

# Achieve Together Limited

# Acorn Park Lodge

## Inspection report

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Date of inspection visit:  
20 May 2022

Date of publication:  
06 July 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Acorn park Lodge is a residential care home providing personal care to up to nine people. The service provides support to learning disability and autistic people. At the time of our inspection there were nine people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of underpinning principles of "Right Support, Right Care, Right Culture.

### Right Support,

Staff supported people to have choice and control in their everyday lives. Their ability to do this had been impacted by staffing shortages in the service which meant people were not always able to attend planned events and sometimes had to share support. People were not always supported by enough staff on duty who had been trained to do their jobs properly. People did not always receive their medicines in a safe way.

### Right Care,

People received care and support that was person-centred. However, people had not been consistently supported by staff that knew them well due to the staffing shortages at the service. Care and support plans were reviewed to reflect people's changing needs.

### Right culture,

Staff told us that due to the number of changes of managers at the service this had impacted on the support and training that staff received and on the operation of the service. Relatives and health and social care professionals told us there was a lack of consistent leadership in the service and felt this had impacted on the care that people received along with poor communication from managers and the provider.

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

Concerns had been raised by staff, relatives and health and social care professionals regarding the number of changes of manager at the service and how this impacted on peoples care, and the oversight of the service. At the time of the inspection, there was no manager registered with the Care Quality Commission (CQC). The provider acknowledged that this had impacted on the service and had recruited a manager to start with the service.

The provider had, prior to the inspection, identified issues in respect of lack of consistent manager who had

an oversight of the service. They had also identified issues with medicines systems due to the number of errors. They had put in place action plans to address these issues and shared them with us. However, this was still in the early days of implementation and further time to embed this was needed.

The provider had acknowledged that more support and greater oversight of the service was needed, and communication needed to improve, particularly with staff and relatives. The provider had made steps in addressing this; however, this was still in the early days of implementation and further time to embed this was needed.

There were staff vacancies at the time of this inspection. Regular agency staff were being used to cover these absences whilst a recruitment campaign was on going. Duty rotas confirmed that there was a mix of permanent and agency staff on duty so that people were supported by some members of staff that were familiar to them on each shift.

All necessary recruitments checks had been completed. New staff completed an induction.

The provider had effective safeguarding systems in place and core staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse.

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.

People were supported to access healthcare services, core staff recognised changes in people's health, and sought professional advice appropriately.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (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 improvement (published 26 April 2021).

At our last inspection we found breaches of the regulations in relation to medicines, the premises and governance. The provider sent an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found the provider remained in breach of regulations.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

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.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of the full version of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 Park Lodge

## Detailed findings

### Background to this inspection

#### 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

The inspection was carried out by one inspector.

#### Service and service type

Acorn Park Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

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 met with six people who used the service and spoke with three people about the care they received. We also spoke with six care staff, the senior service manager, regional manager and a registered manager from another of the providers services who had recently been supporting the staff team. We spoke with a visiting health and social care professional. We reviewed a range of records. Including three people's care records, medication records, staffing information, the services training matrix and the services policies and procedures. We spoke via telephone with seven people's relatives and communicated with six health professionals about the service's performance. We also received two emails from staff about their experience of working at the service. We also reviewed the various documents we had requested during the site visit.

# 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 requires improvement. The rating for this key question has remained 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.

At our last inspection we found the provider had not managed medicines safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulation 12.

### Using medicines safely

- At the previous inspection a breach of regulation had been identified as there were a number of medicine errors made which placed people at risk of harm. We found that despite new measures put in place since the last inspection the provider identified that medicine errors continued, with the last error being two weeks before this visit.
- Prior to this inspection the provider put in place an action plan to address the medication issues. This included, an agency nurse employed to oversee the medicine administration and when not available, two care staff administered the medicines to ensure that there was less chance for errors. A daily medicine audit of medicines to ensure all medication in stock tallied with Medication Administration Record (MAR) sheet, which would evidence that all medicines had been administered. If medicines had been spoiled or declined or administered as 'taken as required' (for example for pain relief) a record of explanation was completed. The service's out of hours team were contacted daily to confirm who needed medicines to be administered overnight and would phone in to check this had occurred.
- Despite these changes medicine errors continued. Errors were reported promptly to health professionals for advice and to their on-call system. When a staff member had made a medicines error, the staff member was immediately removed from undertaking any medicine administration and an investigation was commenced. The staff member would then have to complete medicine training and have three separate competency observations before they could resume administering medicines. A member of staff told us they were 'banned' from medicine responsibility as they had made an error and confirmed that they were going through this process.
- The day prior to this inspection staff had received training on a new piece of health equipment to assist a person with their health care needs. Three staff were not confident to use this equipment. This showed the training had not ensured the competency of the staff. There was no written guidance in how this should be used. This was discussed with the senior service manager who then wrote guidance for staff before we left the inspection.
- The senior service manager and staff were at times unaware of where the medicine cabinet keys were placed. The senior service manager told us following the inspection that all medicine cabinets now had a set of keys, which were stored securely, and staff had access to them.

