

Evita Care Limited

# Acorns Care Home

## Inspection report

29-31 Welholme Road  
Grimsby  
South Humberside  
DN32 0DR

Tel: 01472340129






Date of inspection visit:  
17 May 2017

Date of publication:  
14 July 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 17 May 2017, and was unannounced.

Acorns Care Home is registered with the Care Quality Commission (CQC) to provide accommodation for up to 27 older people, some of whom may be living with dementia. Accommodation is provided over three floors; the home is set in private gardens. There is a car park for visitors to use.

The service has 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to our inspection in April 2016 Healthwatch (A national healthcare champion service) had recommended an area, other than the dining room be used for activities. At our last inspection of this service on 20 April 2016 we found light pull cords required cleaning to maintain infection control and there were issues with medicines and the safe storage of gloves.

During this inspection found most issues from the last inspection had been addressed. However, the concern with the safe storage of gloves in one area persisted and was not addressed until this inspection. The refurbishment was still on-going. We also found there were new shortfalls regarding infection control, consent and the non-notification of low level safeguarding issues. There were two breaches of regulations. A breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 for non-notification of incidents regarding low level safeguarding issues and a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were ineffective quality monitoring systems in place to assess, monitor and improve the quality and safety of the service in relation to consent, the environment and infection control. You can see what action we told the provider to take at the back of the full version of the report.

Staff had training in how to safeguard people from abuse and knew how to raise concerns. Staff were recruited safely and in sufficient numbers to meet people's needs. Medicine management at the service was robust.

Training was provided in a variety of subjects to maintain and develop the staff's skills. Supervision and appraisals occurred, which helped staff to identify any further training needs and allowed discussion about their performance.

People's nutritional needs were met. Staff contacted health care professionals for advice and guidance to help maintain people's wellbeing.

We observed staff were caring. People using the service and their relatives confirmed this. People were supported to have choice and control of their lives. Their privacy and dignity was respected by the staff. People's personal records were held securely.

People had their needs assessed and care plans and risk assessments were in place, they were being re-written at the time of our inspection to make them more detailed and personalised. Staff understood people's preferences for their care and support. There was a complaints policy in place, issues raised were addressed.

The service was still undergoing a programme of refurbishment and internal redecoration. Pictorial signage was in place to help people to find their way around. Pictures of local scenes and objects to aid reminiscence were being sought to improve the environment.

People we spoke with told us they were happy with the service they received. People's views were asked for and feedback received was acted upon. Service contracts were in place to maintain equipment so it remained safe to use.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was always not safe.

We found continued issues with the storage of gloves.

People told us they felt safe living at the service.

Staff knew how to recognise the signs of potential abuse.

There were enough skilled and experienced staff to meet people's needs. Recruitment and medicine management processes were robust.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's mental capacity was assessed, however, if people lacked capacity decisions were not always made using the principles of the Mental Capacity Act and through best interest meetings. This did not protect people's rights.

Training, supervision and appraisals were provided to maintain and develop the staff's skills.

People's nutritional needs were met.

The environment required enhancing to help people living with dementia reminisce. Further refurbishment was planned to take place to make sure the environment remained pleasant for people.

### Is the service caring?

**Good** ●

The service remained good.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care records were being made more detailed and personalised.

Health care professionals were asked for their input to help to maintain people's wellbeing.

There was a complaints procedure in place so that people could raise any issues.

**Is the service well-led?**

The service was not always well-led. Audits undertaken had not identified issues we found during our inspection.

People living at the service, their relatives and staff were all asked for their views and these were listened to and were acted upon.

Staff we spoke with understood the management structure in place.

**Requires Improvement** 

# Acorns Care Home

## **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 registered 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.

The unannounced inspection was undertaken on 17 March 2017, it was conducted by one adult social care inspector.

Before our inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We also asked the local authority and Healthwatch (A national healthcare champion service) for their views prior to our inspection. We reviewed all of this information to help us make a judgement.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We observed people having lunch and sitting in a lounge. We watched a member of staff giving out medicine. We looked at a variety of records; this included two people's care records, risk assessments and a selection of medicine administration records, (MARs). We looked at records relating to the management of the service, policies and procedures, quality assurance documentation and the complaints information. We also looked at staff rotas, staff's training plan and their supervision and appraisal records. We also looked at three staff's recruitment documentation.

