

Pooltown Care Limited

# Acorn Manor Residential Home

## Inspection report

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Cheshire  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Acorn Manor is a residential care home] providing personal care to 21 people at the time of the inspection. The service can support up to 30 people in one adapted building.

### People's experience of using this service and what we found

Quality audits were now more effective; however, checks had not identified insufficient hygiene standards within some bedrooms and bathrooms which we found during our visit. Cleaning audits were not always accurate as they suggested that areas had been cleaned when that was not the case. One piece of equipment was unsafe, and this was removed. This meant that people did not live in consistently clean or safe facilities. We alerted the registered manager to this and appropriate action was taken.

Other quality audits had been broadened to demonstrate effective governance of the service. While these were effective; their continued use is encouraged to ensure a good standard of governance within the service. The management of the service had been supplemented by the employment of a new registered manager and area manager. The registered provider demonstrated better oversight of the service.

There were sufficient care staff on duty to meet people's needs. The service had limited availability of domestic staff to cover sick leave of one person with the result that some standards of hygiene were not always maintained. Since our visit, a new domestic member of staff had been recruited.

People now received safe care. Systems were in place to identify and report events that could place people at risk of harm. Risk assessments were more effective with any falls being analysed and reported appropriately. Medication was safely managed, and new staff recruited appropriately. Arrangements to protect people during the Covid-19 had improved.

The service was now effective through better assessments for people as well as staff training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act were now followed, and the service now liaised with other health professionals when people faced risks from weight-loss, for example. Improvements to the decoration and layout of the building was ongoing.

The service was now more caring. Improvements in areas of governance, safety, person-centred care and COVID-19 prevention demonstrated an approach which better valued people as individuals and their welfare. Staff interacted with people in a positive and caring way. This view was reflected by relatives. People's personal information was better protected.

Care plans were more person-centred. Support needs were clearly written to ensure that these could be met

by the staff team. Use of a digital-based care plan system enabled real time recording of how people had been assisted. Activities were now in place and evidence provided of past activities undertaken by people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires inadequate (published 10 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

**Requires Improvement** 

# Acorn Manor Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

Acorn Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with members of staff including the area manager, registered manager, senior care worker care workers and the chef. Some staff did not respond to our invitation to talk with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We reviewed a range of records. This included four people's care records, risk assessments and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records and continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

At our last inspection the provider had failed to demonstrate that systems were in place or robust enough to demonstrate that risks associated with infection control were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- During the first day of our visit we found that standards of hygiene in some areas did not promote the prevention of infection. One item of bed linen was ripped, soiled and these areas appeared unclean. Waste bins had not been emptied and some bedrooms were cluttered and untidy. This also extended to some bathrooms and toilets.
- Records indicated that these areas had been cleaned yet this did not reflect our observations. We raised this with the registered manager.
- The registered manager was shown these areas and agreed standards of hygiene were not acceptable. We re-visited the service and found that all issues had been addressed. The registered manager had ordered new bedding for all bedrooms.
- Arrangements for the prevention of the spreading of COVID -19 had significantly improved since our last visit.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. This related to our initial concerns about cleanliness in some areas.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to demonstrate that service users were safeguarded. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- A bed rail was unsafe and loose posing a risk to the safety of one person. We alerted the registered manager to this and it was removed.
- A refrigerator in the kitchen was faulty and did not guarantee optimum temperature for safe food storage.
- We informed the registered provider of the need for a replacement appliance but have yet to receive confirmation that this had been done.
- Risks to people's health, safety and welfare were assessed, mitigated and kept under review.
- Those people at risk of falls were now correctly assessed and interventions made to prevent future re-occurrence.
- Nutritional risks were recognised with appropriate action taken to prevent this.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to demonstrate that service users were safeguarded. This was a breach of regulation 13 ((Safeguarding service users from abuse and improper treatment)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from harm. The registered manager now had systems in place to recognise safeguarding concerns and acted /reported on them appropriately.
- The registered manager regularly reported other events which did not meet the threshold for a more formal investigation, to the local authority
- Relatives told us, "Oh yes [name] is definitely safe living there", "staff treat [name] with dignity and care" and "[name] is safe there, we have no concerns".
- While it not always possible to gain direct experiences; observations noted that people appeared comfortable and relaxed with staff.

