

Medicrest Limited

Acorn House - Croydon

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Acorn House – Croydon is a residential care home providing personal care to up to thirty one people in one adapted building. The service provides support to older people, the majority of whom are living with dementia. At the time of our inspection there were twenty three people using the service.

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

Management and leadership of the service was not fully effective and consistent. The service did not have a current registered manager in post. Prior to the appointment of the current manager in June 2022, feedback from people, staff and healthcare professionals indicated the service was not being managed as well as it should have been after the previous registered manager left in November 2021.

After taking up their post, the current manager identified a number of areas the service needed to improve. They took action in response and appointed a deputy manager for the service, implemented a new records system, procured a new dispensing pharmacy to support the service and brought outstanding training and supervision for staff up to date. Some improvements had also been made to the external and internal environment to make the service a more comfortable and pleasant place for people to live.

However, more work was needed to improve management oversight of Deprivation of Liberty Safeguards (DoLS) applications to make sure these were submitted in a timely manner. This meant people were not consistently supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests; the policies and systems in the service at the time of this inspection did not always support this practice. The provider also needed to complete the refurbishment and redecoration of the home to fully meet the needs of all the people using the service.

People were safe at the service. Staff knew how to safeguard people from abuse and keep them safe from identified risks to their safety and wellbeing. There were enough staff to support people and meet their needs. Recruitment and criminal records checks were carried out on staff to make sure they were suitable to support people. Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises was clean and tidy. Staff followed infection control and hygiene practice to reduce the risk of infections.

People were involved in planning and making decisions about the care and support they required. People's records set out their preferences for how their care and support needs should be provided. Staff were provided relevant training to help them meet people's needs. Staff were well supported by the manager and encouraged to learn and improve in their role and to put people's needs and wishes at the heart of everything they did.

People were supported to stay healthy and well. Staff helped people to eat and drink enough to meet their

needs. We have made a recommendation about supporting people living with dementia to eat well. Staff made sure people took their prescribed medicines in a timely and appropriate way. Medicines were managed safely. Staff supported people to manage their healthcare and medical conditions and made sure people could access support from healthcare professionals when needed. The service worked well with other healthcare professionals to ensure a joined-up approach to the care and support people received.

People's feedback indicated staff delivered good quality support. People and staff spoke well about the new manager. The manager and deputy manager undertook audits and checks to monitor, review and improve the quality and safety of the service. There were systems in place to obtain feedback from people, staff and others about how the service could be improved. Accidents and incidents were investigated and learning was shared with staff, to help them improve the quality and safety of the support provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 September 2019).

Why we inspected

We received concerns in relation to the quality and safety of care and support provided to people, records maintained by staff, the cleanliness and quality of the environment, staffing levels, staff competency and management and leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvement. Please see the effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn House – Croydon on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Acorn House - Croydon

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 Health and Social Care Act 2008.

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

Two inspectors carried out this inspection.

Service and service type

Acorn House – Croydon is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acorn House – Croydon is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. A new manager was appointed in June 2022 who was in the process of submitting an application to CQC to become the registered manager for the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service and asked them for their views about the care and support provided to them. We also spoke to a visiting healthcare professional who gave us their feedback about the service. The majority of people using the service were living with dementia and unable to verbally communicate with us. So, we observed interactions between people and staff to understand their experiences. We spoke with the manager, two care support workers and the staff member responsible for maintenance at the service. We reviewed a range of records. This included three people's care records, records relating to medicines management, three staff recruitment files, staff training and supervision information and other records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. One person said, "Yes, I feel safe. I sleep well here."
- Information about how to report safeguarding concerns was displayed for people, visitors and staff.
- Staff received training to help them safeguard people from abuse. They knew what signs to look for that may indicate abuse and how and when to report their concerns to the appropriate person or authority.
- The manager understood their responsibility to liaise with the local authority and other relevant agencies when a safeguarding concern was reported to them. When a concern had been raised, the manager took action to make sure people were safe from further risk of abuse.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe at the service. The provider had assessed risks to people's safety and wellbeing and had plans in place for staff to manage these risks.
- Staff were vigilant when people were moving around the service or undertaking activities and made sure people remained safe. For example, during the lunchtime service people were supported in to the dining room and helped to take their seat. Staff did not rush them and made sure they were safe and comfortable at all times.
- Staff understood risks to people and gave us examples of the action they took to support people to stay safe.
- The provider made sure there were health and safety checks of the premises at appropriate intervals and dealt with any issues arising from these. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had received training to deal with emergency situations if these should arise at the service.

