

Oldham Property Investments Limited

Acorn Lodge Nursing Home

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection which took place on 22 and 25 August 2015. We had previously inspected this service in 16 September 2014 when we found it was meeting all of the regulations we reviewed.

Acorn Lodge Nursing Home is registered to provide accommodation for up to 85 older people who require support with nursing or personal care needs. At the time of our inspection there were 63 people living at Acorn Lodge.

Acorn Lodge Nursing Home is a purpose built home located in Failsworth, close to Oldham and the City of

Manchester. There are 83 single rooms and one shared room. Forty-eight rooms have en-suite facilities. A passenger lift is provided. Personal care is provided to older people on the ground floor and general nursing care and nursing care for people with dementia and / or mental ill health is provided on the first floor.

During the inspection we saw that the home was being cleaned however, we were aware of offensive odours in the home.

There was a registered manager in place at Acorn Lodge. A registered manager is a person who has registered with

Summary of findings

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.

We found five breaches of the Health and Social care act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

At the time of the Inspection 21 people were subjected to DoLs. Prior to the inspection we checked our records to see if we had received any DoLs notification by the provider. Our records indicated that the provider had not notified us appropriately of all people subjected to DoLs.

This was a breach of regulation 11 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found that people were not protected against the risks associated with the promoting and administering of their medicines. The provider did not have any protocols in place for medicines prescribed to be taken as needed. We also find that one person's prescribed medication; 'Thick and Easy' was being given to other residents. The provider did not have safe systems in place to make sure medicines were prompted or administered as prescribed.

This was in breach Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On reviewing care records we identified that the registered manager had not completed an initial needs assessment for a person admitted for End of Life care, to identify the needs of the individual and to ensure that the individual's care needs could be met.

This was a breach of regulation 12 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the records in relation to one person who required regular repositioning in order to maintain their skin integrity. The lack of timely information being recorded on the repositioning chart meant there was no evidence to show that the person had received the care they required to meet their individual needs in accordance to the planned needs.

This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with told us they had received an induction, ongoing training and supervision to help ensure they were able to deliver effective care. We saw that staff were supported to continue to develop knowledge and skills for the benefit of people who used the service.

There was a detailed Induction for all agency nursing staff, however there was no induction for agency care workers and gaps in training for staff who had returned to work after a long break.

All staff should receive appropriate induction and training to ensure they can safely fulfil their roles and responsibilities.

This was a breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People who used the service told us they felt safe in Acorn Lodge and that there were always sufficient numbers of staff to meet their needs. Relatives we spoke with told us they did not have any concerns about the safety of their family member in Acorn Lodge.

Recruitment processes were sufficiently robust to protect people who used the service from the risk of unsuitable staff being employed to work in the home. All the staff we spoke with had received training in the safeguarding of vulnerable adults and knew the correct action to take if they had any concerns about a person who used the service.

Care records included an assessment of the risks people might experience including those related to mobility, falls and nutrition. Risk management plans were in place to provide information to staff about the action they should take to help reduce such risks from occurring.

People who used the service told us staff were kind and caring in their approach. We saw staff took time to speak to people and help them make decisions, such as what they wanted to eat or where they wanted to sit. We observed staff meeting the needs and preferences of the people they were supporting on the day of the Inspection.

Summary of findings

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005: this legislation provides legal safeguards for people who may be unable to make their own decisions. The registered manager had assessed the capacity of people who used the service to consent to the care and treatment they required. Where necessary, applications had been made to the local authority to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS). We were not notified of all DoLS applications made to the Local Authority.

People we spoke with made positive comments about the quality of food provided in Acorn Lodge and systems were in place to ensure people's nutritional needs were met. However we observed during the inspection the poor presentation of food, no choice of cold drinks offered throughout the day and no fresh fruit readily available to.

Records we looked at showed that a regular programme of activities and entertainment was provided. Plans were in place to introduce materials to support reminiscence work in the service and the new activity coordinator has arranged for local churches of all denominations to visit the home regularly.

People who used the service and their relatives had the opportunity to comment on the service provided in Acorn Lodge through regular meetings and an annual survey as well as through more informal feedback to staff. We were told by people that staff and managers would always listen to any concerns or comments made and would take action to ensure concerns were immediately addressed.