### Staffing and recruitment

- There were not sufficient domestic staff on duty at the time of our visit to maintain hygiene standards throughout the building. The one member of staff on duty was working on other tasks in the morning and only started their cleaning schedule during the early afternoon.
- The registered manager had sought to recruit more domestic staff, but this had not been successful. The registered manager advised us after our visit that new staff had now been recruited to this role.
- There were sufficient care staff available during our visit to meet the needs of people. Relatives did not have any concerns about staffing levels meeting their relation's needs.
- Recruitment processes were robust.

### Using medicines safely

- Medicines were managed safely.
- Appropriate records were in place to reflect administration of medicines as well as protocols for the



administration of medication when required (known as PRN).

- People received their medicines when needed and staff had received training and competency checks to confirm they administered medicines safely.
- Medication systems were audited regularly, and actions taken when needed, for example, addressing any missing signatures of medication administration records.

Learning lessons when things go wrong

- Our last inspection had identified a number of breaches in regulations which put people at risk of unsafe care.
- The registered provider had responded to this by introducing an action plan as well as recruiting a new registered manager and area manager.
- The registered provider demonstrated a more thorough knowledge of the challenges facing the service and had increased their frequency of visits to the home.
- As a result of these actions; the service was no longer in breach of any regulations and had improved the quality of care provided to people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider consider current guidance and best practice in relation to the Mental Capacity Act and take action to update their practice accordingly. The provider had made improvements.

- People's capacity to make decisions were now better assessed.
- A more robust process was in place for those who required decisions to be made in their best interest.
- Standard deprivation of liberty applications had been made to the Local Authority. These had either been approved or were pending, and were awaiting being processed. Where such applications had been granted; these were adhered to.
- The registered manager maintained records indicating when such deprivation orders were due for expiry.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, the registered persons had not made sure that care was assessed and planned for in a person-centred manner and that the holistic needs of people had been recognised. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Initial assessments were now more robust and encompassed health as well as social needs. all areas of need.
- The implications of conditions people had, for example, when living with dementia, were outlined in assessments and then translated to care plans.
- People's medical histories were now taken into account when planning their care.
- Assessments of people's needs were obtained prior to people coming to live in Acorn Manor.

Adapting service, design, decoration to meet people's needs

- The service demonstrated that adaptations to the building continued.
- The registered provider had a plan in place to continue to improve and enhance the environment.
- People were able to mobilise through the building and aids and adaptations such as a passenger lift were in place to enable them to do this.

Supporting people to eat and drink enough to maintain a balanced diet

- Menus were clear and prominently displayed. Staff were attentive to the needs of people during lunchtime.
- Food and fluid charts were in place identifying those people who required extra support to maintain healthy nutrition and hydration. People were offered drinks throughout the day with totals recorded of how much people had drank, in line with identified risks.
- One relative commented on weight loss experienced by their relation. Records evidenced that the service was striving to address this. Another commented, "The food is really good there; I have no concerns about how well [name] is eating".
- Records were completed on admission outlining agreed food preferences and any allergies.
- The kitchen area was better organised. The chef demonstrated a good knowledge of the nutritional needs of each person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Co-operation with other agencies was now more effective.
- Where people were faced with risks to their health and wellbeing; evidence was available confirming referral to other agencies such as dietitians, for example.
- Care records evidenced that other health professionals such as Doctors and District Nurses had been consulted and appointments fulfilled

Staff support: induction, training, skills and experience

- Training records were in place and outlined relevant training that had been completed by staff.
- Staff had received dementia awareness training.
- A structured induction process was in place.
- Staff supervisions and appraisals were evidenced.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were better involved in aspects of their care.
- At our last visit, one person had stated that they did not have anyone to assist them to make important decisions about their lives. This inspection found that an advocate was now in place to support this person.
- People's independence was now better promoted with people being given choice in aspects of their daily lives.
- Care plans included reference to how to best communicate with each person.

