

Medicrest Limited

# Acorn Lodge - Croydon

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 3 and 4 March and was unannounced.

Acorn Lodge - Croydon provides nursing and residential care for up to 39 older people, some of whom may have dementia.

We last inspected Acorn Lodge - Croydon in June 2013. At that inspection we found the service was meeting all the regulations that we assessed.

A registered manager was not in post at the time of our inspection. A temporary acting manager was present at the time of this inspection along with a newly recruited

manager who had just commenced work at Acorn Lodge - Croydon. 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 using the service said they felt safe and well cared for at Acorn lodge - Croydon. There were clear

# Summary of findings

procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe.

Safe practice was not being followed when giving medicines to people and keeping up to date accurate administration records.

Risks to people's safety and welfare were not always being managed appropriately. Care plans were not all up to date and did not fully document the care and support being provided to each individual.

Staff were caring and treated people using the service with dignity and respect. They received training and support to help them carry out their role effectively.

We have made a recommendation about improving the mealtime experiences for people using the service.

People were not being consistently supported to follow their own interests and take part in social activities.

The systems in use to monitor the quality of the service or to drive improvement were not effective. There were few opportunities for people, their relatives or friends to be involved in or consulted about the way the service ran.

You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of this service were not safe. Medicines were not being managed safely.

Identified risks to people were not always being managed safely.

There were enough staff on duty to help meet the needs of people using the service.

Staff were recruited safely and knew how to recognise and report abuse to help keep people using the service safe.

Practice was inconsistent around responding to distressed behaviour and incidents were not being learnt from.

**Requires improvement**



### Is the service effective?

Some aspects of this service were not effective. People were supported by staff who had the necessary knowledge and skills to help meet people's needs. The frequency of one to one supervisions, however, varied between staff members.

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

People were able to see health care professionals as required to ensure their health needs were met and had access to specialist advice and support as needed.

**Requires improvement**



### Is the service caring?

The service was caring. The dignity and privacy of people using the service was respected by staff.

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

**Good**



### Is the service responsive?

Some aspects of the service were not responsive as care plans were not always up to date and did not evidence how the service was responsive to people's changing needs or circumstances.

People using the service or their representatives felt able to raise concerns, but were sometimes unsure who to approach to do this.

**Requires improvement**



### Is the service well-led?

The home was not well-led. The home has been without a registered manager for over 12 months and has lacked consistent leadership.

Quality assurance systems were inconsistently applied and ineffective.

**Inadequate**



# 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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We visited the home on 3 and 4 March 2015. Our first visit was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home to examine staff files and records related to the running of the service.

During our inspection we spoke with 10 people using the service, three visitors, six care staff and the two acting managers. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

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.

# Is the service safe?

## Our findings

People using the service said they felt safe and well cared for at Acorn Lodge – Croydon. One person using the service said, “Perfectly safe, oh yeah, I look after myself.” Another person commented, “I feel safe.” Other comments included, “The people are lovely. This place is alright I suppose”, “very pleasant” and “Yes, it’s a nice place.”

A visitor told us, “My [relative] feels secure, they feel comfortable here.” Another visitor said, “they are really looked after” referring to their relative and commented, “I have never seen anything bad here.”

Medicines were stored safely and securely and the medicines supplied to the home in pharmacy packed containers were being administered correctly. We found, however, that the records for medicines supplied in their original boxes did not consistently correspond with the quantities of medicines being kept on behalf of people using the service. We found five instances where the number of tablets or capsules left exceeded the number that should have been remaining. The systems in use did not allow for accurate auditing of boxed medication to make sure people were receiving their medicines as prescribed. For example, dates were not being routinely recorded when each box was opened to enable tracking of quantities against the records.

Medicines were being appropriately stored in a dedicated secure refrigerator, however, the temperature records were not being kept consistently. There were no records available after the middle of February 2015.

