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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Acorn Lodge – Croydon is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Acorn Lodge does not provide nursing care. Acorn Lodge accommodates up to 39 older people in one adapted building. At the time of our inspection there were 19 people using the service, many of whom had dementia.

At our last inspection on 16 July 2016 we rated the service 'good' overall and for each key question. At this inspection we identified breaches of legal requirements and the rating for the service had deteriorated to 'requires improvement' overall and for each key question.

The registered manager remained in post. 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.

Care records did not always provide clear, accurate and complete information about people's needs. Nevertheless, information was provided about people's life histories and daily routines. Records were maintained about the daily support provided. The provider did not adhere to the Mental Capacity Act 2005 and had not followed process for legal authorisation to deprive a person of their liberty.

A safe environment was not provided. Environmental risks had not been appropriately assessed and mitigated. Individual risk assessments were in place but there were insufficient and inconsistent plans to manage and mitigate risks.

The provider had not ensured that staff received regular training to ensure their knowledge and skills were up to date to undertake their duties in line with best practice guidance.

A new governance framework had been introduced but this was not fully embedded and needed expanding to ensure it captured all areas of service delivery. There were no formal systems in use to capture the views of people and their relatives about the service or to use this to improve the quality of service provision. The provider did not always use feedback from local authority quality visits to improve service delivery.

There was rigid structure at the service which did not accommodate flexibility within people's routines. People had a lack of choice over daily decisions. People were not supported to communicate, particularly if they were unable to speak English or were unable to verbally communicate. We recommend the provider adheres to the accessible information standard.

Activities were provided. However, these were repetitive and did not always take account of people's interests and hobbies. We observed some people were isolated whilst activities were delivered. Activities did

not always take account of people's individual needs and we recommend the provider consults national guidance about activity provision and engaging people living with dementia.

The provider was in the process of completing a redecoration and refurbishment programme of the service. However, at the time of inspection the environment did not meet the needs of people living with dementia and we recommend the provider consults guidance for implementing a dementia friendly environment.

On the whole safe medicines management processes were in place. However, systems for maintaining accurate stock checks were not robust.

Staff followed procedures for safeguarding adults' and adhered to infection control procedures. Staff adhered to the provider's incident reporting process. Safe recruitment processes were followed and there were sufficient numbers of staff to support people.

People were supported with their dietary requirements and staff arranged for healthcare professionals to visit and for people to attend appointments in order to have their health needs met.

Information about people's religion, culture and sexuality was collected as part of the admission process and people were provided with any support required. There were no restrictions to visitors.

A complaints process remained in place and the management team reviewed all complaints on a monthly basis to identify any trends and learning.

The provider was in the process of recruiting to strengthen the management team across both this service and their sister service. We will assess the impact of this change at our next inspection.

The service was currently in 'provider concerns' with the local authority and they were working with the local authority to demonstrate improvements with the quality of service delivery. The registered manager was aware of their CQC registration responsibilities and to submit statutory notifications about key events that occurred at the service.

The provider was in breach of legal requirements relating to need for consent, safe care and treatment, treating people with dignity and respect, staff training and good governance. You can see what action we have asked the provider to take at the back of the main report.

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

Some aspects of the service were not safe. A safe environment was not provided. Environmental risks had not been appropriately assessed and mitigated. Individual risk assessments were in place but there were insufficient and inconsistent plans to manage and mitigate risks.

Safe recruitment processes were followed and there were sufficient numbers of staff to support people.

On the whole safe medicines management processes were in place. However, there were systems for maintaining accurate stock checks were not robust.

Staff followed procedures for safeguarding adults' and adhered to infection control procedures. Staff adhered to the provider's incident reporting process.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The provider did not adhere to the Mental Capacity Act 2005 and had not followed process for legal authorisation to deprive a person of their liberty.

The provider had not ensured that staff received regular training to ensure their knowledge and skills were up to date to undertake their duties in line with best practice guidance.

The provider was in the process of completing a redecoration and refurbishment programme of the service. However, at the time of inspection the environment did not meet the needs of people living with dementia and we recommend the provider consults guidance for implementing a dementia friendly environment.

People were supported with their dietary requirements and staff arranged for healthcare professionals to visit and for people to attend appointments in order to have their health needs met.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. There was rigid structure at the service which did not accommodate flexibility within people's routines. People had a lack of choice over daily decisions. People were not supported to communicate, particularly if they were unable to speak English or were unable to verbally communicate. We recommend the provider adheres to the accessible information standard.

