Enter and View Report
Acorn Manor

Care Home Contact Details: Eva Mabrouk
Acorn Manor
202 Pooltown Road
Ellesmere Port
CH65 7ED

Date of Visit: Time of Visit: 1.30pm 24/06/2019
Healthwatch Cheshire Authorised Representatives:
Pat Clare Hilary Hardman Andrew Pleass

Staff Present:
Alison (Eva) Mabrouk – Manager
Lisa – Senior Care assistant Tracy – Health Care Assistant
Anne- Marie - Cook

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Cheshire, Denton Drive, Northwich, Cheshire, CW9 7LU Tel: 0300 323 0006

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1. Description & Nature of Service

Details of home
Person in charge: Eva Mabrouk (Manager)

Local Authority / Social Services: Cheshire West and Chester Council (click for contact details)

Type of Service: Care Home with nursing – Privately Owned . Registered for a maximum of 40 Service at present.

Registered Care Categories*: Dementia • Old Age

Specialist Care Categories: Alzheimer's • Cancer Care • Epilepsy • Hearing Impairment • Parkinson's Disease • Stroke • Visual Impairment

Admission Information: Available from Home. Ages 65+.

Single Rooms: 40

Weekly Charges Guide: Nursing Care Single £456 – £600 (These prices are only a guideline, please contact Acorn Manor Residential Care to find out the exact price for your requirements.)

Facilities & Services: Palliative Care • Respite Care • Convalescent Care • Physiotherapy • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room

Latest CQC Report – the location was subject to CQC inspection in Dec 2018. The home was graded as Requires Improvement.

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website.

5. Introduction/Orientation to Service

Acorn Manor offers residential, respite and dementia care services to elderly service users. It was acquired by the current provider GN Care Homes Ltd just over one year ago, having previously operated under the name Atherton Lodge Care Home.

GN Care Homes as a privately owned company operates a similarly-sized sister home, Thornton House, in Ellesmere Port and is joint owner of two further care facilities in the West Midlands.

Following a CQC inspection in December 2018 Acorn Manor was rated 'Requires Improvement' overall with an 'Inadequate' rating in the area of safety. The present manager has been in position since January 2019 and is actively pursuing a programme of improvements to services in the areas identified by CQC.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- Direct observation of interactions between staff and residents

- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

7. Summary of Key Findings

This care home appears to be recovering from a period of managerial and staff instability and an unfavourable CQC inspection report, through a planned programme of improvement measures under implementation by new provider and manager. The manager has vision of the ongoing improvements she wishes to make. The owners are supporting her record keeping, audit tools and staff recruitment with external expertise. The owner visits twice a week at present.

Staff seem caring and committed and appear to be responding well to the challenges but are overstretched at present.

The residents appear to be content and comfortable with each other and their environment.

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

A large residential house built in 1896 which is located in a quiet residential area of Ellesmere Port. There are several large extensions to the rear. The house is adjacent to a primary school.

The main sign to the premises still states Atherton Lodge and still offers nursing care. A new Acorn Manor sign is slightly hidden by tree foliage (Manager looking to replace the Atherton Lodge sign).

Plenty of parking space in front of large red brick frontage.

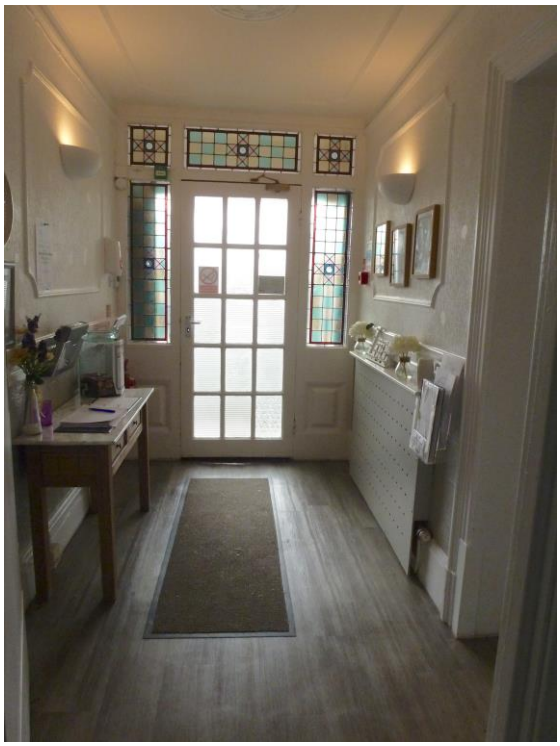
A rather neglected planting border behind front car parking area would benefit from replanting/tidying.