Staff told us they enjoyed working in the service and considered the managers were approachable and supportive. Regular staff meetings took place which allowed staff the opportunity to comment on the service provided and identify where they felt any improvements which could be made.

We saw lack of regular structured opportunities for people to provide feedback on the service they received and to comment on service developments. This meant there was a risk people's views would not be listened to or acted upon.

The overall rating for this service is 'Requires Improvement'

Services require improvement will be kept under review and, will be inspected again within six months.

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?

The service was not always safe

Medicines were not always managed in a safe way.

Sufficient suitably trained staff, who had been safely recruited, were available to meet people's needs.

Suitable arrangements were in place to help safeguard people from abuse. Staff were able to tell us what action they would take if abuse was suspected or witnessed.

Requires improvement



Is the service effective?

The service was not always effective

Induction, training, supervision and appraisal systems needed to be improved in order to ensure staff had the necessary skills to be able to deliver effective care.

Staff promoted the rights of people to make their own decisions. The registered manager was aware of the action to take should it be necessary to place any restrictions on people who used the service.

People who used the service did not always received appropriate support to ensure their health and nutritional needs were met. Recording systems needed to be improved to ensure people always received the care they required.

No notification for DoLs application had been received

Requires improvement



Is the service caring?

The service was caring

People who used the service spoke positively about the attitude and approach of staff. We observed staff to be kind, caring and thoughtful in their interactions with people.

People were not supported to receive the care they wanted at the end of their life. We noted positive interactions between staff and people who used the service.

Positive feedback had been provided about the caring nature of Acorn Lodge in satisfaction surveys completed by visitors to the service.

Good



Is the service responsive?

The service was not always responsive

The registered manager failed to complete an initial needs assessment for End of Life care

Requires improvement



Summary of findings

The provider had systems in place for receiving, handling and responding appropriately to complaints.

People who used the service had limited opportunities to make decisions about the care and support they received.

Activities provided in Acorn Lodge needed to be improved to help ensure the health and well-being of people was maintained.

Is the service well-led?

The service was not always well-led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Quality assurance processes were not sufficiently robust to identify where improvements needed to be made to the service.

Staff told us they enjoyed working in Acorn Lodge and felt well supported by the registered manager.

Requires improvement



Acorn Lodge Nursing Home

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.

This inspection took place on 24 and 25 August and was unannounced.

On the first day of the inspection the inspection team consisted of two adult social care inspectors, an expert-by-experience and a specialist clinical advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people with dementia. On the second day of the inspection the service was continued by two adult social care inspectors

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information

we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding team, the local health watch organisation and the local authority commissioning team to obtain their views about the service.

Over the two day inspection we spoke with 16 people who used the service and 7 visiting relatives. We also spoke with the registered manager, 2 nurses, 5 members of care staff and a member of the domestic staff, a cook and kitchen assistant, and the maintenance person. In addition we spoke with a professional who visited the service during the inspection.

During our time in the home we observed the care and support being provided to people. 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 looked at the care records for 11 people who used the service and the Medication Administration Record (MAR) charts for the 11 people. We also looked at the records relating to the administration of prescribed creams for six people who used the service. In addition we looked at a range of records relating to how the service was managed; these included ten staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

We looked at the systems for the administration of medicines in the service. We checked the stock of medicines against the records and found them to be accurate. People who used the service who we spoke with were satisfied with the arrangements in place to ensure they received their medicines as prescribed. One person told us, “I nearly always get my medication on time.” Another person told us “I get support when I need it and I get to see a GP if I need one”

We looked at a sample of Medicines Administration Records (MAR) and found no gaps in signatures; handwritten entries were signed by two staff for all controlled drugs medication. Medicines that are taken “as needed” are known as “PRN” medicines. We did not find any PRN protocols in place for medicines prescribed to be taken as needed, such as paracetamol. We noted one person on the general nursing unit was prescribed 500mgs paracetamol ‘up to four times daily’; he had this once per day (morning) with no record as to whether he was offered pain relief again during the remainder of the day.

We observed a care assistant put thickening powder into a person’s drink. We witnessed this person coughing on the drink. When we checked with the staff member about what the consistency the drink should be, he told us two scoops. We queried this as we had seen the staff member put more milk into the drink as the person had said it was too hot. Another care assistant said the drink should be ‘custard’ consistency, which it was not. We asked to see the thickening powder tin to look at the prescriber label. We asked if the name on the tin was for the person who had been given it, she said ‘no’. The nurse told us that the thickener was the same for all so they used a tin at a time. We reminded the nurse that the thickener was prescribed individually and so should be used that way. She then provided tins of thickening powder for all those prescribed it.

