Medicrest Limited

# Acorn House - Croydon

**Inspection report**

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Date of inspection visit: 25 November & 3rd December 2014
Date of publication: 20/02/2015

## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 25 November and 3 December 2014 and was unannounced.

Acorn House provides care and support for up to thirty one older people, some of whom may be living with dementia.

We last inspected Acorn House - Croydon in April 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

There was a registered manager in post at the time of our inspection. 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.

People using the service and their representatives told us they felt safe and well cared for at Acorn House - Croydon. They were able to take part in activities and were supported to maintain relationships with family and friends who were important to them.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe.

# Summary of findings

Medicines were stored securely and safely. However, safe practice was not always being followed around the administration of medicines. You can see what action we told the provider to take at the back of the full version of this report

Staff were caring and treated people using the service with dignity and respect. They received training and support to help them carry out their role effectively.

The registered manager communicated a strong person centred ethos and communicated a clear vision about how care and support was to be provided to people.

The home was being renovated at the time of our visit with improvements being made to the communal areas benefitting people who used the service.

# Summary of findings

## 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

One aspect of this service was not safe. The service was not consistently following safe practice when administering medicines.

There were enough staff on duty to meet the needs of people using the service.

Staff were recruited safely and knew how to recognise and report abuse to help keep people using the service safe.

**Is the service effective?**

Good

The service was effective. People were supported by staff who had the necessary knowledge and skills and were well supported by the registered manager.

People had enough to eat and drink. Staff provided appropriate support to those who required assistance with their meals.

People were able to see health care professionals as required to ensure their health needs were met and had access to specialist advice and support as needed.

People and their relatives were involved in decisions about their care. Best interests meetings were held if a person lacked the capacity to make decisions about their care.

**Is the service caring?**

Good

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people receiving care and support were positive.

**Is the service responsive?**

Good

The service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with friends and family.

People using the service or their representatives were able to raise concerns.

**Is the service well-led?**

Good

The home was well-led. The registered manager communicated a strong person centred ethos and encouraged feedback from people and staff. She maintained a strong and visible presence within the home.

# Summary of findings

Improved quality assurance systems were being introduced to more effectively monitor and review the quality of care provided.

# 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the home on 25 November and 3 December 2014. Our first visit was unannounced and the inspection team consisted of an inspector and 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 service.

On the first day of our visit we focused on speaking with people who used the service and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home to examine staff files and records related to the running of the service.

During our inspection we spoke with eight people using the service, five visitors, five care staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Medicines were stored safely and securely. However we observed poor practice by staff when administering medicines to people using the service. One staff member touched the tablets or capsules when dispensing them from the pharmacy supplied containers into pots ready for administration. The pots were then given to other staff members who administered the medicines to people using the service in another room. The administration record was signed by the dispensing member of staff without any check that the person had successfully taken their prescribed medicine.

Our observations were discussed with the registered manager and the staff member involved who told us that this was not their normal practice. We noted however that the homes own policy for administering medicines stated that staff must not touch the medicines when dispensing them and that they should always check that the person had taken their medicine before signing the administration record. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service told us they felt safe and secure in the home. Their comments included "I think it is lovely", "Yes, it's alright", "I don't feel I have got anything to be worried about" and "No-one has ever been nasty with me." People said they felt able to talk to a member of staff or the registered manager to raise any concerns about their safety or wellbeing.

Visitors said they had no concerns about the safety or welfare of their family member or friend. One person told us "We are very happy with the home" and another individual said "first class, five stars".

Staff understood their responsibilities in keeping people safe from harm. Induction records showed that new staff were made aware of the safeguarding policy and were given a summary of the Pan- London local authority procedures to reference. Staff said they had attended safeguarding training and felt able to report any concerns they had about people's safety to the registered manager or senior staff. Their comments included, "We stand for them, I would speak to the manager" and "I would report directly to the manager." Staff were aware of the whistle-blowing procedure and knew they could contact social services or the CQC directly if required. One staff member told us, "I'd ring the CQC straight away."

Risks to people's health and safety were being managed. Care files included risk assessments to help keep people safe addressing areas such as falls, behaviour and communication. Each assessment included actions required to reduce the identified risk and these were included in care plans. For example, a care plan for one person outlined their behaviour, possible risks stemming from this and how staff should respond with a strong emphasis put on positive interventions.

A system for reporting accidents and incidents was in place. Records showed the fire alarm and emergency lighting systems were being regularly checked and maintained. A monthly management check ensured that these and other safety checks took place including those for hot water temperatures and First Aid boxes.

People told us there were sufficient staff on duty to meet their needs. Records showed there were usually five care staff on duty plus the registered manager and other domestic and catering staff . The home aimed for a ratio of one staff member to five people with adjustments made for those individuals able to care for themselves. The majority of staff who spoke with us said that there were enough staff provided saying, "We get cover if necessary, on the whole it's ok" and "we are managing well". We saw additional staff were provided when necessary, for example, when escorting people to hospital.