We spoke with three people living at the service, two relatives and two visiting healthcare professionals. We spoke with the registered manager, deputy manager, with a member of domestic staff, a cook and three care staff who were on duty at the time of our inspection.

Were people were unable to communicate with us, due to the complexity of their conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We were able to observe how staff interacted with people and the support they received at key times.



## Our findings

The registered provider had safeguarding policies and procedures in place, these included a whistle blowing (telling someone) policy. Staff were provided with training about safeguarding people from harm and abuse and understood the action they must take to protect people. A member of staff said, "I would report any safeguarding concerns straight away." The registered manager informed the local authority safeguarding team of incidents that occurred, this included low level safeguarding issues. However, the registered manager had failed to provide the low level safeguarding information to the Care Quality Commission (CQC). This was discussed with the registered manager and deputy manager and this information was given to us during our inspection. This demonstrated a breach of regulation 18 of the Care Quality Commission (Registration) Regulations. You can see what action we have asked the registered provider to take at the back of the report.

At the last inspection of this service on 20 April 2016 we found a number of issues; a person prescribed an inhaler did not have this shaken well before it was given which could have prevented it from working properly and restrict the dose administered. There was a pot in the medicine trolley door which contained tablets that had been refused by people. Fire risk assessments regarding people's needs needed to be documented to ensure the fire service were aware of the support people required in the event of an emergency evacuation. There were dirty light pull cords in the communal bathrooms, which posed an infection control risk. Denture cleaning tablets were found in a person's bedroom, gloves were stored unsecured and dining room cupboards which were unlocked contained hair products and nail varnish remover. These issues had posed a risk to the wellbeing of people living with dementia.

Also prior to our last inspection Healthwatch had carried out an 'enter and view' visit and recommended a specific room for hairdressing and activities should be provided instead of people using the dining room. The registered manager told us this re-development would occur in the refurbishment plans that were to take place in the future.

During this inspection we looked to see if improvements had been made and shortfalls addressed. We found all the issues had been addressed apart from the safe storage of gloves, which we had discussed with the registered manager during our last inspection. During this inspection we found gloves were still stored unsecured in one communal bathroom. We discussed the potential choking risk with the registered manager and deputy manager who ensured the gloves were secured.

Throughout the service we saw hand washing facilities and sanitising hand gel was available for staff and



visitors to use. Staff were provided with personal protective equipment such as, gloves and aprons. We found two people who required to be moved using a hoist were sharing the same hoist sling. People should have their own individually named hoist sling to help maintain infection control. This was discussed with the registered manager and deputy manager during the inspection and a new hoist sling was ordered. Following the inspection the registered manager confirmed this issue had been fully addressed.

We inspected the sluice room at the service and we found staff were washing bedpans and commode pans by hand. We recommend the registered provider follows current guidance in regards to sterilising bed pans, commode pots and urinals to maintain infection control.

People we spoke with told us they felt safe living at the service. One person said, "I do feel safe here with the staff." Another said, "I am settled and safe."

Relatives confirmed their family members were safe and confirmed the service supported their safety. One relative said, "(Name) is definitely safe here, more than they were at home." Another said, "(Name is having a better quality of life here. The home is a safe place for her."

The registered manager monitored the staffing levels to ensure there were enough staff and they had the right skills to support people. Staff said there were enough staff provided to meet people's needs. Staffing levels were reviewed if people needed to be escorted to hospital or if there were outings taking place. Staff covered each other's sickness, absence and holidays to help provide continuity of care to people. We found recruitment of staff to be robust at the service.

Risks to people's wellbeing, for example, the risk of choking, falls, or receiving tissue damage due to immobility was in place. The registered manager and deputy manager told us they had just started reviewing everyone's care records to make them more detailed and personalised. We saw people were assessed for walking aids or wheelchairs, hospital beds, pressure mattresses and cushions. Staff gained the relevant equipment people required to help maintain their wellbeing.

The registered manager undertook audits of accidents and incidents to see if there were any patterns present. We saw relevant advice was sought from health care professionals to try to prevent further issues from reoccurring.

The registered manager showed us records of the general maintenance that was undertaken. Service contracts were in place to maintain equipment, undertake water checks and maintain electrical and gas safety. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff had access to contractors' phone numbers to call in an emergency. The registered manager, deputy manager or registered provider could be contacted at any time for help and advice.

