Acorn House Residential Home Limited

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Inspection report

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Chatham
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Tel: 01634848469

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Acorn House Residential Home Limited provides accommodation and personal care for up to 20 older people. Some people were living with dementia. Accommodation is arranged over two floors. There were 17 people living at the home on the day of our inspection.

People's experience of using this service
Medicines were not safely managed. Multiple controlled drugs stock balances did not correlate with the number of medicines held at the home. Medicine administration record (MAR) charts showed that people were not always given medicines at the appropriate time without any explanation as to the reasons why. Medicines in the medicine trolley did not record open dates on them to ensure they remained effective to administer. Medicines audits carried out did not identify the shortfalls found at this inspection.

Risks were not always assessed and identified. Risk management plans did not always guide staff on how risks should be minimised. People's behaviour charts were not completed when required. The provider's quality monitoring systems were not effective. Care plans were not always updated to show a change in people needs. Internal audits did not identify the issues we found at this inspection.

People said they felt safe and that their needs were met. People were protected against the risk of infection. Accidents and incidents were appropriately managed and learning from this was passed on to staff. There were enough staff deployed to meet people's needs in a timely manner.

Assessments were carried out prior to people joining the home to ensure their needs could be met. Staff were supported through induction, training and supervisions. People were supported to eat a healthy and well-balanced diet. People had access to a variety of healthcare professionals, when required to maintain good health.

People's rights were upheld with the effective use of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Their needs were accurately assessed, understood and communicated.

Staff were kind and caring. People, including those living with dementia were offered stimulating activities on a regular basis. Information was available to people in a format to meet their individual communication needs. The service was not currently supporting people who were considered end of life, but relevant information was recorded in their care plans.

People's independence was promoted. The provider worked in partnership with key organisations to ensure people's individual needs were planned.

Rating at last inspection

The last rating of the service was good (published on 4 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, dignity and respect, safe care and treatment, consent and good governance.

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

Follow up
We will ask the provider to complete an action plan to show what they will do and by when to improve to at least good. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We will also meet with the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not well-led.

Details are in our well-led findings below.

Acorn House Residential Home Limited

Detailed findings

Background to this inspection

The 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.

Inspection team
One inspector carried out this inspection with an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Acorn House Residential 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 registered manager in place. 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 site visit took place on 27 November 2019 and was unannounced.

What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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.

During the inspection
We spoke with four people and four relatives to seek their views about the service. We spoke with four members of care staff, a visiting community nurse, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting physiotherapist, who provided additional support to people living at the service. 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 records, including the care records of ten people using the service, and the recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Safe – this means 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 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.
Using medicines safely
• Medicines were not managed safely. We checked stock levels of multiple controlled drugs (these are medicines that include strong painkillers) and found that they did not correlate with the stock level recorded in the controlled drugs book.
• There were several medicines that were missing from the controlled drugs cupboard.
• Other controlled drugs administered were not always recorded in the controlled drugs book and signed by two staff members as required. We checked the community nurses' log and established that the medicines had been administered by them to people, although the controlled drugs book had not been completed to show that the community nurse had administered the medicines. This meant that staff were not ensuring that accurate medicine stock levels were being recorded.

• Medicine Administration Record (MAR) charts were not always signed and there were no notes recorded as why this was the case, therefore, we cannot be assured people were receiving their prescribed medicines.

• Medicines were not always administrated at the correct times of day and there was no explanation on Medicine Administration Records (MAR) as to why this was. Medicines in the medicines trolley did not always record the date they were 'opened' to ensure they remained effective to administer. This meant people were not receiving medicines as prescribed.

Failure to provide safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• During the inspection the registered manager took appropriate action in respect of the missing medicines.