Information about people's religion, culture and sexuality was collected as part of the admission process and people were provided with any support required. There were no restrictions to visitors.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Care records did not always provide clear, accurate and complete information about people's needs. Nevertheless, information was provided about people's life histories and daily routines. Records were maintained about the daily support provided.

Activities were provided. However, these were repetitive and did not always take account of people's interests and hobbies. We observed some people were isolated whilst activities were delivered. Activities did not always take account of people's individual needs and we recommend the provider consults national guidance about activity provision and engaging people living with dementia.

A complaints process remained in place and the management team reviewed all complaints on a monthly basis to identify any trends and learning.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. A new governance framework had been introduced but this was not fully embedded and needed expanding to ensure it captured all areas of service delivery. There were no formal systems in use to capture the views of people and their relatives about the service or to use this to improve the quality of service provision. The provider did not always use feedback from local authority quality visits to improve service delivery.

The provider was in the process of recruiting to strengthen the management team across both this service and their sister service. We will assess the impact of this change at our next inspection.

The service was currently in 'provider concerns' with the local authority and they were working with the local authority to demonstrate improvements with the quality of service delivery.

The registered manager was aware of their CQC registration responsibilities and to submit statutory notifications about key events that occurred at the service.

Acorn Lodge - Croydon

Detailed findings

Background to this inspection

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

This inspection took place on 25 April 2018 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people. We spoke with seven staff, including the registered manager, the provider, care staff and the chef. We undertook general observations and use the short observational framework for inspection (SOFI) during lunchtime in the main communal room. SOFI is a recognised tool for obtaining the views of people who are not able to communicate with us. We reviewed three people's care records and staff records including two staff recruitment records, three staff's supervision and appraisal records, the staff team's training matrix and staff rotas. We reviewed medicines management records and records relating to the management of the service.

After the inspection we spoke with representatives from the local authority, including the safeguarding adults' team and quality monitoring team.

Requires Improvement

Is the service safe?

Our findings

A safe environment was not always provided. Windows were not sufficiently restricted meaning people were at risk of falling from height. Portable radiators were in people's bedrooms. These were labelled as not to be covered, however, there was a risk that people, particularly those living with dementia, may not read or understand this label. The staff had not risk assessed the use of these portable radiators leaving people at risk of burns or scalds. There were also no systems in place to regularly check and monitor water temperatures to ensure these were within a safe range for people to use and did not pose a risk of burns or scalds. We also observed during the morning of our inspection the door to the laundry room was unlocked. The registered manager told us she would ensure staff kept this door locked at all times the room was not occupied to reduce the risks to people of entering the room and harming themselves from hazards present in the room. However, in the afternoon of the inspection day we saw this room was again left unlocked and unattended.

Staff assessed risks to people's safety, however, there was a lack of information about how these risks were to be managed and mitigated. For example, information was included about people becoming verbally or physically aggressive but did not provide any information for staff about the triggers to this behaviour or how to support the person to maintain calm and prevent the displays of this type of behaviour. We also saw one person was assessed as at risk of falls but there was no falls management plan in place and no reference to the person's moving and handling support needs. One person at the service smoked cigarettes. The staff told us they kept the person's cigarettes and lighter safe to reduce the risk of the person smoking in their room and the risk of a fire. However, the person showed us they had their lighter in their room. Staff also told us this person smoked unsupervised and did not have any protective equipment to minimise the risk of accidentally catching their clothes on fire from dropping hot embers.

The provider was in breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Appropriate checks had been undertaken to ensure suitable staff were employed. This included obtaining references from previous employers, checking staff's eligibility to work in the UK and undertaking criminal record checks. We also saw from completed applications that the majority of staff had experience of working in a care setting and relevant qualifications or training.

Staffing levels were based on people's dependency levels and from reviewing the staffing rotas we observed staffing numbers were as expected. People told us there were usually enough staff on duty at all times. One person said, "Yes…weekends and nights also." Staff confirmed there were sufficient staff on duty to enable them to undertake their duties and support people. We observed call bells were answered promptly.

Staff adhered to the procedures to control and prevent the spread of infection. Cleaning schedules were in place and on the whole the service was clean. However, we observed that people were not offered the opportunity to wash their hands prior to meals. Infection control policies and procedures were in place, the majority of staff had completed infection control, and there was access to personal protective equipment (PPE). An infection control audit was undertaken to review adherence to good practice guidance, including

wearing PPE and the disposal of clinical waste, and where improvements were identified as being required these were addressed.

