 30 January 2017 the registered manager had to work a night shift due to staff sickness, which meant they had been on duty all day and all night of the 30 January 2017 and continued their shift for a full day on the 31 January 2017. We spoke to the registered manager about the staffing levels in the home and were told they have been recruiting and were awaiting DBS checks to come back; these had been taking some time. The registered manager had also experienced difficulty in recruiting people they felt would be suitable for the role. Once DBS checks had been returned and new staff members commenced employment the registered manager was confident that staffing levels would be much improved.

We reviewed the systems in place to ensure the safe administration of medicines. Only staff members that had completed medicines training were permitted to administer medicines within the service. Competency checks were undertaken by the registered manager to ensure that staff remained competent to administer medicines.

We asked people who used the service if they received their medicines when they should. One person told us, "I am self-medicating, so I am in charge of my own."

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal.

We looked at a number of medicine administration records (MARs) and found they had been completed accurately. There was a photographic record of each person to help prevent errors. There were no unexplained gaps or omissions. Medicines were stored in a locked room in a trolley attached to the wall. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. The room was clean and tidy.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines.

Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

There was a separate sheet for 'as required' medicines. This gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors. There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the NICE guidelines for administering medicines.

We saw that topical medicines such as ointments were recorded in the care plans. A body map diagram was used to highlight where the medicines should be applied. Staff who applied the medicines signed the records which were duplicated in people's bedrooms. Creams that were in use had been dated when opened. This ensured that medicines that required discarding after a period of time, such as 28 days, would be discarded appropriately and within time frames. We looked in the trolley and saw it was a blister pack system. The trolley was clean and tidy as were the pots. There were sufficient supplies of medicines. Any medicines that required returning to pharmacy were stored in a box that was not tamper proof. All medicines awaiting return to a pharmacy should be stored in a tamper proof container so there is a clear and concise audit trail of the medicines and to prevent unauthorised access to these. We spoke with the deputy manager regarding this who told us they would address this as soon as possible.

Some people who used the service were able to self-administer some of their medicines such as creams and inhalers. We saw that risk assessments were in place to ensure people were safe and able to administer these and these were stored safely.

All the people who used the service that we spoke with told us they felt Acorn House was clean. One person who used the service told us, "Yes it is very clean. The décor is better than I could have done myself." One relative we spoke with told us, "Yes it is definitely clean." We saw that people had commented on the cleanliness of the service in the last meeting that had been conducted in August 2016. Comments we saw included, "Cannot fault how clean the home is", "No complaints and there always seems to be someone around cleaning" and "No smells in the home and always appears clean and tidy."

We asked staff members what they felt their responsibilities were in relation to infection control. One staff member told us, "Wearing gloves and aprons, things like that. We have blue aprons for when we are dealing with food and other aprons when we are doing personal care. It is our responsibility to keep things clean too."

During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from any food preparation areas. There were two industrial type washing machines and dryers to keep linen clean. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used the equipment when they needed to.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt staff members had the appropriate skills and knowledge to care for them. One person told us, "I cannot fault the staff. They are very attentive."

All the staff members we spoke with felt they knew people who used the service well. Comments we received included, "I know them pretty well. I am nosey so I sit and talk to them and ask questions. I like to ask about what jobs they used to do and tell them stories about my grandparents" and "I know them quite well. When someone comes to live here we observe them, ask what they like and don't like; just getting to know them and their sense of humours."

We looked at how staff members were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Acorn House. We spoke with the registered manager, staff and examined training records to see what training opportunities had been made available.

We asked staff members if they had received an induction when they commenced working at Acorn House. One staff member told us, "Yes. I did it with [Name of registered manager]. They showed me around the service, fire exits, paper and policies and procedures." Another staff member told us they had received an induction but that they could not remember what this involved due to the length of time since they completed it.

Induction records we looked at showed that staff were to complete an induction when commencing employment within the service. The registered manager told us they did not use the care certificate as they only employed people that had gained a National Vocational Qualification (NVQ) in care or were working towards this. The care certificate is considered best practice for staff members new to the care industry. Records we looked at contained an induction booklet that was completed by the new staff member and their mentor. This covered an introduction to the service, practical aspects of their role and mandatory training that must be completed. We also saw that new employees were observed undertaking support and care to people who used the service.

We asked staff members what training they had completed within the last 12 months. Comments we received included, "First aid, I have fire training next week, food hygiene, dementia, moving and handling, safeguarding, mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) and infection control. It is all up to date" and "Health and safety, food hygiene, first aid, moving and handling, safeguarding and infection control. It is up to date on the internet. Me personally I would prefer more in house training rather than doing it on computers."