Assessing risk, safety monitoring and management
• Risks to people were not always assessed and identified or updated when their needs changed. For example, the provider had electronic care plans, some people did not have risk assessments in some areas, such as mobility or nutrition.
• Risk management plans were not always in place to guide staff on how risks should be minimised. One person had lost weight and their nutrition risk had changed from low to medium in November 2019. However, the nutrition risk assessment had not been completed to ensure staff knew that there were changes in the person's weight. There was no guidance for staff on what they should do, should the person continue to lose weight.
• Another person was living with a condition that put them at risk of choking as well as living with a condition that affected their mobility. This person did not have either a choking or mobility risk assessment in place

and there was no guidance for staff on how to minimise these risks.
• Two people were identified as displaying behaviour which could be challenging to staff and others. Staff had implemented behaviour monitoring charts which were not being completed and monitored as required. This meant that staff were unable to analyse trends for any challenging behaviour. There was also a risk that staff may respond in an inconsistent manner or provide these people with unsafe support.'

Failure to provide the safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Following the inspection, the registered manager sent us documentation to show that risk assessments and care plans had been updated. We will check whether these risks have been fully identified and mitigated and that staff are aware of what they need to do at our next inspection.

Staffing and recruitment
• Robust recruitment checks did not always take place before staff started work.
• We saw that all four staff files contained application forms. However, employment histories and/or education histories were not always completed in full. The provider had not established reasons for gaps in employment and/or education and not recorded this within the staff files. We brought this to the registered manager's attention who said they would ensure this was addressed going forward.

Recruitment procedures had not been fully completed to ensure that staff were of good character or have the skills and experience necessary to provide care. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Other recruitment checks took place before staff started work. Staff files contained completed application forms. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.
• There were sufficient numbers of staff on duty to meet people's needs in a timely manner.
• People told us there were enough staff to support people when they needed assistance. One person said, "Definitely enough staff." A relative said, "Staff levels seem okay, someone always available to help my (loved one)."
• Staff also told us there were enough staff to meet people's needs in a timely manner. One staff member said, "There are enough staff and we work well as a team".

Preventing and controlling infection

• There were effective systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance on how to prevent the spread of diseases.
• Staff had completed infection control training and followed safe infection control practices. Staff were seen wearing personal protective equipment such as aprons and gloves.

Systems and processes to safeguard people from the risk of abuse.
• There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations.

• People and their relatives told us that they felt safe. One person said, "I feel very safe, there is a lock on the front door that can only be opened by staff with a key code." A relative said, "Yes my [relative] is 100% safe."

Learning lessons when things go wrong

• Accidents and incidents were appropriately recorded and investigated in a timely manner.

• Accidents and incidents were logged and recorded the action taken, the outcome and there was guidance for staff in place to minimise future incidents.
• When things went wrong, the manager responded appropriately and used this as a learning opportunity and learning was disseminated to staff during staff meetings.

Good

Is the service effective?

Our findings

Effective – this means 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 requires improvement. At this inspection this key question has improved to good. This meant the effectiveness of people's care, treatment and support achieved good outcomes or was consistent.

Ensuring consent to care and treatment in line with law and guidance
At the last inspection staff were not always working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection the provider had made improvements.

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

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• The provider followed the requirements of DoLS and had submitted applications as required. We saw that where DoLS applications had been authorised that the provider was complying with the conditions applied under the authorisation. Capacity assessments were completed, and best interests' decisions made where people lacked capacity to make specific decisions for themselves.

• The manager and staff understood the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
• Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as personal care.
• People's rights were protected because staff sought their consent before supporting them. One person said, "They (staff) always ask before helping me." One staff member said, "I ask people for their permission and explain what I am going to do before helping them."

Adapting service, design, decoration to meet people's needs
• At the last inspection improvements were needed as the home did not have appropriate signage to help

people to orientate themselves easily. People's bedroom doors were painted white so people living with dementia may not be able to find their rooms easily. At this inspection, we saw that these improvements had been made.
• There was appropriate signage throughout the home, including on bathroom and toilet doors. We observed that people living with dementia had their bedroom doors painted the colour of the door of their own home, this enabled them to locate their bedrooms with ease.