We inspected the medicine systems in operation in the service. We found a new medicine management system had been put in place and a new medicine storage area for stock and the medicine trolleys had been created. A member of staff told us about how medicines were ordered, stored, administered, recorded and disposed of. We saw people's allergies to medicines were recorded, which helped to inform staff and health care professionals of any potential hazards.

We observed part of a medicine round. The member of staff undertaking this had been trained in this new system. We saw they were competent at giving people their prescribed medicines and took their time to check the medicines to be given; people's identity and if the medicine had been taken. The member of staff said, "This is a better system, it helps us maintain medicine safety."



## Our findings

People told us the staff were effective at looking after them and said staff knew what they were doing. People were satisfied with the food provided. We received the following comments; "The carers know what they are doing. The food is pretty good, I am putting weight on. If there is something on the menu you don't like you can have something else" and "We have beautiful food and there is enough of it. I have a beer when I fancy one."

Relatives we spoke with confirmed the staff were able to meet their relative's needs because they had undertaken training and used this information to care for people.

Relatives we spoke with told us they were satisfied with the homely environment they said, "They have done a lot of work regarding the décor, they are keeping on top of things and the home is clean" and "The home is clean and nicely decorated."

We saw staff were provided with training to help maintain and develop their skills. The registered manager told us a lot of training had been recently undertaken to make sure the staff's skills were kept up to date. Training in subjects such as; moving and handling, medication administration, safeguarding, food hygiene, first aid, infection control and dementia care had been undertaken. Staff we spoke with told us the training provided helped them to deliver effective care to people. A member of staff said, "We always do in-house training. I have completed moving and handling, food hygiene, fire safety and deprivation of liberty training recently. I am interested in the training provided." New staff undertook a period of induction, which included working with senior care staff that assessed and helped to develop their skills.

Staff received regular supervision and had a yearly appraisal, which allowed the registered manager and staff to discuss performance issues or further training needs. Staff said this was helpful to them.

The registered manager told us that people were supported by the services own staff and agency staff were not used. This helped maintain continuity of care.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed relevant staff, including the registered manager had completed MCA and DoLS training. The registered manager told us applications for DoLS had been granted for three people who met the criteria and seven applications were awaiting authorisation by the local authority.

We found in one person's care records that the person's relative had signed their consent forms for having their picture taken and for consent for professionals to look at their care records. The registered manager confirmed this relative did not hold power of attorney for health and welfare, which would have allowed to consent on the person's behalf. Discussion was held with the registered manager and deputy manager to make sure they understood if a power of attorney (POA) for health and welfare was not in place, relatives could only express their views and wishes in best interest meetings regarding this. A best interest meeting had not been held, which meant the person's rights had not been protected. The registered manager and deputy manager told us they would address this issue straight away and they confirmed following our inspection they were asking all relatives for copies of POA documentation. Best interest meetings were also being scheduled.

Staff we spoke with told us how they supported people to make choices for themselves. For example, what to wear and where to eat. A member of staff said, "People always have capacity unless they are assessed as not having capacity. We ask people, or show them picture cards, they point if they cannot speak or we write on paper to gain people's views. It is in people's best interests not to take their rights away, we give them choices."

People had their nutritional needs assessed when they were admitted to the service and could choose where they wished to eat their meals. Where necessary, this information was kept under review. Information about people's dietary needs, preferences, allergies or special diets was known by staff and shared with the cook. Staff raised concerns regarding people's dietary needs with their GP as necessary, which helped to ensure people's dietary needs were met.

During the course of the inspection we observed that when people needed assistance and encouragement to eat and drink, staff sat with them and encouraged them with patience and kindness. Plate guards and beakers were used to help people to remain as independent as possible with eating and drinking. Drinks and snacks were available at any time.

The care home was a converted Victorian House. Pictorial signage helped people find their way to the communal toilets and bathrooms. We saw some communal areas had been re-decorated; others were to have this work completed.

We inspected some bedrooms, some were personalised and homely. People had their photograph on their door, their name or a memory box was present with photographs which helped people find their room. Some bedrooms not in use were not presented in a homely way; some rooms required re-decorating or general repair and there was a lack of personalisation. The registered manager and deputy manager told us they were aware of all the bedrooms that required re-decoration and repair and an on-going refurbishment programme was currently taking place. They confirmed new bedding and matching curtains had been bought and more was to be ordered. The registered manager told us there had been some delay in completing the refurbishment plan due to the service having lower than expected occupancy. This had meant the registered provider was undertaking work after reviewing the cost. However, we were assured by the registered manager the necessary improvements would continue to be made to the environment.