Mandatory training consisted of fire prevention, protection of vulnerable adults, moving and handling, health and safety, control of substances hazardous to health (COSHH), challenging behaviour, infection control first aid, food hygiene, dementia awareness and core values such as dignity and respect, independence, rights and choice. All training courses were completed online. The training matrix showed that all staff members had completed all mandatory training.

Records showed that some people had achieved an NVQ level two, some people were working towards it and some people had achieved and NVQ level three. This should ensure that people who used the service were supported by staff members who had the knowledge and skills to do so.

We asked staff members if they received supervisions and appraisals. Comments we received included, "We have them regularly" and "Yes we have them."

There was a supervision and appraisal policy in place in the service. This detailed key elements that were to be covered during a supervision, such as job description, training record, setting and managing objectives, further training and if there was any problems within their role. Supervision records were kept confidential, although staff members and the registered manager confirmed that discussions covered the areas within the policy and procedure.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with and records we looked at showed that staff had received training in MCA and DoLS. One staff member told us, "Yes I have had the training. It is to see if anyone has capacity to make a decision in their best interest or do they need help. What they can do on their own."

Prior to our inspection we reviewed our records and saw that DoLS applications, which CQC should be made aware of, had been notified to us in a timely manner. We saw information to show that authorisations to deprive people of their liberty had been made to the relevant supervisory body (local authority).

The registered manager had a record of all DoLS applications they had made. Out of the 22 applications submitted the registered manager had received two authorisations and one refusal; they were awaiting the remainder to come back from the local authority. The service had a MCA and DoLS policy and procedure in place. This gave a definition of the act, the procedure staff must follow, confidentiality, record keeping and challenging an assessment. This policy was readily available for staff and a copy was seen located in the staff room.

We saw capacity assessments had been undertaken for those people the service considered to lack capacity to make decisions. These assessments had involved a senior member of staff, family and the person. Assessments were undertaken for task specific reasons such as looking after and administering medicines, using moving and handling equipment and personal care tasks. All decisions made were in the person's best interests.

We observed staff members verbally asking people for their consent in relation to medicines, moving and handling, personal care and activities. We saw a number of consent forms in place. These included personal care, photographs, medicines and sharing information with other relevant bodies. We noted that in two

people's care records consent had been given by relatives who did not have the correct authority in place. For example one family member had signed to consent despite their lasting power of attorney (LPA) only giving them authority over finances and not care and treatment. We spoke with the registered manager regarding this who told us they would address this. We saw some records were amended during our inspection to reflect the correct authority in place.

Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, dietician, opticians, district nurses and dentists. People also had access to psychiatrists to meet their mental health needs.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People who used the service told us they enjoyed the food at Acorn House. Comments we received included, "I enjoy the food", "Yes the food is nice" and "The pudding today was lovely. It was delightful." We also heard staff asking people if they had enjoyed their meal and people responded with, "Yes it was lovely" and "Yes it was good." One relative told us they food always looked appetising when they visited.

Although two staff members told us they had not received any training in meeting people's nutritional needs one staff member told us, "We read up on it when the dietician comes in. They give us information to follow." All the staff we spoke with told us they had time to ensure people's nutritional needs were met at mealtimes, such as supporting someone to eat their meal.

The last residents meeting conducted in the service asked people for their opinion of the food served. We saw people had commented, "Not enough variety", "I enjoy the sausages in gravy and like the cakes and biscuits" and "I enjoy all the food."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The kitchen had achieved the five star, very good rating from the last national food hygiene rating scheme inspection which meant food ordering, storage, preparation and serving were safe. We found the kitchen and food storage areas to be organised, clean and tidy. We saw there was a cleaning rota and a good supply of fresh, frozen, dried and canned foods.

During the lunchtime meal service during our inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We found the lunch time meal service was a relaxed occasion. Tables were laid with linen napkins and condiments and music was playing on the radio. We observed there was a warm and friendly atmosphere with considerable chatter and laughter between people who used the service and staff members. Staff wore the correct PPE (blue apron) whilst serving meals. We saw menus were on each table so that people could choose what they wanted to eat at each meal. Different size plates were given to people dependent upon their appetite, for example those people with a small appetite received their meal on a smaller plate so as not to over face them.

We noted that people had a choice of beef casserole and dumplings or bread and cheese pudding for their main course, with Bakewell tart for their dessert. We heard staff members asking people what they wanted and offered a selection of drinks during their meals. The evening meal was a choice of sausages and hash browns with beans or a choice of sandwiches, with jelly and ice cream for dessert. People were also offered a light snack for supper if they wished.