8.2 Initial impressions (from a visitor's perspective on entering the home)

The front door displays a Food Hygiene rating of 4.

The bell was answered by a care assistant who initially had difficulty opening the keypad-locked front door. An elderly male resident immediately behind door required attention from the senior care assistant who asked us to sign visitors book whilst she attended to the gentleman.

The small entrance hallway additionally displays complaints folders and policies, a 'Residents Fund' jar requesting donations of loose change by



visitors to help fund resident activities. There is a hand sanitiser on a wall and a clock.

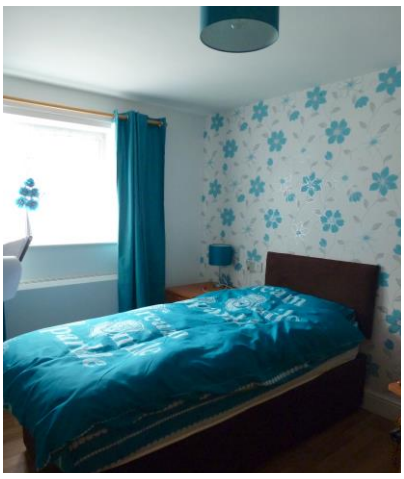
Senior care assistant took Healthwatch ARs to a small room where she started to describe the functioning of the care home until we were joined by the manager who had been overseeing resident medication during and following lunch.

There was an Initial impression of slightly unpleasant odours (lingering food smells as it was just after lunch) but also urine, disinfectant and stale odours.

8.3 Facilities for and involvement with family/friends

Visiting hours are flexible but we saw no visitors during our visit. There are three lounges on ground floor, all with televisions and one is kept as a quiet lounge which would provide privacy for visitors. New manager has not yet conducted any family feedback meetings but, following her experience of poor attendance at such meetings in previous homes where she had worked, she welcomed AR ideas and suggestions for ways of engaging interest.

8.4 Internal physical environment



Lounge and refurbished bedroom.

8.4.1 Décor, Lighting, heating, furnishing & floor coverings

Acorn Manor is undergoing a process of progressive updating of decoration and most of the ground floor areas have been refurbished. One bedroom has been given "a new look" which shows what is possible. Some furniture is dated but is still usable.

Walls are clean and hung with a mixture of paintings and photographs some of which need changing.

There is good natural light in lounges from external glazing and in indoor rooms, e.g. in the dining room from glazed skylights/light tubes.

Laminate and composite plank flooring is used in communal areas. Stairs and first floor bedrooms are carpeted.

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

The whole building felt very warm despite windows being open. It was an admittedly humid day.

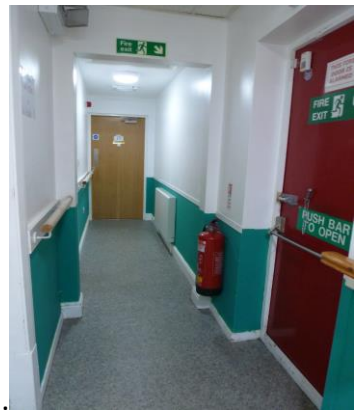
Hand sanitisers are in evidence in reception and in corridors throughout the building. Bathrooms and toilets all well maintained and appeared clean and light.

All rooms and furnishings appeared clean although some areas are obviously in need of redecoration and clearance (storage areas).

8.4.3 Suitability of design to meet needs of residents

The house is old (1896) but has been extended to the rear and is deceptively large overall. The extension is approaching 30 years old and in design is showing signs of age with long, fairly narrow corridors and smallish rooms.

Corridors feel quite narrow and cramped but are wide enough to accommodate wheelchairs and walking frames.



Bedrooms are mainly located in the rear extension and are evenly split over two floors with the majority of residents currently on the ground floor.

