

## Acorn Retirement Home

# Acorn Retirement Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Acorn Retirement Home is a residential care home providing nursing or personal care and accommodation to 15 older people. The service can support up to 18 people.

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

Prior to this inspection, the provider has been rated as 'requires improvement' in the question, 'is the service well led?' on three previous occasions. We found at this inspection, concerns remain regarding the governance of this service.

We have made a recommendation that the provider consult and familiarise themselves with the latest NICE guidance with regard to the administration of medication.

Concerns were raised during the inspection regarding the amount of weight lost by a person living at the service and the lack of monitoring of this person which would have prompted additional help being sought to meet their needs. This resulted in the inspector raising a safeguarding concern in relation to this person.

There were a lack of effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided. Systems were not in place which would provide the registered manager with oversight of the service. Risks to people were not consistently managed. Daily charts were not completed consistently.

People were supported to receive their medication as prescribed by their GP. Accidents and incidents were reported on but there was a lack of analysis of this information taking place which would identify potential risks and assist the provider to put actions in place to address the risks.

People told us they felt safe and were supported by staff who knew them well. Staff had been safely recruited and were aware of their responsibilities to act on any allegations of abuse they may be aware of.

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 a variety of healthcare services, but there was a lack of consistency in how people's healthcare needs were managed and responded to.

Staff felt well trained and supported in their role. People were happy with the care they received and felt it met their needs.

People were cared for by staff who treated them with dignity and respect and encouraged them to maintain their independence.

Care plans were in the process of being reviewed and re-written. People were involved in the planning of their care and had no complaints about the service. People were supported to take part in activities and access the community.

Rating at last inspection

The last rating for this service was Good (published 3 April 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection. We have issued the provider with a warning notice regarding the concerns raised during the inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not consistently safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not consistently well led.	<b>Requires Improvement</b> ●

# Acorn Retirement Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

We used all of this information to plan our inspection.

#### What we did before inspection

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

#### During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, a new member of staff who was overseeing the implementation of new care records, care staff, the cook and a member of the housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Risks to people were assessed, but not consistently managed. For example, records showed one person had lost a significant amount of weight during a 12-month period which had not been identified by staff or management. A healthcare professional had instructed this person's weight should be monitored on a weekly basis and the provider had failed to ensure this had happened. As a result, the provider had failed to obtain further guidance and advice as the person's weight loss increased. The provider had failed to ensure this person was protected from the risk of health concerns associated with significant unplanned weight loss.
- Further, the person had a number of moisture lesions in place and there was a lack of documented evidence to demonstrate the person was repositioned regularly, as instructed by the visiting district nurses. While staff were recording when they supported this person with repositioning, these records showed that the district nurse's instructions were not being followed. The staff had failed to reposition the person for periods of up to 14 hours. The management team were not able to demonstrate they had identified this concern and taken any corrective action. A failure to ensure people are repositioned in line with the advice of healthcare professionals can contribute to the breakdown of people's skin. The provider had failed to ensure the person was sufficiently protected from harm.
- In response to the above concerns, the inspector raised a safeguarding alert with the local authority.

The provider had failed to do all that is reasonably practical to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Using medicines safely

- People told us they received their medicines as prescribed. Medication was stored safely and arrangements were made for the disposal of medicines.
- People were supported to take their medicines by staff who had been trained to give medication safely.

### Staffing and recruitment

- People were supported by a consistent group of staff who knew them well.
- Staff had been recruited safely and confirmed that prior to commencing in post they had been required to provide references from previous employers as well as completing a Disclosure and Barring Service check.
- We received a mixed response regarding staffing levels. One relative told us, "There does seem to be enough staff" and another one said, "I think there is enough staff, but sometimes I would like to see more in the lounge, as a visitor I sometimes feel responsible [for people] and if someone needs the toilet I go and seek a member of staff". The registered manager told us they used a dependency tool to assess staffing

levels.