The communal areas were well decorated and had sufficient seating for people accommodated at the home. Some people's seating was specifically designed for them. The communal areas were homely in character and a television was available for people to watch if they wished. Some people preferred to remain in their rooms. Some areas of the home required redecoration and refurbishment, although the registered manager told us there was a programme of refurbishment in place which included redecoration, new flooring and new windows

Bedrooms we visited had been personalised to people's tastes. This included people's own televisions, furniture, ornaments and photographs. Each room had an en-suite room which contained a sink and toilet. The bathrooms and shower room were large enough to allow for wheelchairs to gain access.

There was a lift to access both floors and the corridors were wide enough for wheelchairs. There were hand rails along the corridors to help people move independently if they could. Baths contained hoists which helped people take a bath if they wished. The garden was accessible for people to use in good weather and contained chairs for people to relax and socialise.

We saw that pictorial signs were in place to aid people living with dementia to identify toilets, bathrooms, dining room and the lounge; this should support people to remain independent when mobilising around the service. Some people had their photograph outside their bedroom doors so that they could recognise which bedroom was theirs.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are lovely" and "They look after us very well here." One relative we spoke with commented, "The girls are very good." We saw the last residents meeting that had been undertaken asked for people views on the care they received at Acorn House. Comments we saw included, "Happy with the care I receive", "Happy. There always seems to be someone there to help", "Happy" and "Very independent but happy when I do need something doing."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members.

It was noted that staff called all residents by their first names or nicknames and they also acknowledged regular visitors by their first names. During informal conversations, staff and management spoke about individual residents with knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. We observed that staff regularly went into the communal areas as well as their bedrooms to check on people. Staff were attentive to people's needs.

Staff members we spoke with told us they would be happy for a family member to use the service. They told us, "If they needed to use a service then definitely, it is really nice here" and "I would be happy for a member of my family to live here."

We saw that visiting was open and unrestricted. We observed that any visitors were welcomed into the home and were told people could have their visits in private if they wished. People were encouraged to maintain relationships with their family and friends.

We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs. Staff members we spoke with told us they always closed doors to maintain people's dignity when providing personal care and where appropriate they would lock the door.

The service had a confidentiality policy in place which was accessible to staff members. We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.

We asked one person who used the service if they were supported to remain independent. They told us, "They let me do things for myself but if I ask for help they will help me, no problem." A relative told us, "Yes they do support her to be independent but she cannot do as much for herself as she thinks she can. I keep telling her to ask for help from the girls. They are all very good." All the staff we spoke with felt they supported people to remain independent within the service. One staff member told us, "We give each and every one of them choices. We don't single them out. It is all about what they want to do." Another staff member told us, "We see if they can manage themselves such as their personal hygiene. I will see if they can

wash themselves and their hands. I encourage them to mobilise with their frames. As they say 'If you don't use it, you lose it'."

One person who used the service had an advocate who visited them within the service. The service had ensured an advocate was available to them as they had no living family members who could act on their behalf and in their best interests. This meant the person had access to an independent person to speak and act in their best interests and to support their choices.

The service had an end of life policy in place to guide staff members when people were at the end of their life. This covered common symptoms of end of life, death of a person who used the service, action that was to be taken in the event of a sudden death and guidance in relation to people's religious preferences such as Catholic's, Buddhist's, Hindu's and Jehovah's Witnesses.

Care records we looked at contained end of life care plans. These detailed the person's religious or cultural needs, who the person wished staff members to contact, if the person wished to be buried or cremated and where that was to take place.

Training records we looked at showed that staff members had undertaken training on end of life. The registered manager told us and records confirmed that the majority of staff members had completed the six steps to success end of life training and the service were awaiting their certificate. Six steps to success end of life training is considered best practice in improving end of life care for people using services.

Requires Improvement

Is the service responsive?

Our findings

We looked at what activities were available for people who used the service to keep them stimulated and prevent boredom. Proposed activities for the week were displayed on a large board near the lounge on both floors of the service. We saw that activities on offer for the week of our inspection included; super skittles, bingo, dominoes, knit and natter, play your cards right, board games, hairdresser and pamper sessions. We also saw photographs of people being involved in pet therapy (where people had the chance to pet a variety of animals such as snakes, bearded dragons and dogs).