A medicines audit carried out in November 2014 had found the shortfall with the recording of fridge temperatures but there was no evidence of any further audits carried out after this date.

These shortfalls were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of safeguarding procedures and confirmed they had completed training in this important area. They could describe what actions to take should they become aware of abuse or poor practice. Staff said they would take immediate action to protect the person at risk

and report their concerns to their line manager. One staff member said “I would report directly to the manager.” Another staff member told us, “If something is wrong I would say, you must tell your manager or nurse.”

Appropriate arrangements were not consistently in place to manage identified risks to people using the service. Assessments were being carried out to identify areas of higher risk such as falls and people’s vulnerability due to their dementia and it was noted that the acting manager was in the process of updating each person’s care files including their risk assessments. One person was, however, seen to have cigarettes and a lighter with them on the day of our first visit and was observed to smoke outside during the first day of our inspection. One instance was seen where they were unable to access the external area and smoked inside the laundry area and quiet lounge without the knowledge of staff. The risk assessments completed for this person stated that their smoking was a high risk activity which must be monitored and they must not be left with a lighter.

Daily notes and behaviour records kept for one person included references to them becoming upset, angry and sometimes aggressive towards staff. Their care plan did not however include guidance for staff about how to keep the person or themselves safe from harm. It was unclear how the records kept were being used to inform the care and support provided. For example, identifying triggers for their anger and noting effective ways that helped them become calmer.

These shortfalls were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said there were enough staff around to help them when they needed assistance although staff could be busy at times. Staff spoken with said there were enough staff on each shift to meet people’s needs and additional staff were provided when required. One staff member said “Yes there are enough. We work as a team.” Another staff member commented, “Enough staff, we are very busy usually in the morning but quieter in the afternoon.” Monthly dependency assessments were being completed and the acting manager was in the process of updating a spreadsheet to use when calculating staffing numbers.

## Is the service safe?

Staff were only employed if they were suitable and safe to work in a care environment. We looked at three recruitment records and saw that all the checks and information required by law had been obtained before they were offered employment in the home.

# Is the service effective?

## Our findings

Staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe, such as safeguarding adults at risk, moving and handling, infection control and dementia care. Other training provided included sessions around diabetes, nutritional needs and the Mental Capacity Act 2005. There was a matrix to record the training that staff had completed and to identify when courses needed to be repeated.

Staff told us, “I had dementia training last month” and “We have mandatory refresher training scheduled each month.” One staff member told us about their induction saying they had shadowed another member of staff for three days and completed an induction workbook. Records were available which confirmed this.

Staff said they felt well supported in their role however records showed that the frequency of supervision varied greatly between staff. One staff member said they had last had a one to one supervision recently whilst another person said they their last session was four months ago. We saw schedules were in place however many sessions had not taken place since the previous manager had left the service in late 2014. The acting manager was aware of this shortfall and new supervision schedules were being put in place.

The previous manager had made application to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisations for a small number of people using the service. DoLS is a framework to approve the deprivation of liberty for people when they lacked the capacity to consent to treatment or care. The acting manager was aware that further applications were required because the majority of people would not be free to leave Acorn Lodge - Croydon and required continuous supervision by staff.

Restrictions were in place for some people such as the use of bed rails. The acting manager was reviewing care documentation and carrying out detailed assessments around capacity and consent including evidence relating to each person’s ability to understand, retain, weigh and communicate information given to them. We saw the person’s best interests and use of the least restrictive

option were being considered. Care records that had not yet been reviewed by the acting manager contained incomplete or blank documentation around capacity and DoLS.

People’s comments about the food included, “It’s plain but it’s edible”, “The fish and chips are good”, “It’s lovely, I get a sandwich at tea time, I don’t like two big meals” and “it’s not bad”.

**We recommend** that the service seek advice and guidance from a reputable source, about improving the mealtime experience for people using the service. We observed the lunch time on the first day we visited. A written menu was displayed on a whiteboard but this was difficult to read from a distance and there were no picture menus available. Condiments and napkins were provided but table cloths or mats were not, however, table cloths were put out once the meal was over.