People received their medicines as prescribed. We saw medicines were stored securely. Medicines administration records were completed to document the medicines given and when these were refused. On the whole we saw stocks of medicines were as expected, however, for some medicines we saw accurate records were not maintained about the total medicines in stock at the beginning of each cycle meaning accurate stock checks could not be maintained. We spoke to the registered manager about this and they said they would ensure this was consistently recorded. Processes were in place for the safe return and disposal of medicines.

Staff were aware of safeguarding adults' procedures and protected people from discrimination. One staff member told us, "Whatever the belief you respect it. Don't discriminate – different ethnic groups, different religions." Staff said if they had concerns about a person's safety they would report it to a member of the management team. The registered manager was aware of their responsibility to refer any safeguarding concerns to the local authority. The registered manager told us they attended any safeguarding meetings and followed the advice given, however, they acknowledged that at times they found the safeguarding process difficult and unsupportive.

Staff were aware of the incident and accident reporting process. Staff called for assistance prior to moving a person, for example after a fall and all the staff we spoke with were aware of the process of obtaining emergency medical assistance when required.

Requires Improvement

Is the service effective?

Our findings

Staff did not adhere to the principles of the Mental Capacity Act (MCA) 2005. There was no MCA capacity assessments included in people's care records and no evidence of best interest meetings being held. Care records did not state what elements of their care people did not have the capacity to consent to and therefore the assumption is that people have capacity in line with the principles of the MCA. However, when speaking with the registered manager they told us people did not have the capacity to consent to certain aspects of their care and acknowledged that this was not being captured in their care records or formally assessed. Many people at the service had bed rails in place. There was no consent form signed for the use of this equipment.

Since our last inspection the registered manager had begun to devise a tracker to enable them to have greater oversight of who was deprived of their liberty, when they had applied for DoLS authorisation and when the DoLS authorisation expired. However, this process had not been completed. When we discussed it with the registered manager they told us none of the people using the service had the capacity to understand the risks to their safety in the community and therefore were being deprived of their liberty. However, the registered manager had not applied to the relevant local authority for legal authorisation to do so for each person.

The provider was in breach of regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff said access to training was good and they felt well supported in their role and able to expand their knowledge and skills. However, the provider's training matrix showed staff were not up to date with their mandatory training and had not consistently received regular refresher courses. Nine staff were not up to date with their manual handling training, 12 staff had not completed training in supporting people living with dementia, nine staff had not completed training on supporting people when displaying behaviour that challenged, 18 staff had not completed training in diabetes care, 16 staff had not completed training on the MCA and 13 staff had not completed training in person centred care. This meant there was a risk that staff did not have the knowledge and skills to support people safely and in line with best practice guidance.

The provider was in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Since the deputy manager came into post at the sister service, Acorn Lodge, they had taken on the responsibility of supervising all staff across both services. Supervision sessions had been re-established and the staff records we saw showed staff had been supervised in line with the provider's policy of at least six monthly meetings. However, we saw the supervision records maintained were the same for each staff member. We could not be assured that staff supervision meetings were tailored to meet the needs of each individual staff member.

During our inspection we saw some areas of the service were in the process of being redecorated. The provider was still in the process of completing their refurbishment and redecoration plan across both of their services – Acorn House and Acorn lodge. This included general redecoration as well as updating the

bathrooms at Acorn Lodge and turning some of them into fully accessible wet rooms.

Many of the people living at Acorn House were living with dementia. The service had signs on the toilet doors to help distinguish these, however, there were no other environmental changes to support people with dementia to navigate around the service. The service had not used colour or light to distinguish different areas. There was a lack of signage or pictorial information to identify different areas, and there was no reminiscence objects and little sensory objects for people to interact with.

We recommend the provider consults national good practice about developing a dementia friendly environment.

Staff described to us signs that a person's health was deteriorating and obtained medical assistance as required. This included liaison with the district nurse if they had concerns that a person's skin was breaking down and they observed signs of a pressure ulcer developing. Staff supported people to attend hospital appointments and specialist healthcare appointments, this included supporting people to attend diabetic eye screening and podiatry appointments. People were also supported to have their primary health needs met, including visiting the dentist, optician and chiropodist. There were arrangements with a local GP service to support people and provide home visits when people required medical assistance.