- We observed staff responding to people's needs in a timely manner in communal areas. The registered manager told us, "We are flexible [with staffing] we can call people in if extra duties are required." Staff spoken with confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes I feel safe" and a relative told us, "I feel [person] is safe. I can sleep at night now and staff know [person], they seem content here."
- Staff had received training in how to safeguard people from abuse and were aware of their responsibilities to report and act on any concerns raised. Staff told us they considered people to be safe at the service. A member of staff told us if they were concerned a person was at risk of abuse, "I would inform the manager and they would investigate."

Preventing and controlling infection

- People were protected against the risks of infection control. Staff were seen to wear gloves and aprons when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were reported and acted on individually, but there was a lack of analysis of the information which would identify trends and potential actions to take to reduce the risks identified.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good and people's feedback of the service confirmed this.

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

- The service monitored people's health, care and support needs and obtained guidance from healthcare professionals when people's healthcare needs changed. However we found on one occasion, guidance was not consistently followed.
- People were supported to access healthcare services, such as their GP, optician and district nurses. A member of staff had been nominated to lead on ensuring each person had their own separate oral health care plan, in line with recent NICE guidance. They told us, "We are trying to sort out access to a dentist for people at the moment. We are planning on developing oral health care plans so that we can check people's dentistry requirements monthly."
- Relatives spoken with were confident their loved ones' health care needs were being met. One relative told us, "[Person] had a little fall the other day, and I was informed immediately. They have arranged for them to see optician as well."

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

- We observed the service to be homely, and people's rooms were personalised and reflected their life histories and interests. However, we noted a number of areas looking tired and needing some improvements. Families spoken with also mentioned this to us, but all told us the care provided more than compensated for areas lacking in the environment. The registered manager informed us they had their own action plan in place to address a number of works needed at the service.

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

- People's care needs were assessed to ensure the service was able to support them effectively and safely. One person told us, "They [care staff] do look after me. They are very nice."
- A relative told us, "I think as an overall package, it meets [person's] needs which are quite extensive and can only be provided by individuals and a team approach to it. I am more than happy with the care."

Staff support: induction, training, skills and experience

- People were supported by staff who felt well trained and supported in their role. A member of staff confirmed the training they had recently completed and how useful they found it. They told us, "Mental Capacity Act – it's a very interesting course and it was nice to have someone to go through it and we could ask questions."
- New staff were provided with an induction that included training the provider consider mandatory,

getting to know people living at the service and shadowing more experienced members of staff.

- A relative told us, "Staff are well trained and I know they have training sessions as I've been here a few times when training sessions have been on."

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

- People were supported at mealtimes and told us they enjoyed the food on offer and were offered choices at mealtimes. We spoke with the cook who was aware of people's individual preferences and dietary needs. A relative said, "[Person] is on a low-fat diet and they try and make sure [person] follows that."
- We saw drinks were readily available throughout the day to ensure people remained hydrated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- The registered manager told us no one at the service was assessed as potentially receiving care that restricted their liberty.
- People were supported by staff who had received training in the MCA and recognised the importance of people consenting to their care.
- People told us their consent was obtained, prior to staff offering support and we observed this. A relative told us, "It's very evident with all of the residents they take great care that residents wishes are sought and considered."

# Is the service caring?

## Our findings

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

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

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

- People were happy with the service they received and we observed they had positive and caring relationships with the staff who supported them. One person said, "They [care staff] are nice and we have a laugh and a joke."
- Relatives spoken with were overwhelmingly positive about the care their loved ones received and the caring nature of the management and all care staff at the service. One relative said, "Staff are kind and caring. When [person] came out of hospital we had some needy times and [registered manager] got the right equipment and extra people to make sure they were ok and really nurtured them back to where they were," and another relative said, "If I didn't think [person] was well cared for, I would have taken them out of here."
- We observed staff to have warm and respectful relationships with people. Staff presented as kind and caring, spent time with people and knew them well. A relative told us, "Staff are genuinely caring, very friendly, never seen anyone left, can't fault them to be honest."