The service had also dedicated a room as a 'Garden Room'. This had been decorated and dressed to resemble being in a garden. There was artificial grass on the floor, a wooden fence along one wall and what resembled a wooden shed. There was a washing line with clothes on, a water fountain and a table and chairs so that people could sit and relax. The registered manager told us this was a well-used area by people who used the service and visitors.

The registered manager told us that the service employed and activities co-ordinator who worked Monday to Friday. However they informed us and the activity co-ordinator confirmed that due to staff sickness the activity co-ordinator was working as a care assistant during our inspection. We were told that activities during our inspection would be staff members talking to people on a one to one basis. On the both days of our inspection we noted that staff members did not have time to sit and talk to people during the day. On the second day of our inspection we noted one staff member made an effort to dance with someone for a short period and four people were playing dominoes with minimal involvement from staff members. We overheard one person ask if they were playing skittles that day and a staff member told them this was not available.

The minutes of a relatives meeting in October 2016 showed concerns had been raised with the registered manager about the lack of stimulation for people who used the service and that the activities co-ordinator was often working as a care staff member. We saw that there was limited stimulation for people with dementia and people were sat in chairs for long periods of time with the television being the only stimulation. We did not see evidence of dementia friendly resources or adaptations in the communal areas. This meant there was a lost opportunity to stimulate, exercise and relieve the boredom of service users.

These matters are a breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care and treatment was not designed to make sure it met all their needs.

Records we looked at showed that prior to moving into Acorn House a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Acorn House could meet the needs of people being referred to the service prior to them moving in. We saw background information about the person, what was important to the person, likes and dislikes were all discussed prior to moving into the service. The service also had a pre-admission assessment policy in place which detailed the process to be taken when someone expressed and interest or wished to be considered

for a placement within Acorn House.

We looked at the care records for three people who used the service. The care records contained detailed information to guide staff on the care and support to be provided, including what people were able to do for themselves and any equipment they may need, such as a walking frame. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had all been incorporated into their care plans; what time the person liked to go to bed, how often they liked a shower or a bath and what they liked to do during the day. People also had a 'map of life' and a 'me and my life' documents in place. These gave staff members detailed information on a person's history such as where they were born, where they went to school, what their occupation was, how many children they had, music they liked and how they liked to spend their days. This provided staff with guidance and information to best meet the needs of people they were supporting.

As part of our inspection we looked at how people who used the service were given choices about their everyday life. We asked one staff member how they ensured they gave people choices. They told us, "I will ask them what they want to wear, how they would like their hair, if they would like tea or coffee rather than just taking it for granted." During our inspection we observed numerous occasions when staff members gave people choices, such as where they wanted to sit and what they wanted to eat or drink.

We spoke with staff to ask them how they would respond if someone complained to them. One staff member told us, "I would document everything and inform the registered manager or deputy manager."

The service had a complaints policy in place. This provided guidance for staff members on verbal complaints, written complaints, investigating and following up actions. We looked at complaints that the service had received and found these had been dealt with in line with their policies and procedures and showed a clear process that had been followed.

Staff had a handover at the beginning of their shift. A handover is used to keep staff up to date with any changes to a person's care or if they were attending activities or appointments they needed staff support with. We also saw staff members documented in a diary any items that needed to be handed over or appointments that people who used the service had.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection we were made very welcome by the registered manager and staff members. We observed the registered manager interacting with visitors, relatives and people who used the service in a friendly and personalised manner. The registered manager was able to speak in great detail about the people who used the service.

People who used the service knew who the manager was. One person told us they did not know the manager but they were able to visually recognise the registered manager and chatted with them for a while.

We asked staff members if they felt the registered manager was approachable. Comments we received included, "Oh yes. No doubt about it and I know any issues I had would be addressed" and "Yes they are approachable." Staff members felt the service was well run by the managers. The registered manager felt they were well supported. They told us, "The providers are really good, they are very supportive. Someone from HR [human resources] comes in every month. My area manager comes in every month to visit and check everything is okay. We have a quality assurance visit every so often too."

The registered manager conducted audits regularly. The audits included care records, health and safety, medication, dining, home presentation and infection control. Any actions required were noted. Other audits were completed by the quality assurance person for the provider when they audited the whole service and produced a report of their findings for the registered manager to act on. The quality assurance systems in place within the service were sufficiently robust to identify areas for improvement.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, moving and handling, accident reporting, complaints, pre-admission assessments, end of life, advocacy and confidentiality. These were accessible for staff and provided them with guidance to undertake their role and duties.