We saw in the communal areas of the service there was a lack of pictorial scenes from the local area and a lack of items, which may have helped people living with dementia to reminisce. We discussed this with the registered manager and deputy manager who said this issue would be address straight away and would review good practice guidance with regard to promoting a dementia friendly environment.



## Our findings

The service's rating for the key question 'caring' remains good. At this inspection people told us they were well cared for and said the staff were kind and considerate to them. One person said, "Staff are polite and professional there are no problems with them." Another person said, "Staff cannot do enough for you, they are really good, we have a nice bit of banter. They do look after us very well."

Relatives told us staff cared for their relations appropriately. We received the following comments; "The care is brilliant. [Name] likes it here they are a lot happier. The staff are friendly to us we are always made welcome" and "[Name] looks well cared for. I am happy with the quality of care she gets. There is friendly banter and the staff are professional about this."

A visiting health care professional told us they were made welcome by the staff. They confirmed when they visited staff were attentive to people and were caring in their approach when supporting people.

We observed people looked relaxed and contented in the company of staff. Staff spent time with people in the communal areas of the service. They asked how people were feeling and if they needed anything. Staff took their time to make eye contact with people and waited for a response or rephrased what they said to help people living with dementia understand and respond.

Staff offered help and assistance to people where this was required. For example, a person was walking around and wanted some refreshments. Staff asked if they could walk with them and asked the cook to bring them a drink and biscuits. The person smiled and appeared to enjoy the caring interaction shared with them by the staff.

There was a notice board with information on it about maintaining people's dignity at the service. This information was under review. Dignity champions were in place, people living at the service had put their thoughts and feelings about dignity into words which were displayed. The registered manager told us it was important for all staff to reflect on this feedback and make sure people living at the service felt their dignity was maintained at all times.

Staff addressed people by their preferred names and knocked on people's bedroom doors before entering.

During our visit we spoke with staff who said they enjoyed working at the service. They told us they treated people as they would wish to be treated. A member of staff said, "I love all the residents, I am so attached to

them. I like to know I am doing my best for all of them."

End of life care was provided at the service. The registered manager said staff supported the person and their family and worked together to make sure people were cared for physically and emotionally, at this time.

Care records were stored securely to maintain people's confidentiality and computers at the service were password protected, which meant that the registered provider ensured people's private details were stored in accordance with the Data Protection Act.



## Our findings

The service rating for the key question responsive remains good. At this inspection people we spoke with said the staff were responsive to their needs. We received the following comments; "The staff would get a doctor if I needed one and would see what they could do for me" and "Yes, the staff would get the GP for me if I was not well. If I had just a cold they may consider the GP." People told us they could complain, but had no complaints to make, and said any issues raised would be dealt with.

Relatives told us the staff were responsive to their relations needs and said they were kept informed. We received the following comments; "I am asked to attend the care reviews for [Name] every month. [Name] signs her care plans and looks through them. The staff know her needs well and get the GP if she is unwell and keep me informed" and "[Name] fell and hurt herself, it was an accident. The staff dealt with this emergency promptly and kept us informed."

We looked at people's care records; we saw they were created from standard typed templates. We observed staff had added some text to help to personalise people's care plans and risk assessments. We discussed this with the registered manager and deputy manager because although people's needs were recorded their care records could have been made more detailed and personalised. The registered manager and deputy manager told us they were aware of this and had just started to rewrite everyone's care records to address this. We received information following the inspection four people's care records had been re-written which left eight people's records to review.

People's care needs were assessed which helped staff understand and to plan people's care. Information about people's likes, dislikes and preferences for their care and support were recorded. As people's needs changed their care records were updated. People told us they were satisfied with the care and support they received.

We observed at the start of each shift there was a handover of information between staff. Information about people's physical, psychological and emotional condition as well updates from visiting health care professionals was shared, which informed the staff about people's changing needs.

We saw as people's need changed advice was sought from relevant health care professionals, those we spoke with confirmed this. One said, "Staff take advice and act on it, they are keen and willing to get our input and actively seek advice. They also ring to update me, so they are very proactive. We have a good rapport with the staff."

We saw people received input from GP's, chiropodists, opticians, speech and language therapists, dieticians and district nurses. Staff escorted people to hospital, relevant information about their care was provided to hospital staff to ensure continuity of care could be provided to people.