There is a lift and ramps in several corridor areas in the older part of the building (nicknamed the 'Cresta Run') to aid movement.

Bedrooms are all single, with wash basins; some larger rooms are en-suite with toilets.

The manager and provider's aim is to upgrade them as stability in the care home operation is achieved and resident admissions can be increased. At present only 20 out of 40 rooms are occupied.

8.5 Staff support skills & interaction

High manager and staff turnover and inconsistent staff training has previously been an issue which the new provider and manager are seeking to address. The new provider visits twice a week at present.

Resident intake has been increased from 12 at time of an admissions embargo to 20 currently.

12 hour shifts are currently worked: 8.00am to 8.00pm and vice versa with 1 senior carer and 2 care assistants on both shifts. 2 additional 'waking staff' cover the night shift. One of the staff we spoke to found the work "demanding" with the present staffing levels.

A further 5 staff are currently under recruitment to fill 1 carer vacancy and to add 2 new carers, and 2 housekeepers with the aim of increasing the level of care and attention given to clients. DBS clearance is awaited on all 5 candidates. Activity Co-ordinator working hours will also increase from 18 to 24 hours weekly.

Concurrently, the manager is reviewing all training plans with the aim of 90% of staff having a minimum of at least an NVQ care qualification.

8.5.1 Staff appearance/presentation

Staff were all neatly dressed but with inconsistency in uniform. No evidence of name badges. The manager stated they were currently consulting with staff to introduce a uniform code with name badges (her preference).

All staff with which we engaged were friendly, cheerful and open.

8.5.2 Affording dignity and respect/Approach to care giving

All Staff showed empathy and patience in their interactions with residents, the majority of whom (80%) have some level or form of dementia. The manager showing us around always knocked before entering rooms. She addressed all patients by name.

There are varying levels of staff experience; some with 20 years, some with 8 years. The senior carer on day shift had been in position 6 weeks, the care assistant we engaged with had worked there for 8 months. The latter, who had previously worked in schools, stated '*I love it here. I love talking to the residents. Even when they forget things. They are funny.'* Her concern was that they are often so busy that they have insufficient time to devote to patients *'If we had more staff, we'd have more time to talk to patients'*.

8.5.3 Effective communications – alternative systems and accessible information

The following notices were displayed on the ground floor.

- Visual signage on communal rooms (lounges, dining room, toilets, bathrooms to show function)
- Pictorial activity calendar
- Relatives notice board with copies of CQC reports and explanation of measures being implemented to address issues
- "Dignity is Everybody's Business" displayed as a reminder

- Cleaning colour code signs.

8.6 Physical Welfare

8.6.1 Appearance, dress & hygiene

- A number of residents sitting in circle in main lounge some watching TV, others asleep
    - Manager commented that '*they like to sit together'*
- All were fully dressed and appeared clean and looked after
    - One lady wandering appeared slightly unkempt
- Some upstairs in bedrooms asleep – manager very aware that they did not like to be disturbed
- Sufficient baths and showers available for residents including assisted baths and equipment
- Carer commented that they often need to encourage residents to take a bath/shower in order to keep proper records
- A hairdresser visits every Tuesday, she has a dedicated room on the upper floor.

8.6.2 Nutrition/ mealtimes and hydration

Lunch had finished just before our arrival so the residents were mostly relaxing in the TV lounge. The dining room was bright and spacious with a hatch so that residents could request extras from the kitchen.

Meals are freshly prepared from scratch in the kitchen, this means that menus and choices can be easily changed to accommodate residents' choices. There are two cooks: one works four days the other three. The kitchen had a clear preparation area (no food was left out) and signage to advise on storage of foods. No allergen control is yet required but the cook was aware this may change.

Afternoon drinks with a tasty variety of snacks were being taken out as we sat with one of the carers in the dining room. The carer explained that residents had their weights recorded monthly, usually four days prior to their (monthly) care plan review so that up to date figures could be assessed. Meals had extra calories added in by using eg milk powder, cream.
No observations of residents eating or drinking were made during the visit.

8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

Wheelchairs and walking frames were seen. Hoists were available in bathrooms.