Respecting and promoting people's privacy, dignity and independence

- People were now consistently treated with dignity and respect and bedrooms were now more personalised.
- Staff knocked on people's bedroom doors to respect their privacy.
- Improvements in the care people received indicated a commitment to ensure that people were supported in a dignified manner.
- People's personal information was now secure and kept confidential.
- Relatives stated that they believe that staff were respectful to their relations. They told us "They [staff] are wonderful; they are caring and I cannot fault them", "the care is good" and " We are more than happy with the service and believe that their [name] is sometimes challenging to the staff team but they work with their best interests in mind".

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interactions with people were respectful, patient and positive.
- Staff provided reassurance to people.
- Care staff supported people in a dignified and discreet manner with attention paid to communicating with people in an appropriate manner.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to/deteriorated to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, the registered persons had not made sure that care was assessed and planned for in a person-centred manner and that the communication needs of people had been recognised. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans now better reflected the individual health and social needs of people.
- Care plans had been transferred to a digital system enabling care plans to be amended easily and were supported by an ongoing commentary of all interactions staff had with each person.
- The system provided accurate information, for example, an audit trail of actions relating to people's changing needs could be created. This enabled these needs to be better met and enable managerial oversight.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection, the registered persons had not made sure that care was assessed and planned for in a person-centred manner and that the communication needs of people had been recognised. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's communication needs had been assessed and were being met? .

- Information such as the daily menu in the dining room, for example, was supplemented by pictures and symbols and these accurately outlined the lunch on offer that day.
- People still needed some guidance in using this, however, the symbols enabled clearer understanding for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities on the day of our visit were limited. Subsequent records viewed confirmed people's experience of the activities had been evaluated. This helped staff to plan activities that people would enjoy. Evidence provided after our visit demonstrated more structured activities accompanied by records evaluating each activity and the experience of those who had participated.
- An activities co-ordinator was now employed by the service. Since our visit, their work hours had been adjusted to enable people to join in activities during the morning.
- Newsletters were available on a monthly basis summarising activity that had taken place and relevant updates within Acorn Manor.
- An activities room was available. During the first day of our visit, this did not appear to be used. On the second day of our visit, the room had been rearranged and de-cluttered enabling an attractive place for activities to take place. The results of people's arts and craft were on display.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place.
- No complaints had been received by the service.
- Relatives were aware of how to raise a complaint.

End of life care and support

- No one had reached this stage of their lives during our visit.
- The future wishes of people had been recorded in care plans.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection, the registered provider had not ensured that the quality assurance and monitoring systems in place were robust and drove improvement. This placed people at risk of harm. This was a breach of regulation 17 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The new registered manager had improved the oversight of risk within the service. While there have been marked improvements in quality assurance systems these improvements need to be sustained for a period of time, following this inspection, to enable a rating of good to be achieved.
- Internal quality assurance systems had improved, however, these had not detected the hygiene and safety issues that we identified.
- Oversight of accidents, incidents and care planning were now more accurate and demonstrated better governance.
- The registered provider had increased their involvement with the governance of the service. The registered manager told us that they had been supported by the provider. An area manager had been employed since our last inspection to assist with the improvement of standards within the service.
- We now received notifications of key events from the registered provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received more person-centred support.
- The registered manager had sought to develop a more open culture and had identified this as a priority in making improvements to the service.
- Relatives considered the service to be well-managed and open to suggestions. They told us "they do keep me updated with how [name] is progressing", "generally communication is fine but there has been the odd occasion when this could be better" and "the manager has been supportive in listening to our concerns about external agencies".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager co-operated with us and provided supportive documentation in a timely manner during our visit.
- Appropriate responses and arrangements to ensure people received urgent medical assistance were now in place. This had been achieved through improved practices and reporting procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had improved their engagement with other stakeholders.
- Engagement with people living at Acorn Manor Residential Home, to determine their preferences, was done on an individual basis, taking their communication needs into account.
- Relatives felt better involved in the care and wellbeing of their relations.
- We received limited comments from staff in respect of the service. One staff member considered that the new manager was "very good", responsive and that there had been "massive improvements" in the way Acorn Manor Residential Home was now run.

Working in partnership with others

- The registered manager worked better with other agencies, for example with health professionals to ensure people's health was promoted.
- Following concerns identified during our last visit, the registered manager had co-operated monitoring by the with local authority commissioning teams.
- Improvements had also been made to working with infection control agencies to improve and protect people from the spread of COVID-19.