There was a complaints procedure in place. People we spoke with said they could make a complaint, but had no issues to raise. The registered manager confirmed complaints received would be acted upon.





## Our findings

There were ineffective quality monitoring systems in place to assess, monitor and improve the quality and safety of the service. We found during this inspection shortfalls relating to infection control, a person's consent and a lack of providing timely notification of low level safeguarding issues to CQC. The registered manager confirmed they had failed to submit these notifications and we were given them during the inspection. We found two breaches of regulation, Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 for non-notification of incidents, low level safeguarding issues and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the registered managers lack of effective quality monitoring of people's consent, the environment that still required improvement in certain areas and the lack of effective infection control in relation to hoist slings and sterilisation of bedpans, commode pans and urinals.

At our last inspection we found the registered provider had undertaken a review of the environment since acquiring the service and a large programme of work has been carried out. A plan was in place for the on-going maintenance, improvement and re-decoration of the service. The registered manager told us some of the improvements planned had not occurred due to the service having lower occupancy, but confirmed this had been discussed with the registered provider and the work would be completed.

At our last inspection of this service we had found some shortfalls and all the issues had been addressed apart from the safe storage of gloves. We also saw that a recommendation made by Healthwatch about providing a separate area other than the dining room for activities remained outstanding.

The registered manager monitored the quality of service provided by undertaking a range of audits which included, for example; the environment, maintenance and safety, medicine management, privacy and dignity and care files. Audits of the environment were also undertaken when the registered provider visited the service and walked round to assess the environment and priorities for the refurbishment programme were agreed. However, although audits were undertaken they had not prevented the issues that we found during our inspection. This confirmed that the auditing and quality monitoring of the service required improvement. The quality monitoring systems had not ensured that the registered manager informed us about low level safeguarding issues that had taken place within the service. We also found people's care records required work to be undertaken on them to make them personalised. There was a lack of understanding by the registered manager of the Mental Capacity Act 2005 relating to the consent that could be provided by relatives in regard to clarifying care and support to be provided in people's best interests. We also found hoist slings were used for two people instead of being named and used for individuals only. We

have recommended the registered provider should look at the infection control measures in place at the service for the sanitising of bedpans, commode pans and urinals to help to maintain infection control.

During our inspection we discussed the refurbishment programme, a large programme of work had been carried out. The registered manager and deputy manager told us they would continue to review the environment and improve this further to ensure the home remained a pleasant place for people to live.

The registered manager told us the local authority quality assurance team had recently attended the service to commence their appraisal and quality rating of the service. We were informed by the registered manager that issues they had found had been acted upon and an action plan had been created by the management team.

External auditing of the medicine systems was undertaken by the supplying pharmacy. The registered manager requested a new fridge thermometer from the pharmacist during our visit as it was seen the one in use was reading 8 degrees.

People we spoke with said the service was run well and met their needs. One person said, "The manager would see what they could do for me. I am okay here." Another said, "I am happy with how the service is run, I have no issues."

Relatives we spoke with said told us the manager was effective at managing the service. One relative we spoke with said, "The home is run well enough." Another said, "I would recommend the Acorns Care Home, it is nice and small. The manager and deputy are great and communicate well."

The registered manager was approachable and had an 'open door' policy. People living at the service, their relatives, visitors or staff could speak with them at any time. There was a deputy manager in place to assist the registered manager. The registered provider visited the service regularly to monitor the service provision.

Staff told us they understood the management structure in place and said they enjoyed working at the service. Staff confirmed their views were asked for and were acted upon by the management team. Staff meetings were held and those unable to attend could read the meeting minutes. This helped to keep them informed of updates and any changes applicable to them. A member of staff said, "Staff meetings are held regularly and I attend. I would speak with the manager or deputy or leave a note about issues, they are approachable and listen."

We saw resident and relatives meetings were held. People and their relations were able to raise their views about activities, the meals provided, staffing or aspects of the service provided.

Quality assurance surveys had been sent out to people and their relatives in 2017. We saw the registered provider and registered manager had reviewed the information they had received. A respite care survey had also been conducted where the service had scored 100 percent; people had commented; 'I enjoyed my stay, 'my privacy was respected', and, 'all was fine'.

## 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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Notifications must be submitted to the care Quality Commission in regard to any abuse or allegation of abuse in relation to a service user.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were ineffective quality monitoring systems in place to assess, monitor and improve the quality and safety of the service.</p>