This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the records for a person prescribed medicines to be taken covertly. There was a letter on file from the person’s General Practitioner recommending the use of ‘covert medication’ for this person. All medicines were now

being given in liquid form, however, three medications required to be crushed and put in food. The nurse told us that they were ‘not covert really, just crushing to make it easy’. When we asked if the person knew the tablets were in her food the nurse told us she did not. We found appropriate Deprivation of Liberty Safeguards document in place for this person.

16 people who used the service told us they felt safe in Acorn Lodge. Comments people made to us included, “I don’t ever recall feeling unsafe, I would go to the manger if I didn’t” and “Safe up to now.” Relatives we spoke with told us they had no concerns about the safety of their family member in Acorn Lodge. However one relative told us “my brother is safe but standards were not 100%, the home could do with a clean, it needs updating”.

We looked at the recruitment procedures in place in the service and found these were sufficiently robust to protect people from the risks of unsuitable staff being employed. We looked at the personnel files for ten of the staff employed to work in the service and noted pre-employment checks, including references and checks with the Disclosure and Barring Service (DBS) were completed before staff commenced work at Acorn Lodge; these checks are important to help ensure people who may be unsuitable to work with vulnerable adults are not recruited to work in the service.

On each day of the inspection we noted staff responded promptly to requests for assistance from people who used the service. However, people told us they did not think there was always enough staff on duty. One relative told us, “From what I have seen staff just cope.” Another person commented, “not enough staff on duty in view of the amount of work they have to do. They do respond to the buzzer.” We spoke with the domestic staff and they felt that they were rushed off their feet and needed an extra staff member.

We discussed the staff rota with the registered manager. The registered manager told us they considered staffing levels were appropriate to meet the needs of people who used the service. The service used a dependency assessment tool to help assess the numbers of staff they needed based upon people’s dependency and individual needs. From our observation people were being attended to in a timely manner, However when we spoke with the domestic staff she told us “We definitely need more domestic staff on duty”

Is the service safe?

Staff we spoke with told us they had received training in the safeguarding of vulnerable adults and were aware of the action to take to protect people who used the service. However, when we looked at the training records for two people who had returned back to work after a long break their training needed to be refreshed. During the inspection the registered manager provided evidence that staff members who needed refresher training in the safeguarding of vulnerable adults had been allocated a date to attend the safeguarding of vulnerable adults training.

All of the staff we spoke with told us they would report any safeguarding concerns to the management and if they felt appropriate action was not taken to respond, would escalate their concerns to outside agencies such as the Local Authority's Safeguarding team. One staff member described how they said they felt listened to and that improvements were made as a result of the concerns they had raised with the registered manager

We saw health and safety audits were in place to ensure equipment used in Acorn Lodge was regularly checked and serviced; this included equipment relating to fire safety. A personal evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service.

Care records we looked at contained details about the risk people who used the service might experience including those relating to falls, moving and handling, and medication. Each care plan we looked at clearly recorded how many staff were required to support the individual person with particular tasks and the actions the staff should take to minimise any risk. Risk assessments had been regularly reviewed and where necessary updated to reflect people's changing needs.

A business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency. We saw procedures were in place for any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care.

We looked around all the living areas of the home, bathrooms, toilets and several of the bedrooms. We found the home had an offensive odour on the residential unit. We saw that colour coded mops, cloths and buckets were in use for cleaning; to help ensure the risk from cross-contamination was kept to a minimum.

We found that staff hand washing facilities such as liquid soap and paper towels were provided. We saw staff using good hand hygiene, which helps prevent the spread of infection.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training had been undertaken for all staff.

There were two laundry rooms at Acorn Lodge, one on each floor. We were told by a staff member that in the past, a dedicated laundry assistant was employed. At the time of our inspection, domestic staff shared the responsibility to ensure people's laundry was cleaned and returned to individual rooms. We saw a sluice room was available for pre-washing any soiled items. The washing machines we saw also had a sluicing facility which helped minimise the risk of any cross contamination.