Whilst the provider had taken action to address the medication issues, the processes implemented had not had time to be embedded to ensure it was safe. The provider had not ensured the proper and safe use of medicines. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nurses were providing medication training and support to the staff. During the inspection the senior service manager had planned video calls with the nurse to discuss the induction and training that would be provided. This would be provided to permanent staff and to the agency staff that worked at the home on a regular basis.
- Spot checks on medicines were undertaken and these findings were seen. We undertook a medicine count, and all medicines tallied with the MAR sheets and a daily count of medicines was recorded on the MAR sheet.

#### Staffing and recruitment

- Since the last inspection there had been a turnover of care staff and managers at the service. Staff told us that the changes of managers and lack of core staff meant there was not enough permanent staff and an increased reliance on agency staff to cover shifts. Agency staff did not know people well which impacted on the support people received, plus they felt this placed more pressure on them and "morale was low". Staff commented "The agency do well but we have not got the staff to teach them, it is hard, the seniors have to work with a resident and lead the shift and support everyone, it is too much, we need extra support" , "On a bad day we are short of staff, have meetings , appointments and no management and that means we have too much to do. Today is a good day, we have more bad days than good" and "We love our guys and we would do anything for them, we do more hours than supposed to and stay on to chat, we do love them."
- Relatives and health and social care professionals echoed these concerns and whilst praising the core staff team for their commitment and dedication, were concerned by the turnover of staff and leadership and the impact this had on the people they supported. For example, they felt staff were unable to answer their queries and that communication had deteriorated.
- Health and social care professionals raised concerns about the inconsistent leadership and high level of staff turnover. Comments included, "I do not feel at this stage that this service is deemed safe. I feel the lack of management and someone leading the team is having a detrimental effect and also the high turnover of staff."

Inconsistent leadership had impacted on staffing and operational delivery which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The senior service manager had identified that there were insufficient numbers of permanent staff to cover all shifts. Therefore, they had arranged to block book specific agency staff members to cover the vacant shifts. This ensured shifts were covered by consistent staff.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's commissioned needs.
- Recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

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

- People told us, "It's good here," and were encouraged to report any concerns they may have about their welfare to the manager or senior staff.
- The majority of relatives said they were confident their family members were well cared for.
- The service had effective safeguarding systems in place and staff had a good understanding of what to do

to make sure people were protected from harm.

- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- Staff knew how to 'whistle-blow' and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.

#### Assessing risk, safety monitoring and management

- People had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with the persons personal care, eating and drinking, medicines and doing things they enjoyed in the community.
- Some people could find it difficult to express themselves or manage their emotions. This could lead to distressed behaviour which could place them, or others at risk. People's care plans informed, directed and guided staff in the actions to take when people were becoming anxious and how to support them. This meant staff had the relevant information to enable them to support people when they were anxious.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

#### Preventing and controlling infection including the cleanliness of premises

- 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 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.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. Including testing and use of PPE.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. The staff team discussed accidents/incidents as learning opportunities. This was discussed within the organisation for support and monitoring. Action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring
- The service worked with other health and social care professionals in order to adapt and change the way people were supported if issues arose.

# 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 requires improvement. The rating for this key question has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Staff support, training, skills and experience

- At the previous inspection a recommendation was made to review arrangements for providing support and supervision to staff. Staff told us that due to the impact of the changes in leadership and staffing vacancies it had been difficult to attend training or supervision. Supervision and training matrixes showed there were some gaps in this provision.
- The senior service manager acknowledged that due to the changes in management at the service, and the staffing vacancies that this had impacted on staff support. Due to this they introduced a two weekly session where staff could see a manager to discuss any issues, referred to as 'You said We did'. A poster of these sessions was on display and staff had attended sessions.
- The senior service manager was aware of the gaps in some training and supervisions and this was reported to senior managers in a monthly report. An action plan had been implemented stating how this would be addressed.
- Health and social care professions expressed concern that due to the loss of some core staff at the service, they believed a level of staff skill had been lost and had not been replaced, which could impact on the care and support people received. However, they also acknowledged that the provider had arranged for specific training in areas of care that were needed.
- The senior service manager had risk assessed how staff skill impacted on care delivery as outlined in their risk assessment as, 'The rotas are managed with having a variation of skill set covering the shift including experienced/long standing team members and these staff are familiar with the processes and protocols and new staff team members who are newer or have completed less training.' Rotas showed that in the main there was a mix of more experienced and newer staff on duty.