Staff were only employed if they were suitable and safe to work in a care environment. We looked at three recruitment records and saw that all the checks and information required by law had been obtained before they were offered employment in the home.

# Is the service effective?

## Our findings

People using the service said they were happy with the support provided to them. One person told us, “You can’t fault anything here”, “I leave it entirely up to the staff, they know what they are doing” and "It’s a nice place, they look after you." Visitors told us that the home kept them well informed, for example, contacting them if there were any health changes. Comments included “They keep in contact with me, advise me of any developments”, “They are very good in keeping me up to date, I have only praise for them” and “They do a brilliant job here.”

People were supported by staff with appropriate skills and experience. The staff told us they received training and support to help them carry out their work role. Their comments included “They do train us a lot, we had safeguarding and nutrition training last month”, “We attend two sessions each month” and “we have in-house training each month.”

Staff completed training relevant to their role and responsibilities. This included mandatory training such as safeguarding adults at risk, moving and handling, infection control and dignity in care. Other training provided included sessions around diabetes, nutritional needs and the Mental Capacity Act 2005. There were systems to record the training that staff had completed and to identify when training needed to be repeated. A matrix clearly recorded when each member of staff had last completed a training course and colour coding was used to identify when this training needed to be repeated. This allowed the registered manager to easily see if staff had completed all the required training.

New staff completed the Skills for Care Common Induction Standards and induction workbooks were being completed whilst individuals shadowed more experienced staff members on shift. A checklist was completed for each staff member confirming they had read and understood key procedures such as safeguarding, confidentiality and the home’s code of conduct.

The registered manager had made application to the responsible local authority for Deprivation of Liberty Safeguards (DoLS) authorisations for people using the service. DoLS is a framework to approve the deprivation of liberty for people when they lacked the capacity to consent to treatment or care. The home had recognised that these applications were required because some people would not be free to leave Acorn House - Croydon and required continuous supervision by staff. The applications were with the local authority at the time of our visit.

Restrictions were in place for some people such as the use of bed rails. Assessments were being carried out around capacity and consent including evidence relating to each person’s ability to understand, retain or weigh information. We noted that the assessments completed for some people were general in scope and we discussed the need for each to be decision and time specific consistent with those being completed for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). The home was working with a hospice to assess people which helped to ensure that these specific decisions were being made in the person’s best interest and an Independent Mental Capacity Advocate (IMCA) had been involved in the process.

We received positive feedback from people about the food provided at Acorn House - Croydon. Comments from people included “Quite good the food really. I’m not given a choice, just eat what you are given”, “I think the food is very good here”, “Most of the time it is lovely, you can (have a choice of food) if you want it” and “Very good, just eat what you get”.

We observed the lunch and supper time on the first day we visited People were offered a choice of drinks and the meals were served plated with individuals given a choice of mash potato or rice. Alternatives of sandwiches or a salad were provided on request or if people were not enjoying the hot meal.

Care staff provided appropriate support when required to help people eat and drink. Some staff took the opportunity to chat with people and made sure that they knew what they were eating and asked if they wanted salt or pepper. This approach was, however, not consistent amongst all the staff and some opportunities for positive interaction were missed. New tables had been provided in the dining room by the second day of inspection that were round in shape to help encourage more social interaction at mealtimes.

Records showed that people were supported to maintain good health. For example someone was concerned about their health on the second day we visited and the registered manager immediately arranged for the GP to come later that day. Another person raised issues about

# Is the service effective?

their medicines and we saw that action had been taken to address this. External health professionals told us that the home worked well with them to meet people's needs and they had no concerns about the care and support being provided.

The home was being renovated at the time of our visit with improvements made to the communal areas. New furniture had been delivered by the second day of our inspection and work was under way to 'dress' the environment to be dementia friendly with items for occupation and engagement. There were further opportunities to provide an accessible garden area for people to use to get fresh air safely and independently.

# Is the service caring?

## Our findings

People told us the staff were caring and treated them with dignity and respect. Comments included "Mostly very good people", "Very good, never been any serious arguments" and "The staff are quite good". People said they could make decisions about how they spent their day saying "I can decide when to get up or go to bed" and "I can stay in bed all day if I wanted to."

Visitors commented "They are a great team, they do a brilliant job", "Amazing, their hard work and patience is phenomenal" and "They seem to care, always polite." Health professionals told us that staff were friendly and caring with the people using the service appearing happy and well looked after when they visited.

The atmosphere was calm and relaxed throughout both days of our inspection. Our observation was that staff treated people with dignity and respect. It was evident they knew individuals well, speaking to them in a kind and caring manner. We noted some staff pro-actively engaged with people, however, others were more task focused missing opportunities for interaction.