Staffing and recruitment

- There were enough staff to support people and meet their needs. One person said, "There are enough staff, yes. There's loads of 'em. I don't know all their names but they're friendly." A staff member told us, "Yes there is enough staff. We don't do the cooking or cleaning. We are for the people."
- We saw staff were present and provided appropriate support to people when this was needed. Call bells were responded to promptly so people did not wait long for staff to assist them, when required.
- The provider operated safe recruitment practices. They carried out checks on staff that applied to work at the service to make sure only those suitable were employed to support people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Using medicines safely

- People received their medicines safely and as prescribed. One person said, "I get one tiny yellow tablet. They tell me what it's for and ask me do I want to take it."
- Our checks of stocks and records showed people consistently received the medicines prescribed to them.
- Where people received their medicines covertly or 'as required' there was guidance for staff about how and when to administer these so that people received these at the appropriate time.
- Medicines had been stored safely and appropriately.
- Medicines stocks and records were checked and audited at regular intervals.
- Staff could only administer medicines to people if they had received the relevant training to do so. Senior staff checked their competency to make sure they were managing and administering medicines safely.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- We were aware prior to this inspection that healthcare professionals had raised concerns about the information reported and recorded by staff after a person using the service had a fall and sustained an injury.
- We saw the manager had responded in an appropriate way and taken action to improve staff's knowledge and understanding of when and how to report and record accidents and incidents, through coaching and support in individual supervision and at team meetings.
- The manager investigated accidents and incidents and made sure action was taken to reduce the risk of these reoccurring. Learning was shared with staff, to help them improve the quality and safety of the support provided.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider undertook assessments of people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions, the provider would involve family members and healthcare professionals to ensure decisions would be made in people's best interests.
- However, we found where people needed to be deprived of their liberty, the provider had not always submitted the necessary application to do so in a timely manner. Although we did not find evidence at this inspection that people had been harmed due to the delay in the provider making these applications, there was a risk of people being unlawfully deprived of their liberty.
- We discussed the issues above with the manager who told us they were aware of this and this had been an oversight due to changes in management at the service. They responded immediately after the inspection. They made sure the necessary applications were submitted to the appropriate body to ensure the proper legal authorisation was obtained for people.
- Where applications had been made to deprive people using the service of their liberty, these had been authorised by the appropriate body and the provider was complying with the conditions applied to the DoLS authorisations.

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

- People ate and drank enough to meet their needs and enjoyed the meals provided by the service. One person said, "I like the food. The spicier the food the better. Curry and rice and chilli, I get them all." Another

person told us, "I drink plenty. The food is alright, but I prefer the bread and jam, the biscuits and the tea." Another person said, "The food is really tasty. I choose what I want. My favourite is sausages and I like a nice dessert."

- Staff understood people's dietary needs and any specialist needs due to their healthcare conditions and took this into account when planning and preparing meals and supporting people to eat. A staff member said, "We monitor what people eat and drink. We need to watch because sometimes people say they have (eaten) when they haven't because they can be forgetful."
- We observed the lunchtime service. People's meals were served hot and staff were attentive to people's needs, providing appropriate support to help them eat when this was needed. On the whole people were supported to make choices about what they wanted to eat. However, we noted for one person staff had to explain the choices available to them several times but did not use pictorial menus or plate up the options available, to aid the person's understanding and help them make a choice about what they wanted.

We recommend the provider consider current guidance on supporting people living with dementia to eat and drink well and take action to update their practice accordingly.

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

- The design, decoration and layout of the home was mostly meeting people's needs. Some people's rooms had been individualised and furnished to their choice. There were a range of comfortable spaces where people could spend time in, including communal lounges, the dining room, conservatory and the large garden in warmer months.
- However, some areas of the service, including some people's rooms, needed to be redecorated or refurbished to reflect people's needs and preferences.
- The manager told us they were already aware of this and had started to make the necessary improvements. During our inspection we saw new flooring was being put in, in some parts of the home. Other planned improvements included; new internal doors to be fitted, a new bathroom for the first floor of the home, a new call bells system to be implemented, redecoration and refurbishment of people's rooms and communal areas to be repainted.

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

- The provider made sure people's care and support needs could be delivered by the service. Assessments were carried out with people, and others involved in their care, prior to them using the service. This helped the provider obtain the information they needed to plan and deliver the care and support people required.
- Assessments took account of people's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided.
- Information from these assessments had been used to develop care plans for people which set out the support they needed. People had been able to state their choices about how and when their care and support was provided.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet people's needs.
- The manager told us when they joined the service in June 2022, they found some staff were not up to date with their required training. The manager had supported all staff to update their training and attend refresher courses to help them continuously apply best practice when providing care and support to people.
- Staff received support in the form of supervision at regular intervals to support them in their role and to identify any further training or learning needs they had. A staff member said, "Supervision is very good for me. It helps me improve."