People were offered a choice of drinks, however, the meals were served plated with no choice provided as to what people had served to them. Staff told us that people were asked for their lunch preference after breakfast but this was not recorded. Staff were not consistent in telling people what they were having served to them saying, “it’s your lunch” or “have your lunch”. Alternatives were provided on request or if people were not enjoying the hot meal

Care staff provided appropriate support when required to help people eat and drink. One person had softened food and this was attractively presented with the different parts of the meal identifiable. Some staff took the opportunity to chat with people however others were task focused missing opportunities to interact.

Records showed that people were supported with their health. For example, we saw district nurses were regularly visiting people using the service. Records seen confirmed visits by the GP and other health services when required. Staff sought more specialist assistance when there were any concerns about people’s health. For example, to a psychiatry service for one person around their behaviour.

The ground floor of the home had been recently renovated with new furniture provided. **We recommend** that further work takes place in ensuring the premises continue to meet the needs and dependencies of the people living there. This is with particular reference to developing environments that are dementia friendly in line with sector

## Is the service effective?

guidance such as that available from the Social Care Institute for Excellence (SCIE). There may be opportunities to provide an accessible garden area for people to use to get fresh air safely and independently.



# Is the service caring?

## Our findings

The majority of people told us they were happy with the care they were receiving. They said that staff were respectful, knocking on doors before entering and offering them privacy by closing their curtains. One person told us, "They're lovely, I can't complain. They come and help straight away, very caring bunch." Other comments included, "Lovely, the lot of them" and "They're always pleasant to me."

One visitor told us, "The staff are very caring" and referred to the care provided as "wonderful". Another visitor commented, "Staff are very friendly, very nice."

The atmosphere was calm and relaxed with staff present in the main lounge throughout the day. Staff treated people with dignity and respect and spoke to people in a kind and caring manner. Our observation, however, showed that some people received higher levels of interaction than others and some observed interactions were very brief and task orientated. These types of interaction may not impact positively on people's wellbeing.

We observed that people sat mainly in the lounge. Staff told us that people could sleep in and get up when they wanted. One staff member said, "They choose, we help them make choices" and another commented, "One person likes to stay in their bed that is their decision, we will leave them."

Staff provided appropriate support to people who required assistance at mealtimes and this was done in an unhurried manner. We saw plate guards and aprons were used to help uphold dignity and independence where appropriate.

Staff showed a good understanding of people's individual needs and preferences and used people's preferred names. Care plans recorded basic information about people's likes, dislikes and preferences and the activity co-ordinator had collated information about each person's background and life history. It was noted that this information was not integrated with other care records kept by the service and subject to a regular review process.

# Is the service responsive?

## Our findings

Care plans were being updated at the time of our inspection. The acting manager showed us a number of documents that had been reviewed and these reflected people's current needs. Other plans seen were not up to date and did not reflect the current support being provided. For example, we observed one person being helped to mobilise by staff however their care plan stated they were mobile without the use of any aids. Daily notes kept by staff in January 2015 stated that their mobility was very poor, however, no changes had been made to their care plan to reflect their current support needs.

We saw one person becoming distressed and angry however their care documentation did not contain any useful information as to how to effectively respond to this behaviour. Staff responded in a particular way, however, there was no dedicated care plan available reflecting this approach.

People were not being consistently supported to follow their own interests and take part in social activities. Feedback was varied when we asked if there was enough for people to do each day. One person told us, "not really" and another person replied, "Sometimes but I get bored." Other comments from people included, "I watch the television and talk with the girls", "I sit here and watch what's going on" and "Yes, I'm bored most of the time."

Visitors told us, "There is a lot of sitting around with nothing to do, there used to be more on, they need to give people a sense of purpose" and "They could do with more interaction with people...there's nothing on a daily basis."

