

Medicrest Limited

Acorn Lodge - Croydon

Inspection report

14 Abbots Lane
Kenley
Purley
Surrey
CR8 5JH

Tel: 02086600983

Website: www.acorncarehomes.co.uk

Date of inspection visit:

31 May 2016

17 June 2016

Date of publication:

19 July 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 31 May and 17 June 2016. Our first visit was unannounced. The purpose of the inspection was to carry out a full comprehensive review of the service and to follow-up on the four requirement actions made at the previous inspection in March 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we found the provider had followed their action plan and improvements had been made in the required areas.

Acorn Lodge – Croydon provides residential care for up to 36 older people. The service changed its registration with CQC in 2015 and no longer provides nursing care.

The home still did not have a registered manager in post at the time of this inspection however the acting manager had submitted an application to be registered with CQC. 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.

People felt safe living at Acorn Lodge - Croydon and spoke positively about the care provided to them. They said staff treated them with kindness and respect. Relatives and friends were welcomed and people were supported to maintain relationships with those who matter to them. Visitors spoken with were positive about the service being provided and said they could visit at any time.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by the acting manager and acted upon.

People were protected against the risks associated with the unsafe use and management of medicines. Improved arrangements were in place for the recording, safekeeping and administration of medicines.

Improvements had also been made to make sure that people's care and support needs were fully assessed, documented and reviewed at regular intervals.

There was a system in place for dealing with people's concerns and complaints. People using the service, staff and visitors said that the home had benefited from the leadership provided by the acting manager. This view was shared in the feedback received from health professionals who had involvement with the service.

Improved quality assurance procedures had been introduced including regular audits of medicines, infection control, care plans and falls.

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. There were sufficient staff to meet people's needs and keep them safe.

Risks to people's safety were assessed and management plans put in place to reduce the risk of harm.

Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

Medicines were securely stored and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff were provided with training and support that helped them care for people effectively.

Staff provided appropriate support to those who required assistance with their meals.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Relationships between staff and people receiving support were positive and consistent feedback was received about the caring attitude of the staff.

Is the service responsive?

Good ●

The service was responsive. Care plans had been updated and these helped staff meet people's individual needs.

Activities took place and these were planned in line with people's interests.

People felt able to raise any concerns and the home responded

promptly to these.

Is the service well-led?

The service was not always well-led. Acorn Lodge - Croydon did not have a registered manager in post as required by CQC conditions of registration.

The acting manager had applied for registration with CQC at the time of this inspection. People using the service, visitors, staff and external professionals told us the service had benefited from their leadership.

Improvements had been made to the quality monitoring processes in place.

Requires Improvement 

Acorn Lodge - Croydon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 31 May and 17 June 2016. Our first visit was unannounced.

The inspection was carried out by one 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.

We spoke with 14 people who used the service and five visitors. Due to their needs, some people living at Acorn lodge - Croydon were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the acting manager and four members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

During our inspection we spoke with one visiting care professional to obtain their views about the care provided. Two care professionals provided feedback about the home by email following our inspection visits.

Is the service safe?

Our findings

At our previous inspection in March 2015 we found the management of medicines was not safe. At this inspection we found the provider had made improvements and people were receiving their medicines as prescribed.

We saw medicines were stored safely and securely. The majority of medicines were administered to people using a monitored dosage system supplied by a pharmacy. We checked Medicine Administration Records (MAR) for a number of people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed. Regular audits were undertaken by senior staff to make sure medicines were being administered correctly. The temperature of the refrigerator where medicines were stored was checked daily. These records were kept to make sure that medicines were being stored at the correct temperature.

Improved arrangements were additionally in place to manage identify and manage risks to people using the service. At our last inspection in March 2015, we had found that risks to people using the service and others were not being appropriately managed.

Care files seen included risk assessments to help keep people safe addressing areas such as mobility, falls and behaviour. Each assessment included the actions required to reduce the identified risk and these were included in care plans. For example, when someone smoked or were at risk of leaving the building without staff.

We looked at the systems for reporting and monitoring incidents and accidents. Paper records documented accidents and incidents and these were signed off by the acting manager. Any patterns or trends were then identified by the acting manager through the quality assurance system in place. Action was taken as needed. For example, the acting manager had recently identified that further training may be required around falls prevention for staff working in the service.

People told us that they felt safe living at Acorn Lodge - Croydon. One person replied "I do, I feel safe." Another person told us, "I don't feel physically insecure." A third person said they felt safe but raised issues about the behaviour of another person using the service. They had raised this issue with the acting manager who was aware of this and had taken action to make sure people were being kept safe.

We asked people if there were enough staff on duty to meet their needs. One person said, "Yes I think there is." Another person told us, "I feel safe here at the moment, there are plenty of people looking after me."

Staff spoke about the turnover within the staff team as a consequence of the home changing to residential from nursing and this was confirmed by the acting manager. Four of the five staff we spoke to said there were enough staff on shift to meet people's needs. One staff member told us, "There are enough when we are fully staffed on a shift." We observed staff helping people in the communal areas of the home and people received assistance when they needed it.

