

Medicrest Limited

Acorn House - Croydon

Inspection report

63 Hayes Lane
Croydon
Surrey
CR8 5JR

Tel: 02086603363
Website: www.acorncarehomes.co.uk

Date of inspection visit:
04 December 2018
05 December 2018

Date of publication:
14 February 2019

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 House - 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. The service accommodates up to 31 older people in one adapted building. At the time of our inspection 20 people were using the service, many of whom were living with dementia.

At our previous inspection in April 2018 we found the provider was in breach of legal requirements relating to dignity and respect, need for consent, safe care and treatment, staffing and good governance. We rated the service 'requires improvement' overall and in each of the five key questions. Following the inspection, we asked the provider to complete an action plan to tell us what they would do to address the breaches of legal requirements we found.

At this inspection we found the provider had addressed the breaches of legal requirements relating to need for consent, safe care and treatment and staffing. However, they had not taken sufficient action to address breaches of legal requirements relating to dignity and respect and good governance. We also found additional breaches of legal requirements. The service remains rated 'requires improvement' overall and in each of the five key questions.

Appropriate recruitment checks were not made on staff to ensure they were suitable to support people. There were however enough staff to support people safely. Staff received relevant training to help them in their roles and they were encouraged to improve their working practices through supervision. But, there was no system in place to monitor that supervision took place at regular and appropriate intervals.

People's needs were not always assessed when they started to use the service, so staff may not know how to support them in a safe and appropriate way. When people's needs changed, reviews of their care were not done in a timely manner to check for any changes needed to the level of support they required. Information for staff on how people's care needs should be met had improved. However, this was not consistent which meant some people may not receive personalised care that was responsive to their needs and preferences.

Staff had access to improved information about how to manage risks to people's safety. Staff understood the risks posed to people and how they should support them to stay safe. Staff were trained to identify abuse and understood when to report concerns to the appropriate person. However, they were not always consistent when recording and reporting accidents and incidents involving people. Staff were still not maintaining accurate and complete daily records of the support provided to people.

People were still not being supported to maintain their dignity. Some staff did not speak with people as they supported them with aspects of their care. However, others were polite and kinder in their interactions with people. Staff appeared not to notice that people were not always clean and appropriately dressed. However, staff did respect people's privacy when supporting them with their personal care needs.

Arrangements to support people with their health needs were not fully effective. However, staff liaised with visiting healthcare professionals and when people became unwell they sought appropriate support from them. People received their prescribed medicines as required. These were stored safely and securely.

People were supported to eat and drink enough to meet their needs. Menus had been revamped following consultation with people and their relatives to include more choice and options for meals that people preferred.

Activities provision at the service had improved. However, some staff were still not providing the level of engagement and stimulation for people that was expected. Staff supported people with their social, cultural and religious needs and to be as independent as they could be. There were no restrictions placed on people's friends and relatives about when they could visit the service.

The provider had acted to make the premises safer for people. There was regular maintenance and servicing of the premises and of equipment used in the home, to check these remained in good order and safe to use. The environment had been improved to make this more suitable for people living with dementia. However, some areas like people's bedrooms were sparsely furnished and lacked personalisation.

Most parts of the environment were clean and hygienic. However, some parts would have benefited from additional and more thorough cleaning. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care and when preparing and serving food.

Staff were now aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider continued to maintain arrangements to support people at the end of their lives. Relatives, where this was appropriate, had been included in discussions to ensure that end of life decisions were made with their involvement.

The provider maintained arrangements for dealing with people's complaints. However, complaints were not responded to in writing, so people might not have been informed of their rights to take their complaint further.

The provider's governance system was still not fully effective. No management audits or checks of the service had been undertaken since August 2018 and the provider had not identified the issues we found during this inspection with the quality and safety of the service. The provider had not sufficiently monitored progress against their own action plan to address the breaches in legal requirements we found at the last inspection.

Relatives felt the provider was not always open and transparent with them about management changes at the service. There was no registered manager in post. An acting manager had been appointed prior to our inspection. However, they had no prior experience of managing a care home. This was a temporary appointment and the provider intended to recruit a permanent, experienced manager for the service.