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

- People told us they were involved in the planning of their care. People were supported by staff who provided them with information and support they needed.
- Families were welcomed and supported by the registered manager and staff group. One relative told us, "We are always greeted and welcomed when we come in and can walk around wherever we like."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff speaking to people in a kind and courteous manner. A relative told us, "Staff treat [person] with dignity and respect, without a shadow of a doubt. It is home from home."
- People were supported access advocacy services.
- Where possible, people were supported to maintain their independence. A relative told us, "They [care staff] have gone to great lengths to try and improve [persons] mobility, but it has declined significantly."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported by a group of staff who had worked at the service for a number of years and from our conversations with them, it was evident they knew people well.
- Staff told us they were kept informed of changes in people's care needs and as people's needs changed, were informed and provided with new guidance. A member of staff told us, "I check the diary for any new notes and changes on a daily basis." Relatives told us they were involved in the planning of their loved one's care and were spoken with regularly regarding any changes in their needs. A relative told us, "We have not had any formal meetings as such, but we are always talked to when we come in and any questions raised they are always on the ball."
- People were supported by staff who were aware of their likes and dislikes and what was important to them. Following the last inspection, care plans were being developed by a new member of staff who had been appointed specifically to complete this piece of work. They explained they had created a more detailed care plan and shared it with the registered manager, who felt it wasn't useable in the present format, but this work was ongoing. They told us, "I am trying to put in a good care plan so that everyone understands them and add formal monthly reviews as well." We saw care plans held some information regarding people's history and preferences, but there were plans to develop this further.
- People were happy with the service they received. A relative described how the recent assessment of their loved one had been completed prior to them coming into the home. They told us, "We loved this place from day one. The new member of staff visited and asked all kinds of questions and set out a care plan for [person] after finding out their likes and dislikes."

Meeting people's communication needs

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

- Staff were aware of people's particular communication needs. A member of staff described how they communicated with someone, they added, "You can tell what [person] wants, [person] talks with their eyes, you can tell when they are in pain from their facial expressions." Communication care plans were in place, and there were plans to develop these further.

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

- We observed people enjoying completing the crossword together in a group, another person completing a jigsaw and other people chatting with staff and visitors. The registered manager told us, "I have visited a few homes and you walk in and there is a set list [of activities] so we leave it to the discretion of the staff [to ask people what they would like to do] but we did create a set of ideas staff could use." There was a member of staff who had been given responsibility to co-ordinate activities and all care staff were encouraged to take part in activities with people. These included accessing the local community, such as visiting the cinema, local garden centres or cafes for tea and cake.
- We received a mixed response from people regarding activities on offer. One relative described how their loved one had enjoyed a trip to the cinema and another relative told us, "There's possibly not as much going on as much as [person] would like and sometimes I think there could be more. They do take people out quite a lot."
- All relatives told us they felt welcomed when visiting their loved ones and described the home as having a 'family atmosphere.' One relative told us, "It's a pleasure to visit [person]. We all interact with the other residents and it's not so big [the home] and you know everyone and their names. I find it comforting."

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

- People told us they had no complaints. A relative told us, "We have no concerns, I would raise an issue without a shadow of a doubt." And another said, "I have the confidence they would react to any concerns straight away."
- There was a system in place to record and respond to any concerns that were raised. The registered manager told us, "We don't have any complaints, we don't believe in having things hanging over us. I'm here every day and on call 24 hours."

#### End of life care and support

- Although the service did not currently support people who required end of life care, a relative confirmed their loved one had been supported to make decisions about this.
- We saw a relative had written thanking the service for the support they had given to their loved one, at the end of their life. They wrote, "I would like to express our deepest gratitude to you all for your care, your love and deepest respect demonstrated towards our Mom."
- We could see from care plans seen that discussions had taken place with people regarding their preferences and choices for their end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

The provider has been rated as 'requires improvement' under the key question of well-led since the inspection we completed in January 2016. There have been four inspections completed since this time and the provider has failed to achieve a rating of 'good' within this key question. The provider has continually failed over an extended period of time to ensure the required improvements are made to record keeping, quality assurance and governance systems within the service.

At our last, focused inspection completed in April 2019 we found improvements were being made although further improvements were needed. At this inspection we found that the improvements were insufficient and the provider had failed to consistently identify all areas of risk and improvements needed within the service.