The leadership of the service impacted on staff support, skill and competency which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

At our last inspection the provider had failed to ensure the premises were kept clean and appropriate hygiene standards maintained. This was a breach of the requirements of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At the previous inspection the environment had not been kept clean internally and there was debris outside the property. We undertook a tour of the environment and found that externally all debris had been removed.
- Since the last inspection the provider had employed a domestic member of staff for 16 hours a week and people were supported by staff to clean their home. From a tour of the internal environment the premises looked clean and tidy.
- The provider had completed an environmental audit of the property and, where actions had been identified as required to improve the conditions of the service, an action plan had been implemented. It was evident that some redecoration and refurbishment had been completed. It also identified future planned works to be completed for example, the replacement of carpets in a person's bedroom.
- People's rooms were decorated with some personal belongings to ensure they felt comfortable with familiar items around them.

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

- Acorn Park Lodge's last admission was in 2018. There were no vacancies. However, the provider had appropriate systems in place to assess and identify people's specific needs before they moved into the service. This helped ensure the service was able to meet people's expectations.

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

- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- People planned the menus, with staff support. Staff knew people's food likes/dislikes, and these were catered for.

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

- People's health conditions were managed, and staff engaged with external healthcare professionals including GP's, district nurses, community psychiatric nurses and the learning disability team.
- A visiting health and social care professional was positive in how staff listened to their advice in managing a person's specific health need. Staff attended specific training for this person and put into practice the advice learnt. They commented that due to the commitment from the staff team that they had 'naturally' helped the person with their daily routine which meant that the person no longer needed medical intervention.
- Relatives feedback was that they wanted more communication about their family member's health. Comments included, "They aren't very good at keeping me updated."
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight and nutrition.
- Multi-disciplinary meetings were arranged so people's needs were holistically considered. Care plans contained clear information and guidelines provided by external agencies including the NHS.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

# 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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question 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

- There was a relaxed atmosphere at the service and people approached staff for reassurance, encouragement and support without hesitation. We observed when people interacted with staff, their behaviour and body language showed they felt comfortable in their presence. Staff responded to people in a way that was comforting and reassuring to them.
- People were treated with respect and compassion. Core staff knew what mattered to people and demonstrated an understanding of their needs when speaking with us.
- Relatives spoke positively about the core staff team, commenting, "Staff are so very dedicated. They treat [person's name] like [they] are a member of their own family", "The staff are amazing" and "The staff think the world of the guys but they need more support and the respect from management."
- Health and social care professionals were complimentary about staff's approach to people. One commented, "I always feel like the staff really care for their clients, they show compassion."
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care as independently as possible. Representatives, where needed, were involved in decisions about the care of people they supported.
- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with.
- Staff listened to people's views and ensured these were respected. Staff described people's communication needs and what support individuals required to understand and communicate effectively.
- Information from relatives had been sought which contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them. Relatives told us that keyworkers, who were supporting their family member, knew the person they supported well and kept them updated about their family members wellbeing and progress via phone calls.
- Staff respected people's individuality and supported them in a non-discriminatory way. Some staff had

received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.

- Personal information, held by the service and relating to people using the service, was being treated confidentially and in line with legal requirements.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- Since the previous inspection people's care plans had been reviewed and reflected their current care needs. Relatives and health and social care professionals confirmed they had been involved in the reviews and records confirmed this.
- People's care plans provided staff with detailed information about their abilities, the risks they faced and how they should support them in line with their preferences.
- Staff told us that they felt the care plans were informative. Staff, new to the service, told us that the care plans informed, directed and guided them so that they could provide personalised care to the person they were supporting. An agency worker commented, "I understand the care plans, they tell me what I need to know."
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. The service recorded daily logs to summarise the persons day.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.
- Details of people's communication needs were included in information shared with health professionals prior to appointments or hospital admissions.

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

- A person told us, "There's enough to do. I like going out and go out with staff." During our inspection people were supported to participate in a range of activities within the service. Some people went out for a meal, some received support with their artwork or watched television and one person went to a day placement.
- Relatives however, felt that staffing levels, plus the number of staff who were assessed as able to drive the vehicles had impacted on people's ability to access the community. They had raised this with the senior

service manager in recent care review meetings. The senior service manager had since enrolled more staff on a driving course so that the opportunities for people to go out in the vehicles would increase.