Staff were able to give examples of people's preferences in what they ate, the best way to communicate with them and the activities they enjoyed. Each person's care file included guidance to staff on what was important to them and their preferred routines with sections including 'My morning', My life' and 'My likes and dislikes' written in the first person. Staff told us they acted as named key workers for people using the service and had responsibility for updating the care plans each month. Any changes made were highlighted to make sure that other staff were aware.

People using the service were supported to maintain relationships with their family and friends. Visitors said that they were able to visit freely and were made to feel welcome. One person told us they could come at 'any reasonable time' and this had enabled them to visit more frequently.

A 'Steps to Success' toolkit was being used to obtain the individual wishes and care preferences of people towards the end of life. The registered manager and two staff members had attended training to facilitate discussions with people and their family or friends with support provided by a local hospice.

People using the service could operate a call system to summon help from pull chords / buttons in their bedrooms and in communal areas. They said staff answered the calls however feedback was varied as to how promptly they were answered. Calls were usually monitored for response times however the system to do this was not operational due to the renovation taking place.

# Is the service responsive?

## Our findings

People's needs were assessed before they came to live at Acorn House - Croydon. A pre-admission assessment form was completed that staff used to discuss with the person and / or their representatives how they wanted to be supported. Care plans were then developed with the individual and these were reviewed annually with the person, their representatives and any involved health professionals. Minutes of annual reviews involving the person, their representatives and external health professionals were kept in care files.

Staff kept records of the care provided throughout the day and night capturing information under headings such as personal care, activities, nutrition and visits. We saw that this information was then used to inform a monthly review of the care plan by the key worker and examples were seen of changes made around medicines and health changes. Minutes of annual reviews involving the person, their representatives and external health professionals were kept in care files.

Staff were able to describe the care and support needs of people. They were aware of people's assessed needs and could describe the current care plans and preferences for individuals.

A co-ordinator was employed to provide activities at Acorn House - Croydon and the adjoining home next door. People using the service said "They might have someone in to sing", "You can go to church, they take you there", "The [activity co-ordinator] comes to see me every day." Weekly activities were planned with hand exercises taking place as scheduled on the first day we visited with 12 people taking part. An arts and craft session took place and a representative from a local church visited the home on the second day of our inspection. Records were kept of each activity session and some detailed information recorded about each person's preferences, abilities and needs when taking part. We noted that this information was not integrated with other care records kept by the service or subject to a regular review process.

A visitor to the service reflected positively on a recent trip to Brighton saying how impressed they were that the home had arranged this opportunity for everyone living at the home. A quarterly newsletter supplied to people using the service and their friends and family documented the activities that had taken place along with birthdays and other special events.

People told us they felt able to talk to a member of staff or the registered manager if they had a concern or wanted to raise a complaint. Staff said they knew what action to take should someone in their care want to make a complaint.

The complaints procedure set out how any concerns or complaints would be managed and investigated. The procedure included relevant contact details and time-frames and was made available to people using the service and their relatives or friends in the reception area. The registered manager told us that no complaints had been received in the last 12 months

# Is the service well-led?

## Our findings

The stated vision and values of the home included working in the best interests of people using the service, enabling them to make their own decisions and maintaining open visiting hours. These were made available to people in a brochure. The registered manager communicated a strong person centred ethos throughout our inspection of Acorn House - Croydon. We saw that she had an 'open door' to people, visitors and staff and demonstrated her in-depth knowledge of the service throughout the inspection. We saw examples in minutes of meetings where staff were reminded that it was the home of people using the service and reinforcing the importance of care that was person centred and not 'task orientated'.

Visitors said, "The manager is superb" and "I can talk to the manager, She will talk to me if they need to." Staff said "The manager listens to us, if she can do something about it, she will", "very nice, down to earth" and "frank and open". An external health professional said that Acorn House – Croydon had a "great manager" who provided strong leadership. Another professional spoke about the positive work undertaken by the manager in developing the end of life care provision.

We saw people were consulted about changes being made in the service, for example, large boards had been made up to help people choose colour schemes for the re-decoration of the communal areas. Recent 'resident and relative' meetings had taken place in August, September and November 2014 with discussions held around menus, activities, the home environment and complaints. Quality Assurance questionnaires had been sent out in February 2014 and we saw that the results had been summarised with action plans to address any areas for improvement.

The registered manager told us that changes were being made to the quality assurance procedures as they had recognised they were not effective in developing the service. These changes included more formalised action planning from meetings and new auditing procedures following advice from an external consultancy. We saw new documentation had been introduced around falls, infection control and medicines with a clear audit trail as to what action had been taken if required.

A system for reporting accidents and incidents was in place and we saw these were monitored by the registered manager. Examples were seen where care plans had been reviewed following a reported incident.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br><br>The registered person was not protecting service users against the risks associated with the management of medicines. |