

Medicrest Limited

# Acorn House - Croydon

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 21 and 23 February 2017. Our first visit was unannounced. At our last inspection in June 2016, we found that improvements had been made around medicines management as required following our previous visit.

Acorn House – Croydon provides care and support for up to 31 older people, some of whom may be living with dementia. There were 22 people using the service at the time of our inspection.

The home had a registered manager in post who was present at 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.

Acorn House - Croydon had been placed into a provider concerns process by Croydon Council owing to safeguarding and quality concerns. The ownership and management of the service was working closely with the Council and partners to improve the service delivery to people using the service. This joint working process was working well at the time of this inspection.

Staff had received training in the MCA (Mental Capacity Act) however improvements were found to be required around the application of the Act.

Bathrooms provided for people using the service presented poorly and were not well maintained. We found that people would also benefit from an accessible outdoor space suitable for their needs.

We also found improved arrangements needed to be put in place for the recruitment of staff. Staff records contained the required information however one staff member was working at the home without a completed criminal record check.

Staff received the training and support they needed to help carry out their job roles effectively. They had received training around safeguarding people from abuse and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by the registered manager and acted upon.

The service completed assessments of people's needs and these were used to inform the care plan for each person. Records showed people's needs were kept under review and changes were made as required.

People were supported to take their medicines as prescribed and to access healthcare services when they needed them.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of this service were not safe. Staff were not always recruited safely and the physical environment of the home did not fully meet the needs of the people staying there.

Suitable numbers of care staff were provided to meet the needs of people who used the service.

Risks to people's health and welfare were identified and steps were taken to minimise these and keep people safe.

Staff were aware of safeguarding adults procedures and would report all concerns appropriately.

**Requires Improvement** 

### Is the service effective?

Some aspects of this service were not effective.

The service did not fully comply with the requirements of the Mental Capacity Act (MCA) 2005.

Staff were up to date with their training requirements to help them meet people's needs.

People enjoyed the meals provided at Acorn House - Croydon.

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

**Requires Improvement** 

### Is the service caring?

The service was caring. People were supported by staff who were caring, kind and respectful. Their dignity and right to privacy was upheld by the staff at Acorn House - Croydon.

Relationships between staff and people receiving support were positive.

**Good** 

### Is the service responsive?

The service was responsive. Care plans were up to date and these helped staff meet people's individual needs.

**Good** 

People were supported to take part in activities, be part of the local community and to maintain contact with family and friends.

People felt able to raise any concerns or complaints.

### **Is the service well-led?**

Some aspects of this service were not well-led.

We found breaches of regulations during this inspection with shortfalls identified around staff recruitment, application of the Mental Capacity Act 2005 and the home environment.

Staff were supported by the registered manager who was approachable and listened to their views.

**Requires Improvement** 

# Acorn House - Croydon

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 21 and 23 February 2017. Our first visit was unannounced.

The inspection was carried out by one 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 care service. We spoke with six people who used the service and one relative or friend. 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.

We also spoke with the registered manager and three members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits and health and safety records.

# Is the service safe?

## Our findings

The provider's recruitment and selection processes were not fully protecting people living in the home. The staff files we reviewed included checks with previous employers and identity checks however a criminal record check had not been obtained for one staff member who was working on shift at the time of our inspection. The registered manager told us this was an oversight and sent the application immediately following our first visit. They arranged for the staff member to be shadowed by a senior staff member whilst working until this important check had been completed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas of Acorn House - Croydon were not well maintained. Bathrooms on the first floor presented poorly and did not provide a pleasant environment for people to bathe and wash in. One bathroom in the annex area of the home was closed and was seen to be in a very poor state of repair. The ground floor shower room was in a better state of repair than other bathrooms but was also seen to have some damage on the ceiling.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The communal areas on the ground floor had been refurbished in recent years and new flooring was being arranged in a number of bedrooms at the time of our visit. People using the service did not have access to appropriate adapted space in gardens and other outdoor areas. As previously noted in our 2015 inspection report, the home did not have a pleasant outside space that people could access safely and independently. The registered manager talked about making improvements to the existing outside space including providing sensory garden equipment.

People told us that they liked living at Acorn House – Croydon and felt safe there. One person using the service told us, "Completely safe, I trust them." Another person said, "Very safe, they look after us very well." A third person said, "I'm quite happy, they're good to me."

There were sufficient numbers of staff on duty to support people and help keep them safe. Staff told us that there were enough of them to meet people's needs. Throughout our visit people received support when they requested or needed it. We observed staff spending time sitting with people, talking and engaging in activities. Staff allocation records showed that people received appropriate staff support and this was planned flexibly. A person using the service said, "I reckon there's more than enough, I can't get rid of them." Another person commented, "I think they do alright, if they're busy you just shout out and they will be with you as soon as they can." A third person told us, "Sometimes they can be a bit short, those who need help, sometimes I think they would do better with two carers, one either side of the person."

People were supported by staff who knew how to recognise the signs of possible abuse. Training records

showed that staff had completed safeguarding training and staff we spoke with confirmed this.