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

- People were supported by staff to manage their healthcare conditions and needs. Their records contained information for staff on how they should do this. Staff understood people's conditions and how they needed to be supported with these.
- People's healthcare conditions and needs were discussed and reviewed by senior staff on a weekly basis to help them identify any further support people might need to help them stay well. Staff made sure people were supported to access healthcare services and healthcare specialists involved in their care when required. One person said, "I get check-ups every now and then. They keep me healthy."
- The service was well supported by healthcare professionals to make sure people received consistent and timely care with their healthcare needs. The GP visited the home every week and provided clinical advice and support to staff when needed. Staff from the local authority care home intervention team also visited the home regularly to support the staff team with guidance and recommendations about how to support people more effectively when they became anxious or upset.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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; 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 service did not have a current registered manager in post. The provider is required to have one in post as a condition of their registration with CQC.
- The last registered manager left the service in November 2021. The current manager was appointed in June 2022 and told us they would be submitting an application to CQC to become the registered manager for the service.
- Prior to this inspection we received feedback which indicated the service was being not managed as well as it should have been in the absence of a registered manager. The concerns we received indicated issues with the quality and safety of care and support provided to people, records maintained by staff, the cleanliness and quality of the environment, staffing levels and staff competency.
- The current manager told us after joining the service in June 2022, they identified a number of areas the service needed to be improved. They developed an action plan detailing the actions required by the provider to make the necessary improvements.
- We saw some improvements had been made since the manager joined the service and these included; appointment of a deputy manager to strengthen management oversight at the service, implementation of a new records system to improve the quality of information about people's care and support needs, procuring a new dispensing pharmacy to improve medicines management at the service, bringing outstanding staff training and supervision up to date and some improvements to the external and internal environment to make the service a more comfortable and pleasant place for people to live.
- The manager and deputy manager also undertook a range of audits and checks to monitor and review the safety and quality of the service and took action when needed to address any gaps or shortfalls at the service. This helped to ensure people were safe and experienced good quality care and support.
- People's feedback indicated staff delivered good quality support. One person said, "The staff are very nice, kind, helpful, all of them. They like me and I like them. I am very happy here." Another person told us, "I'm happy here." Another person said, "The staff are very pleasant. Very kind. It's very cosy here." A visiting healthcare professional told us, "The staff seem to be caring with people generally speaking when I've been here. I'm here every other week and this is always the case when I visit."
- Notwithstanding the improvements made to date, we found more work needed to be done to improve management oversight of DoLS applications to make sure these were submitted in a timely manner. The

provider also needed to complete the refurbishment and redecoration of the home to fully meet the needs of all the people using the service. The manager showed us action was being taken in these areas to make improvements. Progress was monitored and reviewed with the provider to make sure the service remained on target to achieve its priorities for improvement.

- The manager understood their responsibility for notifying CQC of events or incidents involving people and our records indicated they had done this previously. During the inspection we found two incidents had not been reported to CQC. The reasons for this were discussed with the manager and we were satisfied there had been some genuine confusion around whether these had been notifiable events. The manager has since submitted the relevant notifications and no further action was required.
- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.
- We found no evidence during this inspection that people were at risk of harm from the concerns shared with us prior to this inspection. It was apparent the current manager had a clear vision for how the service should be improved for people and taken action in response. However, as many of these improvements had only been made in the three months leading up to our inspection, we could not be fully assured that management and leadership of the service was fully effective and consistent at this time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The current manager had worked hard to improve the culture of care at the service. We saw staff were encouraged and supported to put people's needs and wishes at the heart of everything they did. A staff member said, "The manager is very nice. One manager came and went and then we had no manager but now [manager] is improving everything. She explains and says how we will improve. She is very friendly and gets us improving."
- The manager and deputy manager were available and accessible and took a genuine interest in what people, visitors and staff had to say. People spoke well about the managers. One person said, "I love the managers they are good and kind."
- Staff told us they were supported and valued by the manager and said they could raise concerns without fear of what might happen as a result. One staff member said, "The manager supports us. We can go to her and they support us correctly. They are encouraging. They share their experience to help us understand."
- People's feedback and views about how the service could be improved were sought. The manager sought people's feedback about the menu to help improve the mealtime experience for people. People's views had also been sought about the activities they would like to see more of at the service. Staff were using this feedback to plan and deliver activities that people wanted.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.

Working in partnership with others

- Positive relationships had been developed with healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.
- A visiting healthcare professional told us, "The management team have been receptive to feedback and advice and I have known them a while and have a rapport with them... they do act on recommendations and staff are quite receptive."