• We saw that the home had been redecorated with new flooring and painted walls.

Supporting people to eat and drink enough to maintain a balanced diet
• People's care files included assessments of their dietary needs, preferences, their likes and dislikes and staff knew people's eating preferences well. We saw that there were snacks and drinks available between meals which people could help themselves to.
• People were involved in choosing what they wanted to eat and drink. If they did not want the meals on offer, alternatives were always available. One person said, " The food is very good, plenty of choice, if you don't like any of the choices the cook will do something else for you." Another person said, "Always have plenty to eat if you want a snack there is always fruits and crisps in the lounge, in the afternoon we have a piece of cake baked by the residents."

Staff support: induction, training, skills and experience
• Staff training was up to date. Training considered mandatory by the provider for staff included induction training, safeguarding, manual handling, infection control and first aid.
• Staff were supported through regular supervisions and annual appraisals in line with the provider's policy. One staff member told us, "Yes I have supervisions and they are very good because I can get feedback on my performance and discuss training and any issues."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Assessments of people's needs were carried out with them before they moved into the home. This was to ensure that the home would be able to meet people's care and support needs appropriately.
• People, their families, or social workers where appropriate, were involved in the assessment process to ensure the service had a complete understanding of people's needs when developing care plans.
• These assessments, along with information from the local authority were used to produce individual care plans so that staff had the appropriate guidance and information to meet people's individual needs effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations
• People had access to a range of healthcare services and professionals which included GPs, district nurses and opticians. One person said, "If you need a doctor they don't delay in contacting them." We spoke to a visiting community nurse who told us, "The staff are very good and follow our instructions, I don't have any concerns."

Good

Is the service caring?

Our findings

Caring – this means 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 remains good. This meant people were well-supported, cared for or treated with dignity and respect

Respecting and promoting people's privacy, dignity and independence
• The home had a calm atmosphere and we observed staff interacting positively with people.

• People and their relatives told us that staff were kind and caring. One person said, "They are very caring, when they come to see me in the morning they always ask how I am, and did I have a good night's sleep." Another person said, "Lovely staff, so trustworthy, always chatty, jokey and laughing."
• We observed staff maintaining people's privacy by knocking on their doors and waiting for permission before entering. Another person said, "When I want to go to the toilet they (staff) take me to my room, they always make sure the door is closed."
• People were encouraged to be as independent as possible. One staff member said, "If people can do things for themselves they I encourage them to do it. Such as wash their face and choose their clothes."

Supporting people to express their views and be involved in making decisions about their care
• People were involved in making decisions about their daily support. For example, they chose what they wanted to wear and the time they wanted to go to bed. One person said, "If I get up and decide I want a shower, I can have it, it's my decision."
• People's care plans included their life histories and their preferences. One staff member said, "I physically show people a choice of clothes so that they can choose what they want to wear."

• People were given information in the form of a 'service user guide' prior to moving to the home. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

Ensuring people are well treated and supported; respecting equality and diversity
• Care records included people's personal information relating to their disability, religion and sexual orientation.
• A religious representative visited the home monthly and people had the choice and were supported to attend services if they chose to.

• Although no one using the service at the time of this inspect required support with any other diverse needs, staff explained that people would be supported if the need arose.

Requires Improvement

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 good. At this inspection this inspection this key question has deteriorated to requires improvement.

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

• Care plans were reviewed regularly, however the provider did not always identify that when people's needs changed their care plans had not always been updated.

• Care plans did not always include all elements of people's needs and some areas were not completed or accurate. For example, one person was living with a condition that affected their mobility. The care plan did not have guidance in place for staff on how to minimise this risk.

• Following the inspection, the registered manager sent us documentation to show that people's care plans had been updated and included guidance for staff on how to minimise risks. We will check whether these risks have been fully identified and mitigated and that staff are aware of what they need to do at our next inspection.

• People had a personal profile in place, which included important information about the person such as date of birth, religion, gender, medical conditions, next of kin and family details.