### Continuous learning and improving care

- Systems in place to provide the registered manager with oversight of the service were not used effectively. This meant that areas for action were not routinely identified and acted upon.
- The provider had failed to develop systems to ensure people's care was consistently delivered in line with healthcare professional's instructions. Staff were not weighing one person weekly as advised by healthcare professionals. They were also not ensuring the person was repositioned in line with professional's advice. This person had significant weight loss and moisture lesions. The provider and registered manager had not identified this failure and were not aware of the concern until raised by our inspection team. The provider's failure to ensure effective systems were in place meant the person had been exposed to avoidable harm.
- We found the provider and registered manager were failing to ensure that daily care records were routinely reviewed and checked. As a result, they were not consistently identifying areas of risk and concern; including areas where action was required to protect people. We identified an example of where staff had recorded one person's declining weight. The provider's inadequate systems had not identified this weight loss and as a result no action was taken to seek further medical advice and to protect the individual from further harm. This failure resulted in a safeguarding referral being made by the inspector.
- Audits had failed to identify that staff were failing to consistently complete daily charts that were in place. This would provide the registered manager with a picture of what was happening in the service on a day to day basis.
- Accidents and incidents were recorded and reported but there was a lack of analysis of the information collected which would identify potential trends and would enable action to be taken to mitigate against the risk of events reoccurring.
- At our last inspection in February 2019, the provider told us medication audits took place although we

found records did not show the areas the audit covered. This was highlighted as an area for improvement. At this inspection, we found this remained the same and there continued to be no record available of the areas the medication audits looked at. The provider had failed to ensure this area for improvement had been acted on.

- There was no system in place to monitor the day to day culture and quality and delivery of care at the service.
- The provider had failed to ensure an accurate record of competency checks in relation to staff competencies in manual handling and medication management. We discussed this with the registered manager, who told us, "We have done it, but not written it down, I don't disagree with this."
- Systems were not regularly reviewed and risks were not always identified or managed. The oversight of the service had not been effective in ensuring that the home was well maintained for the benefit and comfort of people using the service.
- While some improvements were noted, there had been a failure to make adequate, timely progress in the governance of the service and in some instances, the governance systems were not robust enough to identify issues that we found during the inspection.
- There had been a failure to achieve sustainable compliance over a period of three and a half years. There was little evidence of learning, reflective practice and service improvement. Information to support performance monitoring and making decisions was unreliable at its best or not gathered.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People, relatives and visitors were complimentary of the registered manager and told us they had no concerns regarding their ability to listen and act on anything they may raise. A relative told us, "Whenever I visit I have a word or they will ring me if there's an issue. I do feel kept fully up to date."
- Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements
- Staff spoken with told us they were not aware of their competencies in manual handling or medication management being assessed. We discussed this with the registered manager, who told us, "We have done it, but not written it down, I don't disagree with this."
  - Staff told us they were happy working at the service and felt supported by the registered manager and listened to.
  - Staff were aware of their roles and responsibilities and were complimentary of their colleagues when working together as a team to meet people's needs.
  - The provider had met the requirement to display their most recent rating within the home.

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

- Staff told us they felt supported and listened to by the registered manager, the deputy and the new member of staff brought in to look at care records. One member of staff told us, "We have staff meetings and if we have any problems we will see [names of management team] and they would listen and act on any concerns."
- The registered manager had a visible presence in the home and knew people well. A relative told us, "I would definitely recommend the service, we must have seen at least half a dozen places before we decided on this one."

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

- People's opinion of the service was sought through surveys. The registered manager told us, "We do a survey amongst the residents, different staff do it, so it isn't one type of feedback." We saw 11 completed surveys had recently been received, all participants declaring they were happy with the service received.
- People spoke positively of the service and systems were in place to ensure their opinions were sought and listened to. We observed staff continually checking with people that they were ok. Relatives told us they had not been asked to complete any surveys.

Working in partnership with others

- The service worked in partnership with other key organisations to support care provision, for example, district nurses and the local GP practice.



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 providers systems and processes were not always effective to assess, monitor and improve the quality and safety of the service.</p>

### **The enforcement action we took:**

We issued a Warning Notice.