- Relatives acknowledged that in the last month the level of activities had increased and were hopeful that this would remain in place. Relatives told us that staff were creative in how they provided activities. For example, a relative told us, "Last week we played bowls in the garden and then had a party tea" and "If staff have a driver on, they love to take people out. I went out with [family members name] and staff last week, we all had a great time." Activity records showed that people recently had trips out such as to the zoo and to visit other local attractions.
- Due to the health needs of some people they spent their time in their room or in bed. Staff checked on people's welfare and held conversations with them.

#### Improving care quality in response to complaints or concerns

- The provider had systems in place to enable people and relatives to raise concerns and report complaints. One complaint was being investigated at the time of the inspection and had been shared with commissioners and the CQC.
- Relatives felt their concerns would be listened to by core staff and they would try to address them. Most relatives lacked confidence that concerns would be listened to, addressed or action taken at a more senior level. This is discussed further in the well led section of this report.

#### Does the service provide end of life care?

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.

# 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. The rating for this key question 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.

At our last inspection we found the provider had failed to ensure the service was well governed and quality assurance systems were ineffective. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post. Staff told us that due to the number of changes of managers in the service, one quoted five changes of manager in five years, that this had impacted on the support and training that staff received and on the operation of the service. There had been a lack of leadership and oversight of the service.
- The deputy manager had resigned, and staff turnover had been high. A recruitment campaign was ongoing. A new manager had been appointed but not yet commenced this role.
- Staff told us their morale was 'low'. They also felt that they were not supported effectively by local managers and felt that communication with senior managers was 'poor'.
- Relatives felt there was no clear leadership at the service and that there had been a high staff turnover. They felt this had impacted on the care that their family members received, for example staff that were new did not know their family member, so there were communication difficulties plus staff not always being trained to meet their health needs.
- Health and social care professionals raised concerns about the inconsistent leadership and the impact on the operations of the service. Comments included, "There is a great lack of leadership and management in this service", and "I believe that they are a caring service but I believe the difficulties lie with recruitment and a lack of managerial support."
- The senior service manager acknowledged that it had been "turbulent without a manager present" but felt the provider was "now listening" and had put in place additional support for the service from the operations team. A new regional manager had been appointed and had visited the service. The operations director visited the service regularly. There were daily calls between the senior service manager and the operations team to ensure that support was being provided. A registered manager from another location was now visiting the service three times a week to provide support to the senior service manager. The senior service manager who has the oversight of Acorn Park Lodge was also overseeing another location, where she is the registered manager. Therefore, their managerial roles had been expanded to oversee two services which

could impact on the oversight of both services.

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

- Relatives felt that there was no communication with senior leaders. They were also concerned that the core staff would leave as they felt the provider did not value the staff. Comments included, "Those at the top don't even speak to us. We don't know who they are. They aren't talking to the parents or staff and they need to pat staff on the back that stay" and "Communication is worse than poor".
- Health and social care professionals felt that communication with managers and staff had deteriorated. For example, when meetings had been arranged, managers and staff were not organised or had 'forgotten' the meeting was taking place.
- It was evident that the provider had acknowledged that more support and greater oversight of the service was needed, and communication needed to improve and had made steps in addressing this. However, this was still in the early days of implementation and further time to embed this was needed.

The provider's leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. This was a repeated breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff team meetings were held and provided opportunities for staff and the management team to discuss any issues or proposed changes within the service.
- Managers and staff understood equality issues and valued and respected people's diversity.
- The provider had increased the number of quality leads in the organisation and reviewed their role. They had the responsibility to contact people, relatives, staff and commissioners for feedback about the service.

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

- People appeared relaxed with staff and had developed caring relationships. A person told us, "It's good here".
- There was a positive, warm and friendly atmosphere in the service and staff were focused on supporting people to be as independent as possible. Staff enjoyed their roles and said, "I love working with the people here".
- People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

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 provider understood their responsibilities under the duty of candour.
- The provider took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- The provider had notified CQC of any incidents in line with the regulations.

Continuous learning and improving care; Working in partnership with others

- The provider had a governance system where all incidents/accidents /complaints were monitored, assessed and reviewed. From this an action plan was implemented so that any areas for improvement could be identified and addressed by the managers of the service. A monthly managers report was then created to identify where progress had/had not been made, and ongoing actions. This was reviewed by a governance lead so that continued oversight of the service would be in place. From this the provider had identified some

areas of progress needed such as medicines and staffing levels and had started to implement this before this inspection visit, as is referred to in the safe section of this report.

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had taken action to address the medication issues the processes implemented had not had time to be embedded to ensure it was safe. The provider had not ensured the proper and safe use of medicines. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's leadership was inconsistent this also impacted on staff support, skill and competency. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>