Staff we spoke with were able to tell us how they kept people safe. They had received relevant training to help safeguard people using the service and knew what to do if they had concerns. We saw policies and procedures were available to staff about how to recognise and report any concerns should they have any. The staff we spoke with confirmed that they would report any issues to the acting manager immediately. One staff member told us, "She is always available."

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and qualifications and their employment history. Each file contained evidence of criminal record checks that had been carried out, employment references and proof of identification.

We saw risks associated with the environment and equipment were assessed and reviewed. Safety checks were regularly carried out such as those for the equipment installed, water temperatures and fire safety.

A person using the service told us, "The lift does not work - press the button and the doors don't open." We observed people and staff waiting for the lift for extended periods during the inspection and it was additionally noted that the light on the lift button did not illuminate to indicate the lift was coming. One staff member told us it was quicker for them to walk down to the ground floor and come back up in the lift than call it from the first floor. We raised this with the acting manager and provider who told us that they were communicating with a new lift company to try to get these issues resolved.

Is the service effective?

Our findings

People using the service told us they were happy with the support provided to them and the majority of individuals spoken to felt the service was effective. One person told us, "They are looking after me well." Another person said, "I think it's quite good." People told us that staff were kind however comments about their effectiveness varied slightly. One person said, "Some staff need a little more training." Another person told us, "The younger ones are not so good." A third person told us that staff could be "different."

A visitor told us, "I'm very happy with the care but the staff turnover can be a problem." They felt the service had improved since it became a residential care home. Another visitor said "The staff are very on the ball."

Staff spoken with said they felt well supported by the acting manager and had regular training and one to one supervision. Some staff spoke about the impact of staff changes following the change in service to residential from nursing. One staff member said, "We have new carers who need more training – better communication." Another staff member spoke about the changing team dynamics but commented, "People do pull together for the residents."

The acting manager acknowledged the changes in the team and the work needed to develop the staff team. She gave us examples of how she was addressing this. For example, each staff had recently had supervision where team working and communication was discussed. The importance of dignity and respect had also been highlighted by the acting manager in a recent staff meeting.

Staff completed training relevant to their role and responsibilities. This included mandatory training such as safeguarding adults at risk, moving and handling, infection control and dignity in care. Advertised training for the month ahead included infection control, dementia and emergency first aid. There were systems to record the training that staff had completed and to identify when training needed to be repeated. A matrix recorded when each member of staff had last completed a training course and colour coding was used to identify when this training needed to be repeated.

New staff completed the Skills for Care induction and each individual shadowed more experienced staff members on shift when they commenced employment. A checklist was completed for each staff member confirming they had read and understood key procedures such as safeguarding, confidentiality and the home's code of conduct. The acting manager had obtained information about the care certificate and had commenced a phased approach of implementation.

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 interests 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).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. Records showed where people lacked mental capacity, staff sought to obtain their consent and work in their best interests. Staff completed Mental Capacity Act training that helped them to understand issues around capacity and support people effectively.

People were offered meals that they enjoyed. One person said "I am quite happy, not saying it is the best but it is very edible". Another person said, "The food is fine, I have what I like." A third person told us, "The food is quite good." A visitor told us, "I saw a carer gently helping a lady to eat."

We observed staff offering people drinks throughout the inspection. During lunchtime staff were attentive and supported people in an unhurried manner when they needed assistance. The cook was present in the dining room to make sure everyone was happy with their meals. One person was given a sandwich alternative when they did not want the cooked meal on offer.

People using the service received support from a local GP surgery who visited regularly so that they got to know people well. They visited during our inspection and gave positive feedback about the acting manager and the improvements made in the last year. Acorn Lodge – Croydon was participating in the residential care homes 'Steps' end of life care programme. Positive feedback was received from external healthcare professionals about their involvement and the positive progress made since joining.

Following the change to providing residential care only, the acting manager had met with relevant external health professionals to help ensure the home had access to specialist advice when needed. Guidance was available to staff as to local procedures in place and contact numbers to ring. This helped to ensure that people were supported to keep well and had access to the health care services they needed.

Is the service caring?

Our findings

One person told us, "Yes they are caring." Another person said they had "no worries" about staff treating them with respect. A third person commented, "I am happy with what I get". The majority of people using the service were positive about the care they received. Other comments included, "They've all been pleasant to me", "They are nice to me", "They (the service) are all very cheering" and "They're alright."

Relatives and friends visited on both days of our inspection. A visitor told us, "[My relative] settled in very quickly" and said this was due to the staff working with them. Another visitor said, "We are really happy with the care." The visitors spoken with confirmed they felt welcomed by staff.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member told us, "I love talking to the residents, they surprise you with the things they did in their lives." Our observation was that staff treated people with dignity and respect. We saw staff using touch to reassure and comfort people and they always spoke to people at eye level by sitting or kneeling beside them.

Some staff clearly knew people very well and there was great familiarity between them and people using the service. They were able to tell us about individual's likes and dislikes, which matched what was recorded in individual care records.