It was evident that the provider had made some improvements to the service since our last inspection. The provider had acted to capture the views of people and their relatives to identify how the service could be improved. The provider was continuing to invest in the service and planned to make further changes to

improve standards and service quality.

At the time of this inspection the provider was continuing to meet regularly with the local authority as part of their ongoing contract quality monitoring arrangements. We noted that they responded to the local authority's requests for information promptly and dealt with concerns in an appropriate way.

At this inspection we found the provider in breach of legal requirements with regard to person centred care, dignity and respect, fit and proper persons employed and good governance. We are taking enforcement action in relation to the breach of legal requirements with regard to good governance and we will report on this when our action is complete. You can see what action we told the provider to take with regard to the other breaches at the back of the full version of the 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?

The service remains requires improvement. Appropriate checks were not made on staff's suitability to support people.

Staff had access to better information about how to manage risks to people's safety. They knew what action to take if they suspected a person was at risk of abuse. However, staff did not consistently record and report accidents and incidents involving people.

The provider had acted to make the premises safer for people. Parts of the environment were clean and hygienic. Some parts would benefit from additional cleaning. Staff followed good practice to minimise risks from poor hygiene and cleanliness.

There were enough staff to keep people safe. People received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service remains requires improvement. People's needs were not always assessed when they started to use the service.

Arrangements to support people with their health needs were not always effective. However, staff referred any concerns about a person's health promptly to the relevant health professionals. People were supported to eat and drink enough to meet their needs.

Staff were now trained and supported to meet people's needs. They were aware of their responsibilities in relation to the MCA and DoLS.

The environment had been improved to support people living with dementia, but people's rooms lacked personalisation.

Requires Improvement ●

Is the service caring?

The service remains requires improvement. People were still not being supported to maintain their dignity. Communication between people and staff was still inconsistent. However, staff did respect people's privacy when supporting them with their

Requires Improvement ●

personal care needs.

Staff supported people with their social, cultural and religious needs and to be as independent as they could be.

There were no restrictions placed on people's friends and relatives about when they could visit the service.

Is the service responsive?

The service remains requires improvement. Staff were still not maintaining accurate and complete records. Information in care plans was not consistent. People's needs were not reviewed regularly to ensure they continued to receive the right level of support.

Activities provision had improved. But some staff were still not providing the level of engagement and stimulation for people that was expected.

The provider had arrangements for dealing with complaints but did not respond in writing, so people might not be informed of their rights to take their complaint further.

The provider continued to maintain arrangements to support people at the end of their lives.

Requires Improvement ●

Is the service well-led?

The service remains requires improvement. The provider lacked sufficient oversight of the service. Governance systems were not effective and did not identify the issues we found at the service.

There was no registered manager in post. A temporary manager was in post whilst a permanent manager was recruited.

The provider had made some improvements to the service. They had sought people's views about how the service could improve. The provider was continuing to invest in the service and planned to make further changes to improve standards and service quality.

The provider was continuing to meet regularly with the local authority as part of their ongoing contract quality monitoring arrangements. They responded to requests for information promptly and dealt with concerns in an appropriate way.

Requires Improvement ●

Acorn House - 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 checked 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 was a comprehensive inspection which took place on 4 and 5 December 2018 and was unannounced. The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Prior to 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 information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People using the service were unable to share their experiences with us due to their complex communication needs. We undertook general observations throughout our visit to help us understand the experience of people who could not talk with us.

We spoke with three relatives and a visiting healthcare professional. We also spoke with the director, the acting home manager, two managers from the provider's other services that had been supporting this service, a representative from an external training company and four care staff.

We looked at records which included four people's care records, six staff recruitment records, medicines administration records (MARs), staff training and supervision records and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because a safe environment was not always provided and risks to people's safety were not adequately identified or managed.

At this inspection we found the provider had made improvements and now met these legal requirements. Windows had been sufficiently restricted to minimise the risk of people falling from height. Portable radiators were no longer in use at the service which reduced the risk of people being burnt through contact with uncovered hot surfaces. Systems were now in place to regularly check and monitor water temperatures to ensure these were within a safe range for people to use. Fire exits at the service had been alarmed to minimise the risk of people leaving without staff's knowledge. In addition to these improvements, the provider had continued to carry out regular maintenance and servicing of the premises and of equipment used in the home, to ensure these remained in good order and safe to use.