People's dietary needs were met. We observed people receiving meals and snacks throughout the day. The chef was aware of people's dietary requirements and provided meals in line with these. The menu also took account of people's culture preferences. Separate meals were prepared to reflect two people's culture, this included providing curries and South Indian traditional dishes. We also observed the chef asking a person what they would like for their lunch as they were vegetarian and had a separate meal prepared. The chef provided people with pureed meals for those at risk of choking. We saw each element was pureed and presented on the plate separately. However, we observed one staff member mixed all of the elements together which may have impacted on how appetising the meal was for the person. The service had recently had a food hygiene review and retained their five star rating.

Requires Improvement

Is the service caring?

Our findings

One person said, "They are great girls [care staff] here." However, people also told us they did not feel involved in decisions and were not offered choices. Two people said in regards to choices around personal care support, "No, not really", "no they make me have an all over wash". The day was structured and did not accommodate people's flexibility in their own preferred routine. For example, hot drinks were only served at set times during the day. One person told us, "[I] could do with more cups of tea…you get them at certain times." This person also told us there were "not really" any choices at meal times. Apart from the meals to meet people's cultural differences there was only one main meal offered on the menu. We also heard for person who smoked that they were only allowed a certain number of cigarettes a day. They did not know the reasons why this was limited. They told us, "Staff keep my cigarettes. [I'm] only allowed 4 a day."

Staff were not always aware of how people communicated. There were two people who did not speak English, however, for one of these people staff were unable to tell us what language they spoke. One staff member told us when we asked them what language the person spoke, that one person spoke the language from "some part of India". We observed staff interacting with these two individuals. There was no attempt from staff to use other communication methods other than speaking English.. We heard one staff member say to one person "speak English". They did not take account that this person did not speak English and therefore did not know what the staff member was saying or be able to respond.

For those that were unable to communicate verbally, there was information in their care plans about the non-verbal communication they used. However, we observed staff did not use any other type of communication, other than verbal, to communicate with people. There was a lack of pictorial information or use of objects of reference to support communication. The menu and activities were only available in written communication. We saw there was lack of information to orientate people to time, date and day. In one person's room we saw their clock had not been adjusted to be in line with British summer time and was therefore an hour late.

From the evidence above the provider was in breach of regulation 10 of the HSCA 2008 (Regulated Activities) regulations 2014 and we recommend the provider adheres to the accessible information standard to ensure information was available in a format which people understood.

People's friends and family were welcomed at the service and there were no restrictions regarding visiting. Some of the people using the service did not have any regular visitors. Whilst the registered manager said on occasion advocates were available to support the person during care reviews, there were no opportunities for regular visits and support. We discussed with the registered manager about accessing a befriending service for these individuals and they said they would look into it.

People were asked about their faiths and if they wanted any support practicing their faith. The service arranged for representatives from the Catholic church and church of England to visit the service. At the time of inspection, staff told us no-one using the service was of any other faith, except Christian, however, they were able to and would provide support to people of other faiths.

Staff collected information about people's sexuality as part of the assessment process. Staff were not discriminatory towards anyone due to their sexual preferences and people from the lesbian, gay, bisexual and transgender (LGBT+) communities were welcome at the service.

Requires Improvement

Is the service responsive?

Our findings

Care records did not provide sufficient information about people's health and support needs. For example, one person's records we viewed stated they had diabetes. There was no information about the type of diabetes they had. This person's admission information stated they had polio but this was not mentioned anywhere else within their care records. We also saw in their medical records that they had cataract in both eyes but there was no mention of this in their care plans and what impact it had on their sight. Their admission information also stated they were allergic to penicillin but on their care plan it stated no allergies were known.

Accurate, complete and contemporaneous records were not maintained about people's support needs. The evidence in the paragraph above adds to the evidence in the key question 'well led' to show the provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff had collected information about people's preferred daily routine and this was detailed in their care records. This included information about what the person was able to do for themselves and what areas of their personal care they required support with. For example, we often saw that people were independent with washing their face and the easier to reach parts of their body but needed support with washing their back, lower legs and washing their hair. Daily records were maintained of the support people received with their personal care and also detailed when people refused their personal care so staff could keep track of this.

Arrangements were in place to support people at the end of their lives. Staff had worked with and received training from the local hospice about providing good end of life support. They had worked with people and their families to complete 'looking ahead' documents outlining people's wishes and preferences in regards to end of life care and after death arrangements. This included their wishes for funeral arrangements and religious preferences. However, we saw that people's family were not always involved in discussions regarding 'do not attempt cardio pulmonary resuscitation' decisions. We discussed this with the registered manager and ensuring that end of life decisions were made with the involvement of all of those people important to the person and health and social care staff involved in their care.