We saw the service had received a number of compliments and cards from relatives of people who used the service. Comments we saw included, "Thank you for looking after our dad", "It's hard to put into words how much we appreciate the care and attention you gave to our mum over the past three years. She always looked smart and well groomed. She was well fed and entertained. We hope you know how grateful we are for your care", "Thank you so much for looking after [Name of service user]. You did a good job!" and "Thank you so much for looking after our mum over the last four years. We appreciate all your kindness and compassion and for always making us feel welcome when we visited, especially over the last few weeks."

The service sent out satisfaction surveys to residents and relatives. We looked at the results residents survey from 2015 and found 16 people had responded. The results of the survey were analysed and put into a report. This showed 94% of people who responded said they were happy with the care and support they received, 94% felt they were treated with kindness, dignity and respect, 100% felt the service was clean and tidy, 94% felt the menu offered a good variety of choices each day, 87% felt they had a say I how staff provided care and support, 100% said they could have visitors when they wanted and that the service was a secure place to live and 93% said they could choose what time they got up and went to bed.

We also looked at the results from the last relatives survey which was sent out in July 2015 and 14 people had responded. Questions asked/statements on the survey included "Do you feel the environment we provide for them to live in is safe?" "The staff ensures my relative is well care for emotionally/spiritually?" "The staff respond to my relative's physical needs and offer appropriate levels of support?" The majority of responses to the questions/statements within the survey were answered positively. The results of the surveys were shared with people who used the service and relatives and included the action the service had taken or were taking to address any of the issues raised or comments made.

Regular meetings were held for people who used the service. Records showed the last meeting was held on 24 August 2016 and six people had attended. We saw discussions had taken place around the care people received, food, cleanliness of the service, complaints and compliments. We saw people were able to have an open discussion about the service and any issues or compliments they had.

A Relative meeting had also taken place in 2016 and six relatives had attended. The service had arranged for a guest speaker to attend the meeting to discuss end of life with relatives. Other discussions included a summer fayre and concerns around the lack of activities and stimulation for people. One person had asked if their relative could have some 'twiddle mitts' (a knitted or crochet band with items attached that a person living with dementia can 'twiddle' in their hands). The registered manager informed us on the day of the inspection that this person now had one and we saw a photograph of them using it. This showed the service was responsive to issues raised with them.

Staff we spoke with told us they had regular staff meetings within the service. They told us, "Yes we have regular staff meetings" and "Yes we had one the other day." Records showed that four staff meetings had been held within the past 12 months, of which a variety of staff members had attended. We looked at the minutes of the most recent staff meeting and found discussions covered health and safety, care issues, accident reporting, policies and procedures, recruitment, rotas and training. These also evidenced that staff were given the opportunity to have their say during these meetings.

Health and safety meetings were also held with the registered manager, administrator, chef, maintenance person and housekeepers to discuss the environment and highlight any issues or concerns.

We asked the registered manager what improvements or changes they had made since the last inspection. They told us, "Since the last inspection we have gone back on to [name of chemist] medication system (as staff did not like the previous system). Decorating is on-going and we have had some new carpets and flooring in some of the bedrooms. We are having new windows fitted, they have been and measured up, we are just waiting for them to be installed. We have had new hoists, stand aids, sensor mats, new bath and new chairs in the upstairs lounge. We have just completed the six steps to end of life training and are awaiting our certificate to come through. We have also had a new eco-friendly boiler installed. We are also having a hairdressing salon put in one of the rooms and the conservatory roof is being replaced." This showed an on-going programme of improvements was in place.

The service had received an award from Care Home UK as being in the top 20 recommended large care homes group in the United Kingdom. This was awarded in July 2016 as they received a positive score of 9.7 out of 10 from either people who used the service or their relatives. We saw some of the comments made on the website about the service included, "When I came to look around Acorn House I didn't hesitate to come and stay here, everyone was welcoming. The home is very clean and organised. I like to put the music on and dace with others that live here. I am enjoying staff and residents company. Nothing is ever too much for the staff. I also enjoy cakes and biscuits with a cup of coffee", "This home is excellent. There are no negatives that I can see. Staff are very friendly, caring and as helpful as possible. Residents all seem happy and well cared for", "Mum was admitted to Acorn House in March 2016. Since being a resident Mum has received first rate care and attention and her quality of life has greatly improved" and "I would highly recommend Acorn House to anyone, everything about the place is amazing especially the staff, they are truly special people and I personally cannot thank them enough for everything they have done and continue to do."

In 2015 the service had received accreditation from Investors in People. This is given in recognition of the commitment made by the service to lead, manage and support staff members to achieve and sustain excellence within the workplace.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not designed to make sure it met all their needs.