Two instances were however noted where a staff member was observed to support people without telling them what they were going to do first. The acting manager was informed on the day of inspection and we saw that they addressed this issue immediately.

Care files were being updated to include guidance to staff about what was important to each person and their preferred routines with sections including 'My morning', 'My life' and 'My likes and dislikes' written in the first person. One care plan we looked at had been updated to include this person centred information with good detail included about how the person liked to be supported in their daily life.

Meetings of recent monthly meetings held with people using the service included discussion about activities, food, the home environment and any concerns or suggestions. The minutes were reviewed and signed off by the acting manager with comments added where action was required.

Is the service responsive?

Our findings

At our previous inspection in March 2015 we found that the planning and delivery of care was not fully meeting the needs of people using the service or ensuring their welfare and safety. At this inspection we found improvements had been made to make sure that people's care and support needs were fully assessed, documented and reviewed at regular intervals.

People's needs were assessed before they came to live at Acorn Lodge - Croydon. A pre-admission assessment form was completed that staff used to discuss with the person and / or their representatives about how they wanted to be supported. Care plans were then developed with the individual and these were reviewed regularly. We saw that care plans had been updated since our March 2015 visit and this work was ongoing to complete this process.

Staff kept daily records of the care provided throughout the day and night capturing information under headings such as personal care, activities, nutrition and visits. We saw that this information was then used to inform a monthly review of the care plan by the key worker however the completion and quality of these reports varied considerably between staff. One member of staff had captured great detail about the people they were supporting and what was working well. Other examples seen were brief or not completed regularly. The acting manager was aware of the improvements required and we saw evidence that she had already begun to address this.

A co-ordinator was employed to provide activities at Acorn Lodge - Croydon and the adjoining home next door. People using the service said, "A lady brings reptiles", "They have music", "They arrange things out." One person told us that they played the guitar and liked doing their art. We saw monthly events and activities were planned ahead with a trip out to a park taking place just after our first visit.

A regular 'reptiles and fluffies' session was now held at the home where people could hold snakes. One person told us that they wanted to own a snake as a pet after enjoying this activity so much. Other events included visiting entertainers, reminiscence sessions, massage and exercise sessions. One person told us, "I have massage every fortnight which I like very much." Daily records were used to log the activities people participated in and each person had a profile that gave information about them and the things they liked to do.

People told us they felt able to talk to a member of staff or the acting manager if they had a concern or wanted to raise a complaint. One person said, "I would tell the manager." Another person told us, "I would say to the matron here." A third person said, "I would talk to the manager, she always cares, she knows the story." One visitor commented, "Can't think of anything I would want to improve." Another visitor said, "I would complain to the Manager."

The complaints procedure was available to people in the reception of the home and set out how any concerns or complaints would be managed and investigated. The procedure included relevant contact details and response time-frames. The acting manager told us about one recent complaint and the action

taken to improve the service provided to one person following their investigation.

Links with and support from health and social care services were in place. An external health professional told us, "The manager has always been very accommodating with assisting us." Another health professional said that the service had improved over the past year. We saw guidance was available to staff to enable them to contact external health and social care services when needed.

Is the service well-led?

Our findings

At our previous inspection in March 2015 we found that the provider did not have an effective system in place to regularly assess and monitor the quality of service that people received. New quality assurance procedures had been introduced including regular audits of medicines, infection control, care plans and falls. An action plan was put in place following each audit with outcomes clearly documented as to the improvements made.

The acting manager was supported by the registered provider who carried out a monthly quality assurance visit using a suggested template from the Care Quality Commission. The report from each visit was supplied to the acting manager and included the views of people using the service, staff and any visitors present. Any areas for improvement were identified for the acting manager to action.

We saw evidence of learning from incidents and accidents. Each report was reviewed by the acting manager and specified any follow up actions required. For example, changes to people's risk and support plans where necessary. One person had been referred to a specialist service following incidents where staff were having to respond to their behaviour.

Acorn Lodge – Croydon had been operating without a manager who had been registered with CQC since February 2014. The home still did not have a registered manager in post at the time of this inspection however the acting manager had submitted an application to be registered with CQC. The acting manager was also the registered manager for the adjoining home, Acorn House – Croydon. She has had on-going involvement with both services for many years and demonstrated an in-depth knowledge of the home and the people using the service.

Both people using the service and their visitors spoke positively about the acting manager, saying that she was visible and approachable. One person said, "I like the manager, she is good." Another person said, "She's the boss, she's like my mum." A visitor told us, "She's very fair." Staff members commented, "She is always inspecting every day" and "She does monitor what goes on."

One health professional commented, "I think it would be helpful for the manager to have a deputy, or admin support to cover both homes as I think she is overstretched." The acting manager told us that the plan was for an additional staff member to be employed to help support her with the administration work. Another health professional told us, "The manager is very good, very experienced, she knows what she is doing." "The manager has always been very accommodating with assisting us."

Regular meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes from previous team meetings included discussion around areas such as safeguarding and privacy and dignity. The acting manager had reminded staff to look at people's life stories at a recent meeting in order to help them understand them better.