A discussion with the domestic staff identified they handled heavily soiled linen appropriately. We were told heavily soiled items of laundry needed to be placed in appropriate coloured water-soluble bags before being placed into the washing machine for decontamination.

The laundry we saw on the ground floor had a keypad locking system for entry. We found the room to be tidy and well-organised. Clean items were kept separate from those that required laundering which again minimised any risk of infection. We saw protective clothing was kept in the laundry and hand-washing facilities were provided. A poster showing details of the Control of Substances Hazardous to Health (COSHH) was displayed on the wall. Domestic staff told us that although no infection control lead was employed at the home, staff were fully aware of the procedures to be followed in the event of an infectious outbreak at the home. Staff explained the required procedure to us.

Is the service effective?

Our findings

People who used the service told us they considered staff knew them well and were aware of the care they required. Relatives we spoke with told us they were confident that staff had the skills and abilities to be able to deliver effective care.

Staff we spoke with told us they considered they had the training they required for their role. One staff member told us the induction they received had been very good and they had felt confident in their role as they had previously worked in a different service with vulnerable adults.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Where people cannot make decisions for themselves, the MCA sets out the action that must protect people's right. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people's rights were protected. The registered manager told us they were aware of a change to the law regarding when people might be considered as deprived of their liberty in a residential care setting.

At the time of the Inspection 21 people were subjected to DoLS. Prior to the inspection we checked our records to see if we had received any DoLS notification by the provider. Our records indicated that the provider had not notified us appropriately of all people subjected to DoLS. We looked at a random sample of DoLS applications and authorisations, all had been completed appropriately with the Local Authority, and we saw best interest meetings had been held and the required assessments had been completed.

This was a breach of regulation 11 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the records in relation to one person who required regular repositioning in order to maintain their skin integrity. Repositioning records in their room indicated that they should be re-positioned every 2 hours, however it was noted on 22 August repositioning was at 08.30, then 11.30 and then 16.00 and then the following day at 06.25 and 10.05. The times recorded on the repositioning chart did not reflect the identified needs of the individual were being met.

This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We noted there was a system in place to record the training staff are required to undertake and complete and that this was updated on a monthly basis.

Nursing staff received appropriate training and had the opportunity to update their professional skills and keep their registration with the Nursing and Midwifery Council.

We saw a supervision matrix (record) for all staff. Records in the 10 staff personnel files we looked at indicated that staff received formal one to one supervision every two months. However there was lack of appropriate details being recorded in the notes from these supervision sessions held. All staff files contained evidence of supervisions but no annual appraisals had been conducted. The registered manager advised us they would speak regularly with staff regarding their training needs and these discussions were recorded in their supervisions.

Staff we spoke with told us they had received specific training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff told us they would always support people to make their own decisions and choices. We saw evidence of training certificates in staff personnel files to support evidence that training in Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had been completed.

We saw that new staff received induction training and had the opportunity to shadow experienced staff to give them time to get to know people's needs before they worked independently. A member of care staff from an agency who had never visited the home before told us they had not received an induction when they arrived. We asked the registered manager if all staff from agencies received an induction, she told us only agency nursing staff received an induction. All staff should receive appropriate induction to the building so that they are supported to safely fulfil their roles and responsibilities.

This was a breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us the meals were good. One person told us, "Meals are okay, I get a choice" however a relative said "The food looks rubbish to me and I fetch her bottles of water

Is the service effective?

every week". At lunch time we observed a person who was on a soft diet and required assistance to eat their meal. This person was helped after 25 minutes of the food being left in front of her.. We were told lunch would be at 12:30 but it did not start until 13:15. This was because an inspection of the kitchen area had been undertaken by the Local Authority. The registered manager told us, "the time can vary and we go down for the food when we think people are hungry". We saw one person who did not get their lunch until 13:45, and their evening meal was to be served between 4:30 pm and 5:00 pm, this meant that the two meals were served within 3 hours of one another.

We saw that on both days of the inspection all the people were given a choice of tea and coffee throughout the day but there was no choice of cold drinks on offer. We did not see jugs of water/juice available in communal areas. We asked a service user if she liked cold drinks and she told us she liked water. We asked her if she had this option and she told us she did not. We spoke with members of staff regarding the needs of the person who required monitoring in respect of their fluid intake. One member of staff was

fully aware of the need for monitoring and the reasons why this was in place. We discussed with the registered manager about the availability of cold drinks being offered and she agreed that cold drinks will be offered as well as warm drinks. We observed no fresh fruit being available on both days of the Inspection, however the registered manager told us fresh fruit will be available.