A dedicated staff member was employed to co-ordinate activities at Acorn Lodge - Croydon and the adjoining home next door. They were pro-active in organising events such as visiting entertainers and celebrations of occasions such as Mother's Day and St Patrick's Day as well as facilitating activity sessions such as art and craft.

Care staff were responsible for providing activities on a daily basis and they told us that they provided some activities in the afternoon. There was no timetable in place for these and staff said they decided what to do each day. We saw some people playing games, puzzles and reading books on the days we visited. We did not observe activities taking place in the morning and staff told us, "Because of the work pressure [in the morning], we don't have time to do them [activities] and "We do activities in the afternoon, throw the ball, quiz and watch television." Activity records seen for three people were incomplete and did not reflect participation in a range of different activities. Common entries recorded included television, interacting with others, visitors and sleeping.

These shortfalls were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt able to raise any concerns or complaints, however, the majority were unsure as to who they would go to. One person said, "Oh yes, I don't know who to go to though." Another person told us, "I'd speak to anyone, I would" and another person commented, "No, I wouldn't know who to speak to."

A complaints procedure set out how any concerns or complaints would be managed and investigated. The procedure included relevant contact details and timeframes and was made available to people using the service and their relatives or friends. The acting manager told us that one recent complaint had been received and we saw evidence that this was being addressed within the timescales specified.

# Is the service well-led?

## Our findings

The previous registered manager had left the service in February 2014. A new manager was then appointed in June 2014 but had stopped working at Acorn Lodge – Croydon in December 2014. They had not made application to be registered with CQC during their employment therefore Acorn Lodge – Croydon had been operating without a registered manager since February 2014. A short term acting manager was in charge at the time of this inspection and a newly recruited manager had commenced work the day before our inspection visit.

One staff member commented, “We keep changing managers.” A visitor to the service told us, “It has been a bit unsettled.”

Staff told us that regular meetings had taken place with the manager and provider however records of these were not consistently available. We saw minutes of staff meetings held in January and July 2014. A staff quality assurance survey had been carried out in February 2014, however, there was no summary or action plan available. Staff said that relatives and residents meetings had taken place in 2014 but there were no records of these available during our inspection. Surveys had also been given out to people using the service along with their family and friends in the first quarter of 2014. We were unable to see how the results of these had been used to develop or improve the service.

One visitor told us, “I have not been asked for any feedback” and said they were unaware of any relatives meetings taking place. Another person said they felt it was always them who initiated contact with the home but things would be sorted out once they had done this.

Systems for auditing the quality of care and support provided were not effective. Available records did not show that regular and effective checks were taking place around important areas such as medicines management, care planning and falls management. For example, the lack of detailed and regular checks for medicines management meant they had not identified issues we found during this inspection. There was no detailed system for the analysis of incidents and accidents in order to learn from them. Accident reports seen were not being signed off by the manager. We were unable to see a development plan for the service highlighting any areas for improvement and how these were to be achieved.

The registered provider made regular visits to the service and written reports were supplied to the home documenting their findings. They spoke with people using the service, staff and reviewed a selection of care records. There was no evidence that these visits had identified any significant shortfalls in 2014 so may require review to make sure they are effective. For example, increased checks on management audits and appropriate monitoring of any actions required.

Changes were being made to the quality assurance procedures following advice from an external consultancy. New documentation was available around falls, infection control and medicines with a clear audit trail as to what action had been taken if required. The acting manager told us that checks using these new systems had not yet commenced.

These shortfalls were a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>We found that people were not being protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, and using, of medicines used for the purposes of the regulated activity.</b>
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>We found that the registered persons were not assessing the risks to the health and safety of people receiving care and doing all that is reasonably practicable to manage or mitigate any such risks.</b>
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	<b>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.</b>
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Action we have told the provider to take

The provider did not have an effective system in place to regularly assess and monitor the quality of service that people received.