There was improved information for staff about the individual risks to people's safety and how these should be managed. For example, where staff needed to use a hoist to support people to move and transfer, information was now available in people's care records about the type of sling that should be used to ensure their safety. Where people had behaviour that may have challenged them and others, there was better information for staff about how this should be managed by understanding potential triggers and how to de-escalate difficult situations. Staff understood the risks posed to the people they cared for and how they should support them to stay safe.

Most staff were recording and reporting accidents and incidents involving people. The provider had expanded management audit checks to include a monthly review of all accidents, incidents and falls at the service. Senior staff checked that appropriate action was taken to support people at the time of the incident as well as identify any underlying triggers or causes that may have contributed to this so that action could be taken to minimise the risk of this reoccurring. We noted that one staff member had not been using the provider's accident and incident book to report incidents as required. This meant senior staff would not have been able to review and check that the action taken had been appropriate and that there were no underlying issues or concerns about a person's health and wellbeing that may have contributed to this. We discussed this with the director and the acting manager who told us they would investigate this with the staff member concerned to ensure that they understood the correct reporting and recording procedures to follow.

Despite the improvements made above by the provider since our last inspection, we found a new breach in legal requirements. The provider was not undertaking appropriate recruitment checks on staff they employed to ensure they were suitable to support people. We looked at records for six staff employed at the service. Application forms had been poorly completed and lacked detail and information about staff's previous employment histories. For two staff, there was no evidence that references had been taken up for them. For another two staff, references had been taken up, but contradicted information staff had provided on their application forms. There was no evidence that these inconsistencies and the lack of detail and

information on forms was queried with staff or that additional assurances had been sought about the validity of the references provided. For one staff member, references were only received after they had started work. For two staff members satisfactory criminal records checks were only received after they had started work.

These issues meant the provider's current recruitment practices did not provide them all the assurances they needed about staff's suitability to support people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place to obtain, store and dispose of medicines in an appropriate and safe way. Our checks of stocks and balances of medicines and medicines administration records (MARs) showed people consistently received the medicines prescribed to them. Staff administering medicines had received training to do so. During our checks we found six people received their medicines covertly. Records maintained of the decision-making process showed that senior staff and the GP had been involved in this but not the dispensing Pharmacist. Without the Pharmacist's input there was a risk that some of the medicines people took could become ineffective or set off an adverse reaction when mixed with certain foods or drink. We discussed this with the acting manager who told us the Pharmacist was due to undertake an audit of medicines arrangements at the service in the week following our inspection. The acting manager said they would discuss current arrangements with the Pharmacist to ensure these were safe and did not pose any risks to people.

Most parts of the environment were clean and hygienic. We saw people's bedrooms, the kitchen and communal areas such as the living rooms, downstairs conservatory and the dining room were clean. Some parts of the environment would have benefited from additional and more thorough cleaning such as armchairs in the main lounge, skirting boards around communal hallways and radiator covers. Staff followed procedures for minimising risks to people that could arise from poor hygiene and cleanliness when providing personal care. They had received training in infection control and had access to supplies of personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in food handling and hygiene, so they were aware of the procedures that needed to be followed when preparing and serving meals to reduce the risk of people acquiring food related infections that could lead to illnesses. We gave the director feedback about what we had observed around the environment and they told us they would have the specific areas we identified thoroughly cleaned after our inspection.

Staff were trained to identify abuse and understood when to report concerns they had about an individual to the appropriate person. The service cooperated with the local authority and other relevant agencies such as the Police, when concerns about a person were raised, to ensure appropriate information and support was provided in any subsequent enquiries and/or investigations.

The provider continued to ensure there were sufficient numbers of staff on duty to support people safely. At the time of this inspection, there was a senior care support worker and four care support workers on duty. They were supported by the acting manager. In addition to care staff, the provider employed a cook, kitchen assistant and domestic staff responsible for cleaning and maintenance. At night there were two care support workers on duty. Staff told us they felt there were enough staff to support people with their needs. We observed staff were visible and responding to people's requests for assistance, as and when required. Call bells were responded to promptly.

Is the service effective?

Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because staff did not adhere to the principles of the Mental Capacity Act 2005 (MCA) and had not applied for legal authorisation to deprive people of their liberty. The provider had not arranged for staff to receive regular training to ensure they had the knowledge and skills to undertake their duties and adhere to good practice guidelines.

At this inspection we found the provider had made improvements and now met these legal requirements. The 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 with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had undertaken MCA capacity assessments and people's capacity to make decisions about specific aspects of their care was now documented in their records. Consent had been obtained from people, that were able to do this, about the use of bed rails. There was information about who had lasting power of attorney to make decisions on people's behalf, where these had been appointed. People's representatives and/or relevant healthcare professionals were involved in making decisions in people's best interests, where people lacked capacity to do so. Applications made to deprive people of their liberty had been made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. Staff had a system for keeping track of all applications made and the date when authorisations were due to expire to enable them to submit a new application, if this was needed, at the appropriate time.

Staff had received relevant training to support them in their roles. The provider had retained an external company to deliver a comprehensive training programme so that staff had the required knowledge and skills to undertake their duties when delivering care and support to people. Training covered topics and subjects specific to staff's roles. New staff underwent a programme of induction and were required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care. Support was being provided to staff where English was not their first language, to improve their maths and English language skills. Training for kitchen and domestic staff was also provided and included topics such as dementia awareness and infection control. The external company undertook observations and assessments on staff's competency in order to support staff to continuously improve their working practices. A trainer from the external company told us the provider was supportive and committed to all staff being trained to deliver good quality care. They said since they had started working with staff they had noted improvements in their working practices and staff were more confident and motivated in their roles.

Staff told us the training they had received was good.

Staff had individual and group supervision meetings with senior staff to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. Staff told us they felt well supported by the provider. We noted that there was no system in place for the provider to monitor that supervision meetings took place at regular and appropriate intervals for all staff. We discussed this with the director who told us this would be addressed, and a system would be put in place to monitor this.

Despite the improvements made by the provider since our last inspection, we found a new breach in legal requirements. People were at risk of receiving care and support which did not meet their needs, and which reflected their preferences and choices for how this was provided. We found one person had started to use the service in August 2018. Their care records contained only basic information about them and the support they required, which had been provided by the placing local authority. There was no evidence that staff had undertaken an assessment of the needs and preferences of the person after they started to use the service. There was no information for staff about what the person's care and support needs were and there was no plan in place for how the needs of this person should be met. This put the person at risk of receiving unsafe and unsuitable care and support from staff.

This issue was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the arrangements the provider had in place to support people with their health needs were not fully effective. Staff were required to weigh people and record their weight on a monthly basis. However, the form used by staff to record this information did not provide any guidance on what staff should do if a significant change was noted in a person's weight from the preceding month. There was a risk that staff may not know to raise a concern about a person's weight loss or gain so that appropriate and timely specialist support could be obtained for them.

Staff continued to support people with their other health needs. Staff liaised with visiting healthcare professionals such as district nurses, the GP and other community professionals to ensure a joined-up approach to meeting people's specific health needs. When people became unwell staff sought appropriate support from the GP in a timely manner. Emergency medical assistance was sought when people's health and wellbeing deteriorated significantly.

People were supported to eat and drink enough to meet their needs. Since our last inspection the provider had improved this aspect of the service and increased the range of food options for people to choose from and incorporated more fresh fruit into people's diets. The cook demonstrated a good understanding of people's dietary needs and prepared meals in line with people's specific requirements. People had access to drinks during the day and adapted cutlery and crockery was available to help people to eat and drink independently.

At our last inspection we recommended that the provider consulted national good practice about developing their environment to support the needs of people living with dementia. Since our last inspection some changes to the environment had been made to make this more suitable for people living with dementia. The provider had continued with their redecoration plan for the service. Walls had been repainted and signage around the premises had been improved to help people orientate around the environment. The provider had also purchased reminiscence and sensory objects for people to interact with around the environment. However, some areas still needed to be improved. The main communal lounge had been

repainted, but the walls were bare, and the room was uninviting. People's bedrooms, although clean and tidy did not contain much in the way of personalised items such as pictures, objects or furniture to make this homelier for people. We discussed this with the director and acting manager who told us they would review the environment again and make further improvements where required.

Is the service caring?

Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because staff did not always treat people with dignity and respect. Staff did not always speak to people politely. There was little interaction between staff and people.