We asked people who used the service if they felt able to make choices about the care they received and whether staff respected their decisions. People told us staff asked for their agreement before providing care but one person said that this was not always the case. One person commented, "I was not involved in my care planning, but would have liked to have been"

People had access to a range of health care professionals and care records indicated this support was sourced at the appropriate time. For example, General Practitioners (GP), district nurses, and dietician. People who used the service told us staff would always contact their GP for them if they felt unwell.

Is the service caring?

Our findings

People we spoke with during the inspection provided positive feedback about the attitude and approach of staff. People who used the service told us staff respected their privacy and dignity and supported them to be as independent as possible. Comments people made to us included, “Staff are kind and are respectful, they listen to us.” Another person told us “I don’t complain very often, but they act on what I say”. We spoke to a volunteer who said “My husband was here for ten months and the carers were lovely with him, I never worried about anything, really caring.”

Staff we spoke with told us they would always take the time to listen to people who used the service in order to ensure they received the care they wanted. One staff member told us, “I treat residents like I would want to be cared for.”

During the inspection we noted positive interactions between staff and people who used the service. We saw staff spoke to people in a kind and respectful manner and were careful to provide reassurance to people when assisting them to move around. We also saw examples of staff responding to the person in a warm and caring manner. One care staff told us “I feel I know all the residents very well and always ask if they need anything”.

During the inspection we noted visitors were welcomed in to the service. People who used the service were able to meet with their visitors in the communal areas or in their own room if they preferred.

We found that there was not a lot of communication aids available in the home to support people where their first language was not English or where their dementia was impacting on how they made their choices. For example people were not offered a visual choice of meal, not all areas of the home were clearly signed with appropriate colours or pictures. However we saw that staff took the time to try and understand the different ways people communicated and to respond to them appropriately.

Throughout the inspection we noted that staff knocked on people’s bedroom doors before entering and ensured personal care was provided in private

We noted positive feedback regarding the provider in the service’s satisfaction surveys which had been completed in January 2015. The registered manager had analysed the resident survey and had drawn up an action plan to identify any areas of improvement such as the new bed linen and table cloths and napkins on tables.

Some staff who were working on the nursing unit had received training in the End of Life pathway. We saw that there was a relative room for people to talk privately as a family about what was happening. The records we reviewed clearly identified where a person had a Do Not Resuscitate (DNR) in place and that a joint decision making agreement had been completed for the DNR.

Is the service responsive?

Our findings

We looked at the care records for ten people who used the service including one person who had been recently admitted for end of life care. We saw an assessment of peoples need had been completed on all nine files we reviewed except for the recent End of Life care admission.

We noted 11 care plans were in place on nine of the files we reviewed covering areas such as medication, continence, mobility, nutritional and diet, mental health and challenging behaviour, emotional and physical wellbeing, communication, skin integrity, breathing, personal care and social needs. However these contained limited information about people wishes and preferences in relation to their care. We saw no care plan was in place for meeting nutritional needs for a person on end of life care who had been admitted three days prior to the inspection. We asked about what was being done about the person not getting food or fluids and the nurse explained that this person was Nil By Mouth. We questioned this person's end of life needs as the registered manager failed to complete an initial needs assessment which would have identified if they could meet the needs of this person.

This was a breach of regulation 12 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care plans we looked at had been reviewed on a monthly basis. Although the registered manager told us people were asked their opinion of the care they received, care records we reviewed did not provide any evidence that people had been involved in reviewing their care plans. A nursing staff member told us "All the care plans are reviewed every month and we have staff handovers when the shifts changes". People we spoke with told us they were not sure that they had seen their care plans or had any opportunity to discuss how their care was provided by the staff. The registered manager told us they would consider how they could improve engagement with people who used the service in the development and ongoing review of their care plan.

People we spoke with told us there was a general lack of meaningful activities in Acorn Lodge. On the first day of inspection we saw people were taking part in gardening therapy. We observed the Activities Co-Ordinator assist a wheelchair bound lady to the ground floor in order to take part; she demonstrated a caring attitude listening to the person in a reassuring manner. We observed four ladies taking part in the activity which they all said they enjoyed; the radio was playing which created a very relaxing environment. There was an activity plan on the notice board in the main reception area. Although we observed staff talking with people on a one to one basis, we also observed staff sitting in the lounge with people-but not engaging with them.