GP services to residents are provided by 4 or 5 local practices which it was stated will make visits to Acorn Manor. Respite users generally have to keep their own GP and bring enough own medication to cover regular needs during their stay. Two district nurses visit regularly.

The manager has implemented a policy of diarising individual care plan reviews monthly, one per day. The day before an individual resident care plan review he/she is weighed. A dietician is consulted if any action needs to be taken.

8.7 Social, emotional and cultural welfare

8.7. 1 Personalisation & personal possessions

We didn't see any occupied bedrooms but the manager says that small items (e.g. photos, pictures) for personalisation of rooms are encouraged – but not too many ornaments by request of housekeeping staff! Certain items of furniture can be accommodated if space permits.

8.7.2 Choice, control & identity

- A hairdresser visits each Tuesday using a dedicated salon/room, catering for both male and female residents
- 16 of the 20 current residents have DoLS in place
- The building is clearly marked with fire zones, all with fire doors and all with keypad entry/exit
- The front door is keypad locked
- All bedrooms are unlocked. Apparently this hasn't caused problems despite the large percentage of patients with dementia
- Bedrooms are not clearly identified for residents with dementia.

8.7.3 Feeling safe and able to raise concerns/complaints

Complaints policies, procedures and forms are displayed in reception area.

Fire zones were displayed in the foyer. Fire evacuation procedures from upstairs floors were discussed which was said would be 'horizontal', effected by evacuation sledges or blankets.

8.7.4 Structured and unstructured activities/stimulation

An activities coordinator currently works 4 days per week – 18 hours in total which will soon increase to 24 hours. She was on holiday in the week of our visit. There is an activities room, which stores her equipment. She was said to consult residents daily '*what do you want to do today?*'

Regular activities were said to include gardening, bingo, hand and nail treatments, board games and she brings her own dogs in as therapy sessions.

A pictorial activity plan was displayed although it was not clear how this would operate in the coordinator's absence. A film session 'Sister Act' was set up in one lounge for the afternoon. A poster advertised the visit of a vocalist/musician on the Wednesday.

8.7.5 Cultural, religious/spiritual needs

Did not appear to be considered, or a requirement, although the manager conceded that they could make approaches to local churches for assistance/contact and similarly with opportunities for volunteer support e.g. local schools. Some residents don't get any visitors so this opportunity could add value to wellbeing.

8.7.6 Gardens – maintenance & design/suitability for use/enjoyment

One lounge opens on to a patio area with seating, with some container planting and a reasonably sized lawn area. These were said to be popular although not

in use during AR visit despite the hot day. The seating was wrought iron patio furniture which may not be suitable for the current residents.

There is a further paved area with some seating between two wings of the ground floor extension which we felt could be developed to provide a sheltered relaxation area.

All outdoor areas were in need of weeding and more planting to make them attractive to residents.

9. Observations

9.1 Elements of observed / reported good practice

- Manager appears to be fully aware of and is undaunted by the issues she needs to address and has prioritised areas of staff recruitment and training, not least to facilitate motivation
- Current staff appear to be committed and caring
- The manager is experienced having previously managed a care home in Liverpool Waterloo for two years and prior to that having worked for Devon County Council in a similar role for 13 years.

9.2 Other observations / findings of note applicable

The manager perceives the need to improve the reputation of Acorn Manor which she feels can be achieved by raising the occupancy levels, keeping rates competitive and demonstrating the capabilities of care staff.

10. Comparisons

10.1 Comparisons of observations against providers website

Neither the care home or the provider appears to have a website

10.2 Comparisons with previous Healthwatch visit (s) where applicable
No previous visits
11. Recommendations
• Remove old signage at front of Acorn Manor • Develop and improve all external areas including the inner courtyard area • Consider colour coding of different areas of home and personalisation of bedroom corridors and doors to aid orientation for dementia sufferers • Consider opportunities to obtain support of volunteers, churches, schools for stimulation of residents • Consider opportunities to encourage involvement of family and relatives eg coffee mornings, weekend activities • Continue staff development and recruitment programmes • Retention of staff must remain a priority • Further Healthwatch visit in 12 months to observe progress.

Feedback from Provider of Service
To be completed prior to publication from comments received from feedback form. We were happy with the arrangements prior to the visit.