At this inspection we found the provider had not made enough improvements to meet legal requirements. People were still not being supported to maintain their dignity. We observed some people were wearing ill-fitting or dirty clothing. People's hair was unkempt and unbrushed. Nail varnish worn by some people was chipped. Some people did not appear to have had a recent wash, however we could not be certain about this because records maintained by staff seemed to indicate that they had. Staff did not seem to notice the appearance of people and whether it was appropriate for people to look this way. Although people's clothes were discreetly labelled one person's wardrobe contained an assortment of clothing that was not theirs. This indicated that some people may be wearing clothes that did not belong to them.

The quality of communication between staff and people was not consistent across the staff team. We observed a staff member handing out tea and coffee to people, but they did not speak to people as they did this to check that this was what they wanted. During the lunchtime meal we saw two staff supporting people to eat but they said very little to people as they did this. Although at this inspection we saw staff were better at asking people for their permission before supporting them, there was still limited conversation between them. For example, when people were being supported to go from the living room to the dining area for lunch, after the initial conversation when staff told people what they were doing, very little was said until people were seated at the table.

However, at other times we saw evidence of more positive interactions. For example, when staff entered communal areas such as the lounges they would say hello to people and ask how they were. When a person had a toileting accident in the hallway, two staff quickly and discreetly led the person away to be cleaned up. They spoke to the person kindly and did not make an unnecessary fuss about what had happened.

The provider had taken some action to make improvements. An external company had been retained by the provider to deliver a comprehensive training programme to all staff. As part of this programme staff were being supported to improve their communication skills particularly when supporting people living with dementia. This included developing skills to communicate with people who were non-verbal by using different methods of communication. A trainer from the external company told us since they had started working with staff they had seen some improvements in the quality of staff interactions and noted staff were communicating better with people.

Despite the improvements made by the provider the issues above were a continuing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we noted some elements of service delivery were overly structured impacting on the

flexibility of people's routine and choice. We saw at this inspection some improvements had been made. Although hot drinks continued to be served at set times each day, hot drinks were available to people outside of these times. The menu had also been revamped following consultation with people and their relatives to include more choice and options for meals that people preferred.

Notwithstanding the issues above staff respected people's privacy and dignity when supporting them with their personal care needs. Personal care was provided in the privacy of people's rooms or in the bathroom. When people wanted privacy, staff respected this so that people could spend time alone if they wished. Staff made sure people's social and cultural needs and values and beliefs were respected. For example, support was provided to people, who wished to practice their faith, to attend religious services.

People were supported by staff to be as independent as they could be. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves. Staff only took over when people could not manage and complete tasks safely and without their support.

The provider continued to ensure there were no restrictions placed on people's friends and relatives about when they could visit the service. It was evident that friends and relatives felt comfortable visiting the service at any time and appeared to know the staff team well.

Is the service responsive?

Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because accurate and complete records were not maintained about the daily support provided to people. Care records outlined people's needs but at times these lacked detail.

At this inspection we found the provider had not made enough improvements to meet legal requirements. We found staff were still not appropriately maintaining food and fluid charts when required. We looked at food and fluid charts for four people and saw gaps and omissions in all cases. This meant there was no complete record of what these four people had drank over the course of a day or week to ensure that this was enough to meet their individual needs. One person's care records stated that they were required to have minimum 2000 millilitres of fluid a day to stay well hydrated. However, over a period of twelve days, no record was made about the amount of fluid the person had had on four consecutive days. In the other eight days the amount recorded ranged from 150 millilitres to 750 millilitres a day. This meant staff could not be assured that the person was drinking enough to meet their hydration needs on a daily basis.

We noted some improvement had been made to the quality of information for staff on how people's basic care needs should be met. For example, we saw there was now more detailed information about people's continence needs and the size of pads that needed to be used, when required. However, the quality of information contained in people's care records was inconsistent and variable by individual. We saw for one person there was no information about their assessed care needs or a plan for how their needs should be met. For another person their care plan stated that they liked listening to music and singing and that this should be encouraged by staff. However, there was no information about the type of music they liked or the songs they liked to sing for staff to support them appropriately with this. For another person their care record contained detailed information about their likes and dislikes and their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed. The varying quality and consistency of information about people's care and support needs meant some people using the service were at risk of not receiving personalised care that was responsive to their needs and preferences.