Since our last inspection the provider had created a sensory garden which was shared by the sister home next door. It was a well thought out tranquil area with plenty of space for people. The provider arranged for a number of external entertainers to attend the service including Elderdance, exercise to music, fluffs and reptiles animal service. The activity and events coordinator organised a seven day activities programme to be delivered by the care staff including, puzzles, board games, arts and crafts, parachute activity, skittles, floor games, ball games, pamper sessions and afternoon singalongs.

However, on the day of our inspection, the same CD was played three times. People appeared bored and unstimulated. There was a separate activity in the afternoon but it was not inclusive to all. The chairs had been arranged which separated some people and there was no other stimulation offered for these people. The provision of activities did not take into account people's individual interests, hobbies or their moods on

the day. There was also a lack of sensory activities and the delivery of activities did not account for people living with dementia who often find it difficult to concentrate for long periods of time.

We recommend the provider consults national guidance in providing meaningful activities and stimulation for people living with dementia.

A complaints process was in place and a complaints book was available in the hallway for people and relatives to complete. The registered manager told us they had an open door policy and welcomed comments from people and relatives about the service. We saw as part of the new governance structure in place, the deputy manager reviewed all complaints received monthly to ensure they were appropriately investigated and as much as possible resolved to the satisfaction of the complainant. People told us if they were unhappy with something at the service they would speak to a member of the management team and people that had previously made a complaint told us it had been resolved.

Requires Improvement

Is the service well-led?

Our findings

There was a clear governance process in place, but this was relatively new and was not fully embedded at the time of inspection. This included a process of regular reviews, checks and audits of different elements of service delivery. Audits were completed in regards to infection control, care plans, falls, staff supervision and appraisals, incidents and complaints. Where improvements were required these were identified and addressed. From reviewing the findings from these checks we saw that many actions had been addressed but the management team were still identifying areas requiring improvement. We also saw this governance system needed expanding to take into account all areas of service delivery as they were not identifying the concerns we identified during this inspection.

The service held 'resident and relative' meetings but staff said many people were not able to contribute to these meetings and attendance at the meetings was low. The service, with input from a consultancy firm, had developed satisfaction surveys to obtain formal feedback from people and relatives about their experiences of the service. However, these were not being used at the time of our inspection.

The provider did not use information from other assessments and reviews to improve the quality of the service. A representative from the local authority told us they had undertaken a quality visits on 12 February 2018 which identified a number of concerns and areas requiring improvement. However, we found the same concerns during this inspection, including a lack of environmental risk assessments, water temperatures not being checked, care plans and risk assessments not being kept up to date, care records not containing MCA assessments and consent documents, and inconsistent medicines records.

From the paragraphs above and the evidence in responsive, this shows the provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

From discussions with the provider it was clear that the focus for the upcoming year was to strengthen the management structure across both services – Acorn House and Acorn Lodge. There were plans to have joint management across the services at care coordinator, deputy manager and registered manager levels. They felt this would provide better consistency of care across the services and improve the day to day management and quality of care. This was not in place at the time of our inspection and we will review the impact of this management change at our next inspection.

The registered manager was aware of their responsibility to notify the Care Quality Commission of certain events that occurred at the service as required by their registration so we could take further action when required.

The provider and registered manager had regular meetings with the local authority. The service was currently in 'provider concerns' due to previous concerns with the quality of service provision. The provider was working with the local authority to provide evidence of improvements, however, the evidence we found at our inspection showed further work was required to ensure sustained improvements and continuously develop the service in line with national good practice and legal requirements.

Staff told us there was good support from the registered manager. A staff member described the registered manager as "proactive". They felt comfortable sharing any problems with her and asking for advice. Staff said there was good team work and they felt colleagues supported each other.

This section is primarily information for the provider

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered persons had not ensured that service users were treated with dignity and respect. Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered persons had not ensured that service users were supported in line with the 2005 Mental Capacity Act. Regulation 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not ensured care and treatment was provided in a safe way and that risks to service users' safety were adequately assessed and mitigated. The registered persons had not ensured the premises were safe to use for their intended purpose. Regulation 12 (1) (2) (a) (b) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not ensured

adequate systems were in place to assess, monitor and improve the quality and safety of the service; to assess, monitor and mitigate risks to people's safety, health or welfare, and had not maintained accurate, complete and contemporaneous records for each service user.
Regulation 17 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons had not ensured staff received appropriate support, training and professional development to carry out their duties. Regulation 18 (2) (a)