Risk assessments formed part of each person's care plan and identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. They covered areas such as people wanting to leave the building and behaviour that be hazardous for other people and staff.

We looked at the home's system for reporting and monitoring incidents and accidents. These were recorded in an accident book however there was no evidence of the registered manager reviewing and signing each report. We discussed this with the registered manager at the time of inspection.

Medicines were stored safely and securely. The majority of medicines were supplied to the home in pharmacy dosset boxes and these were being administered correctly. The records for medicines supplied in their original containers corresponded with the quantities of medicines being kept on behalf of people using the service.

We saw risks associated with the environment and equipment were assessed and reviewed. Safety checks were regularly carried out such as those for the equipment installed and fire safety systems. A fire officer visited the home prior to our inspection and found the fire safety arrangements in place to be satisfactory.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. We saw staff had received training around the MCA and DoLS. Care plans addressed people's ability to consent in their daily life however we found that some key requirements of the Mental Capacity Act 2005 were not being complied with.

Assessments were completed for people around capacity however these were generic in content. The majority of documentation seen was not decision specific, for example, stating people had been assessed around their health, finances and safety within one assessment. All of the completed assessments did not contain detailed information about the person's individual ability to make the decision, any action required to help them do this or show evidence of the least restrictive option being applied.

One instance was found where key information about a Lasting Power of Attorney (LPA) in place for health and welfare was not reflected within the care documentation kept for one person. A lasting power of attorney is a legal document where one or more people (known as 'attorneys') are appointed to help people make decisions or to make decisions on their behalf. For example, the person's keeping healthy plan or hospital passport did not reflect the need to refer any decisions to the attorney despite them highlighting this in written feedback to the home in February 2016.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had the skills and knowledge to meet their needs. We saw staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding, moving and handling, dementia and infection control. Staff confirmed that they had regular training and that courses were refreshed annually or as required. We saw further training was planned around dementia care, mental capacity and equality and diversity.

New staff completed induction training which was tailored to the home. An individual record documented the induction process including key information such as fire safety, safeguarding and confidentiality. The registered manager stated they planned to implement the Care Certificate as part of their induction training for new staff in 2017. This is a set of standards that have been developed for support workers to



demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Staff were also supported through regular supervision sessions where they could discuss their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the registered manager informally to discuss any issues they had.

People were positive about the quality and quantity of food. One person said, "It's alright, it's English food. I like Jamaican food but they won't do it to my liking here, it won't be authentic. I like their bangers and mash though. There's no whisky but they make a nice cup of tea here." Another person said, "There's plenty to eat and drink, sometimes too much. They ask you if you want a tea. I don't think there's so much variety but you do eat something different every day I think." Other comments included, "It's good food, I always like it.", "It's more than I eat at home, it was alright today. They give you your teas and coffees and fruit juices but it would be nice to have a pint of beer now and then" and "I enjoy the food, I think there's enough choice and variety every week."

People's individual weight was monitored. Care plans addressed people's nutritional requirements and we saw staff supported people on a one to one basis to eat and drink when this was required. One person told us, "They don't yell at me if I'm slow to eat, they let me take my time with it."

People were supported to keep healthy and had access to appropriate health care professionals when needed. Training had been arranged for staff from the local rapid response team to help them access specialist healthcare advice and support when required. Written procedures and guidance was also available to staff to reference.

## Is the service caring?

### Our findings

Feedback from people was positive about the care and support people received. Comments from people included, "The staff are nice and kind" and "I like them, especially the girls. They're very good to me." One person said, "I get on with most of the staff, my philosophy is that if you treat a person right, they treat you right. We always have a smile and a laugh usually. I find the staff quite friendly, quite lucky really. I haven't heard staff telling people off or being forcible." Another person told us, "Fine, they've all been very nice to me."

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. This practice was confirmed when we asked people if staff respected their privacy and dignity. One person said, "Oh yeah, I keep my bedroom door closed because I turn up the heat, cos I like my room very hot. They do knock before they come in to see me." Another person said, "They always knock on the door, that's a good habit." A third person commented, "Always, they always keep me in the know and when I'm in my room they are very respectful of that."

Our observation showed the majority of staff interacted positively with people using the service and knew them well. Staff spoke to people in a kind and caring manner and made sure their privacy and dignity was respected. People were given choice when making everyday decisions such as what they wanted to do, eat or drink.

The registered manager and some staff clearly knew the people they cared for well, knew their likes and dislikes and shared jokes with them. We observed some instances where some staff members missed opportunities to interact with people and were more task orientated in their approach. A relative or friend of someone using the service told us, "The staff do work hard, the junior members I don't know quite so well. They're nice, but some of them I don't know if they have the skills to manage those people with dementia." The registered manager told us about planned experiential dementia training for staff to help them work in a person centred way and positively engage with people.

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 evening', 'My life' and 'My likes and dislikes' written in the first person. A keeping healthy plan additionally included guidance for staff around working positively with people including those who may have behaviour that required a response.

People's end of life care was planned with them and their family or representatives. Booklets were used to document individual wishes, enabling people to make their wishes known in advance. The registered manager had just completed a qualification around end of life care for older people.