The issues above showed accurate, complete and contemporaneous records were still not being maintained about people's daily care and support needs. The provider continued to be in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

We also found a new breach in legal requirements. When people's needs changed, reviews of their current care provision were not being done in a timely manner to check if any changes were needed to the level of support they required. One person had been referred to an external specialist after staff had noticed a change in their eating habits. The specialist wrote to the service on 1 November 2018 with several recommendations about how the person needed to be supported with their nutritional needs. At the time of our inspection, the person's current care provision had not been reviewed to assess whether any changes were required to the support currently provided to them. This meant that staff may not be providing them with the appropriate level of support they required in response to their changing needs. Our checks of three

other people's records showed the provider was not meeting their own standard of monthly reviews of people's current care provision to ensure the level of support provided continued to meet their needs.

This issue was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the provider had taken action to make some improvements to the range and quality of activities on offer to meet people's social and physical needs. The provider had engaged with people and their relatives to improve their understanding about the individual interests of people so that activities could be more specifically tailored to meeting these. The information collected from people and their relatives was used by the activity coordinator to fill 'memory' boxes for each person using the service with objects and items, specific to them and their lives, that could be used as part of reminiscence exercises. The activity coordinator told us they had contacted external organisations for information and support as to how they could improve the range and quality of activities for people at the service.

An activities board was displayed in the communal hallway detailing events taking place each day at the service. There were a range of activities on offer including arts and crafts, baking sessions, musical entertainment, quizzes and games. External entertainers continued to visit the service to undertake activities with people such as dancing, musical sing a longs and pet therapy. On occasion, outdoor activities such as trips out into the community were arranged. The provider had purchased new resources to support the activity coordinator and care staff to deliver more relevant and stimulating activities such as sensory objects and items to engage people in reminiscence and memory exercises. We saw a variety of boxes had been made up by the activity coordinator of different resources that care staff could use to deliver specific activities when the activity coordinator was not on site, for example games, puzzles and arts and crafts.

However, we noted that some care staff were still not providing the level of engagement and stimulation for people as expected. The provider only had one full time activity coordinator at the time of this inspection who split their time at this service and the sister service next door, Acorn Lodge - Croydon. The activity coordinator was clearly stretched in terms of their role and told us they relied on the care staff to assist with activities when they were not on site. The activity coordinator had developed resource packs and boxes to help care staff to do this, along with an activity plan for each day, but it was clear that some care staff were not following this as required. The activities planned on the day of our inspection was playing games and engaging with sensory items and objects. However, this did not happen. In the morning a staff member put on a CD and music was played for the rest of the morning. In the smaller communal lounge people sat and watched TV. We discussed this with the director who told us that they were aware that activities provision at the service still needed to be improved. They told us a new part time activity coordinator had been appointed and due to start the week after our inspection and they planned to recruit a second part time coordinator. which would help relieve the burden on the fulltime coordinator. They also told us they had asked the external training company that they had retained, to deliver specific training and support to care staff on how to deliver activities at the service.

Relatives were confident and comfortable raising concerns or making a complaint to the provider if they were dissatisfied with the service. The provider had arrangements in place for dealing with people's complaints or concerns if these should arise. People and relatives could speak directly with staff, complete the complaints book or email their concerns to a dedicated email address. Although complaints were dealt with on an informal basis, we noted that these were not followed up by the provider in writing. This meant we could not check if the provider had dealt with these in an appropriate way and whether people and relatives were informed of their rights to take their complaint further if they were dissatisfied with the provider's response. Notwithstanding this issue, relatives did not indicate any dissatisfaction with the way

their complaints had been dealt with by the provider.

The provider continued to maintain arrangements to support people at the end of their lives. Staff had received specialist training to provide care and support to people at the end of their lives. This training helped staff to coordinate and plan the care and support people needed so that people did not have to leave the service to have this support delivered by another provider. Since our last inspection, where this was appropriate, people's family had been involved in discussions to ensure that end of life decisions, including 'do not attempt cardio pulmonary resuscitation' decisions, were made with their involvement as well as the relevant healthcare professionals involved in the person's care.