• Both during and following the inspection the registered manager updated care plans and risk assessments for the people we identified issues with. This included guidance for staff on what to do should this happen again. The registered manager sent us completed care plans and risk assessments following the inspection.

• People and their relatives told they were involved in planning their care needs. One person said, "I decide what goes into my care plan. I go through it every month." A relative said, "I am fully involved in (loved one's) care plan, once a year a social worker attends as well."

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

• A range of activities were delivered to people on a daily basis. This included exercise classes, board games, singing, craft work, baking and outside entertainers.

• People were encouraged to take part in activities, but their choice was respected if they just wanted to sit and watch. One person said, "I join in the exercise classes.". Another person said, "I enjoy the box games like snakes and ladders."

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.

• People's care plans contained appropriate guidance for staff on how to effectively communicate with the people they supported.
• Staff told us for people who required support to communicate, they used pictorials, body language and gestures. We saw staff using these tools during the inspection.

End of life care and support
• The home did not currently support people who were considered end of their life. However, people's end of life wishes were documented in their care files. The registered manager demonstrated that they were aware of best practice guidelines and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Improving care quality in response to complaints or concerns
• People told us they knew how to make a complaint. The provider had an effective system in place to handle complaints effectively. Complaints were logged and investigated in a timely manner.
• Staff understood the complaints procedure and told us how they would support people to make a complaint. One person said, "We have a copy of the complaints process in our room and there are copies around the home. At the residents meeting we are asked if we have any complaints." A second person said, "I haven't needed to make a complaint. If I had I would speak to the manager or whoever is in charge on that day."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means 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 good. At this inspection this deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• The governance of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection.
• Medicines were missing from the controlled drugs cupboard and could not be accounted for by the provider.
• Records relating to some controlled drugs was not robust and accurate.
• Staff file audits did not identify that application forms were not completed in full regarding employment and qualification histories. This meant that the provider could not be assured they were employing suitably skilled staff.
• Records showed other regular audits were carried out by management to identify any shortfalls in the quality of care provided to people. However, these were not effective as they did not identify the issues we found in relation to medicines, risks and care plans. For example, one person had an episode where they exhibited some challenging behaviour, but behaviour charts had not been completed. Reviews of care files carried out by the provider had not identified that the person's behaviour chart was not being completed as required within the care plan.

Failure to assess, monitor and improve the quality and safety of the service people received is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• During the inspection the registered manager put in place weekly medicine audits for all medicines. We will check whether these risks have been fully identified and mitigated and that staff are aware of what they need to do at our next inspection.

Engaging and involving people using the service, the public and staff
• People's views were sought through an annual residents and relatives survey which was carried out in September 2019.
• Overall the feedback was positive. However, some people felt that staff did not understand their needs. We saw that the registered manager had put an action plan in place which had been carried out by the time of the inspection.
• Regular resident meetings were held to obtain feedback from people about the service. The minutes of the last meeting in July 2019 items discussed included activities, staffing and menus.

• Staff attended regular team meetings. Minutes from the last meeting in August 2019 showed areas discussed included care plans, pressure sores and safeguarding. One staff member said, "Staff meetings are good, we discuss residents, training and we get to have our say."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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
• People were positive about the registered manger. One person said, "The registered manager is lovely, when they are on duty she walks around and stops and has a chat." A staff member said, "I think the registered manager is brilliant, very approachable and supportive."
• When things went wrong, apologies were given to people and lessons were learned. Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with staff and the wider provider management team.
• The registered manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home.
• Staff told us that the registered manager was supportive and approachable and had an open-door policy should they have any concerns they wanted to discuss.

Working in partnership with others
• The service worked in partnership with key organisations, including the local authority, and health and social care professionals to provide joined-up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed. Risk assessments were not updated ad there were not always risk management plans in place. Behaviour charts for people were not completed. Regulation 12(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been carried out to ensure that staff were of good character or have the skills and experience necessary to provide care. Regulation 19 - Fit and proper person employed