Meetings of regular meetings held with people using the service included discussion about activities, food and any concerns or suggestions. It was noted that the minutes did not contain information about any follow up action when this was required and we discussed this with the registered manager at the time of

inspection.

## Is the service responsive?

### Our findings

People's needs were regularly assessed and responded to. People using the service felt that the care provided was individualised and responsive to their needs. One person told us, "Well of course, I wouldn't be here otherwise." Another person said, "The staff are pretty good, I would say." A third person commented, "They do the best they can and that's all we can ask for, it's an exhausting field."

People's individual 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 about the support they required. Assessments were also obtained from local authority commissioners. Care plans were then written based on this information and developed as the staff got to know people and their support needs better.

We saw the care file for each person had recently been reviewed and up dated to make sure they met people's current needs. The care plan gave a clear summary of people's needs and included good information about their strengths and needs. Further care documentation was personalised to them and written in the first person. Records were kept to make sure that each plan was reviewed on a monthly basis and these were checked by the registered manager. Staff acted as named key workers for people using the service and the registered manager stated that staff key working responsibilities were being reviewed and re-allocated at the time of our inspection. A relative or friend told us that they were not aware the person had a key worker but felt having one allocated would make a difference to the care and make it easier for them to liaise with one named staff member.

Staff kept daily records documenting how care was delivered on each day. This information was shared with the staff team during the shift handovers to ensure continuity of care and that no important information was missed.

A co-ordinator was employed to provide activities at Acorn House - Croydon and the adjoining home next door. People using the service said, "I like to watch a bit of television and go out; we go out to some places and that" and "Couple of us went up to London, Trafalgar Square. That was fun, otherwise I just keep myself busy, I like to read, detective fiction books. I like watching films, I don't mind a good western or a murder story or the carry on films. I don't take part in activities. I like going out for walks if I get bored of being indoors. The activities co-ordinator offered to come out with me because she knows I like my walks." A third person commented, "Sometimes we go out, sometimes we stay in. I sit here and listen to what's going on and then decide what I want to do. They've always been very nice to me and I'm nice to them."

We observed an exercise session taking place on the first day of inspection. Five people were involved in the activity and the visitor leading the session knew people by name and was encouraging them each in turn with the activities coordinator also present helping people to be involved. Photographs and pictures were displayed showing past activities and advertising future planned sessions. These included parties, trips out into the community as well as visiting entertainers.

People knew who they could speak to if they had any concerns about the care they received. One person said, "Yeah I do know how to complain, the only complaint is there's no whisky." Another person told us, "What is there to complain about? I'm quite satisfied on the whole. If there was something the matter I would let them know." A third person commented, "I can't complain really they do a good job round here I'd say."

The home had a complaints policy which was available for people, relatives and staff to access. There had been one recent complaint raised formally with the home. This had been looked in to as part of a local authority safeguarding investigation and was not substantiated.

## Is the service well-led?

### Our findings

As stated previously within this report, a serious concerns process was on-going at the time of this inspection. The host local authority undertook regular monitoring visits to Acorn House – Croydon and there were action plans in place for any identified issues and we saw evidence that changes had been made by the service. For example, a new system had been introduced to record health appointments for each person using the service.

During our inspection we found that further work was required to improve the quality assurance and management processes at Acorn House - Croydon. We found breaches of regulations with shortfalls identified around staff recruitment, application of the Mental Capacity Act 2005 and the home environment.

The registered manager stated that a new senior post was being recruited to at the time of this inspection. It was intended that this staff member would assume some of the registered manager's responsibilities for the day to day running of the service, leaving more time for service development and quality improvement work.

Staff told us that they enjoyed working at Acorn House - Croydon and were confident about the quality of service being provided. They said the registered manager was approachable and listened to them if they had any issues or concerns. We asked people if they thought the service was well run. One person said, "I think it runs quite smoothly as far as I'm concerned," Another person said, "They're [the registered manager] pretty good. When you think about how many people are here and how many staff are here, they get the chance to get to know the people in the home." A third person said, "I wouldn't know, but the staff do what they are supposed to do, no more and no less."

There were systems in place to monitor the quality of the service being provided. There was a quality assurance system in place that included regular audits of care records, medicine administration and health and safety. These documented where any action was required and we saw they were then monitored to make sure improvements had been made. The provider undertook regular visits to the home however there had been no recent written reports supplied to the registered manager following their visits.

Feedback was mixed from people using the service when we asked if they were consulted on how to improve the service. One person said, "If they do, I don't know about it, I haven't heard of anything. They might throw the odd question in person like what did you think of lunch or what did you think of the new girl. There's nothing to sit down and write." Another person commented, "Might have done but I'm not too sure about that." We saw feedback had been obtained from relatives and friends of people using the service in 2016. Comments included, "Very friendly staff and good care" and "We were always reassured that we could rely on the staff for their care and kindness over the years." The registered manager told us that an annual plan was being developed for the service.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>Where people lacked mental capacity to make an informed decision, or give consent, the service was not always acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>Bathrooms used by the service provider were not being properly maintained.  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Effective recruitment and selection procedures that comply with the requirements of this regulation were not fully in place.   |