Is the service well-led?

Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because their governance system 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.

At this inspection we found the provider had not made enough improvements to meet legal requirements. The provider did not have sufficient oversight of the service. We found the provider's governance system was still not fully effective. The scope of audits and checks had been expanded to capture all areas of service delivery since our last inspection. However, no audits or checks of the service had been undertaken since August 2018. This meant the provider was not regularly assessing and monitoring the quality and safety of the service.

In the absence of regular audits and checks the provider had not identified that aspects of the quality and safety of the service had fallen below required standards. We found appropriate recruitment checks had not been made on staff and issues with the assessment of people's needs when they started to use the service or when these had changed. The provider had also not sufficiently monitored progress against their own improvement plan for the service, put in place after our last inspection in April 2018 to meet breaches in legal requirements. As a result, the provider was still not meeting required standards in relation to staff treating people with dignity and respect and maintaining accurate, complete and contemporaneous records about people's daily care and support needs. We also identified at this inspection other areas of the service that required improvement, which the provider had not been previously aware of, including: accident and incident reporting, medicines management arrangements, supervision monitoring, cleanliness and decoration of the premises, arrangements to monitor people's health and responding to complaints.

Relatives told us the provider was not always open and transparent with them. There had been a number of significant changes to the management of the service since our last inspection. Relatives told us they did not feel the provider had given an adequate explanation for why changes had occurred. They did not feel assured that the provider was open and transparent about the management arrangements for the service. Relatives said this had caused them unnecessary anxiety and concern about the quality and standard of care currently being provided to their family members. A relative told us, "It has the potential to be a lovely, caring and homely home. But at the moment it is sinking."

The issues above demonstrated a continuing breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager 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. The provider had not been able to maintain a stable, suitably skilled and qualified management team at the service since our last inspection. The previous

registered manager had left the service at the end of May 2018. The deputy manager at that time was appointed as the new home manager. They left the service in November 2018. The provider then appointed the quality manager to take over as acting manager for the service. However, they had no prior experience of managing a care home.

We discussed this appointment in detail with the director who told us this was a temporary appointment and a permanent, experienced home manager would be recruited. In the interim, the acting manager would be supported by the director and the home managers from two of the provider's other services. The director told us they would be taking a more visible leadership role at the service until a new permanent home manager was appointed. We discussed with the director that registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service should continue to be met in the absence of a current registered manager.

Notwithstanding the issues we found, it was evident that the provider had made some improvements to the service since our last inspection. The provider had taken action to capture the views of people and their relatives to identify how the service could be improved. Since our last inspection, surveys had been sent to people and their relatives. Their responses had been collated and analysed and the provider had taken on board their suggestions for the areas that they would like to see improved. As a result, the provider had taken action to improve signage around the premises, updated the menu to offer more choice and options and with the activity coordinator was collating information about people's personal interests to ensure activities were tailored to these.

The provider was continuing to invest in the service and planned to make further changes to improve standards and service quality. The director told us the management team had been strengthened to include two new positions, a quality manager and deputy manager. The provider said these posts would take on delegated responsibilities for quality assurance and staff supervision and training to enable home managers to concentrate on other aspects of service delivery. The provider was also bringing in external consultants to undertake a review of the service to identify where improvements and changes were needed to meet required standards.

At the time of this inspection the provider was continuing to meet regularly with the local authority as part of their ongoing contract quality monitoring arrangements. The director acknowledged that this had been challenging for the service but was happy to cooperate and address the local authority's concerns and issues about the quality of service provision. We noted that they responded to the local authority's requests for information promptly and dealt with concerns in a measured and appropriate way.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not carried out collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. Regulation 9(3)(a).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had not ensured that service users must be treated with dignity and respect. Regulation 10(1).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that persons employed for the purpose of carrying on of a regulated activity must be of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed. Regulation 19(1)(a) and Regulation 19(1)(b).</p> <p>Recruitment procedures had not been established and operated effectively to ensure that persons employed meet the conditions in - (a) paragraph (1). Regulation 19(2).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); Regulation 17(2)(a)</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; Regulation 17(2)(c)</p> <p>The provider did not evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e). Regulation 17(2)(f).</p>

The enforcement action we took:

A warning notice was issued.