The complaints procedure was displayed in the main reception area so that it was easy for people to access. It contained details of how to raise a complaint and the timescales by which complaints would be dealt with. We saw three of the complaints made to the registered provider, had been addressed and feedback to the complainant had been given in a timely manner.

All of the people we spoke with told us they would feel able to raise any complaints or concerns with the registered manager and were confident they would be listened to. This was confirmed by the relatives we spoke with. One relative told us, "I have raised concerns to staff and they have been sorted." One person told us, "I am able to get around on my own so I see the manager almost every day; I can talk to her anytime."

A relative informed us that clothes had gone missing on a regular basis including new purchases. On the first day of inspection we saw a resident was wearing another resident's jumper. We were told by the relative that she had to wash her relative's underwear because the home couldn't provide an adequate laundry service. We asked the relative if she had raised this complaint with the registered manager, she said she had but nothing had been done. We queried this complaint with the registered manager who had no knowledge of this complaint but was going to investigate it further.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of their registration. We asked the manager to describe the culture of the home. They said that there was an 'open door' management policy and that any issues could be discussed.

We talked to staff about the management of the home. A member of staff told us they had noticed improvements in the management of the home recently and that it appeared better organised. Another member of staff told us they received the support they needed, and communication had improved and they enjoyed working in the home. One staff member told us, "There's been a lot of upheaval here over the past few years with different managers but it has started to settle down now." Another care staff told us, "We do need more staff and decoration in some parts of the home". We asked staff about the culture of the home. One member of staff said "Things are getting better slowly, a while back it would have been so easy to leave but now things are getting done."

People who used the service and their relatives spoke positively about the registered manager. One person told us "I know who the manager is and feel as though I can talk to her, she is approachable and she listens."

We saw management sought feedback from people who used the service, their relatives and staff, through annual questionnaires. We looked at some of the responses to the questionnaires from people and relatives of people who used the service. Comments made about the service were overall very positive. One relative quote said "my mother is looked after very well" and another relative said "I note that all residents are treated with dignity and respect". There were 11 negative comments regarding the premises and decoration. This was acted upon by the registered manager and we saw evidence of new flooring and decoration plan for work to be carried out in the residential unit lounge area.

The registered manager told us they regularly speak with people on an individual basis about the homes decoration. However we saw lack of regular structured opportunities

for people to provide feedback on the service they received and to comment on service developments. This meant there was a risk people's views would not be listened to or acted upon.

Records we looked at showed regular staff meetings had taken place. All the staff we spoke with told us they felt they were able to raise any issues or concerns at these meetings and that any suggestions they made to improve the service were listened to by the registered manager. We saw that separate meetings were held for the domestic staff, care staff, senior care staff and for the managers. The staff we had discussions with spoke positively about working at the home. They told us the management team were supportive and approachable. A care staff told us "You can go to the manager any time; she's always there to support you and is approachable".

We checked our records before the inspection and saw that accidents or incidents that Care Quality Commission (CQC) needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw evidence that all incident forms were correctly completed and actioned by the manager.

We asked to see audits undertaken by the registered manager to demonstrate that systems in place in the home were being followed by staff. We saw that care plans were reviewed each month to make sure they were up to date. We saw an audit of medication dated the 27 July 2015, which was not fully completed no score or action required had been identified.

We saw records of 'room checks' undertaken which had identified issues and actions required, some issues, were reported for seven months but there was no information recorded regarding action taken and issue resolved. These records had been signed as seen by the Registered Manager and Regional Manager. We spoke with the registered manager who said that the action had been completed but she had not updated the audit books.

The registered provider demonstrated an understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service.

Is the service well-led?

The home's statement of purpose and service user guide were on display in the reception area along with the home's complaints policy and procedure and information about safeguarding and whistle blowing.

Prior to our visit we contacted the local authority commissioner and safeguarding teams. They did not raise any concerns with us Acorn Lodge.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

No notifications of 21 DoLs application had been made

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the registered person had not protected people against the risks associated with giving prescribed medication to other people

End of Life care had not been fully assessed to see if the home could meet people's needs

The lack of timely information being recorded on the repositioning chart meant there was no evidence to show that the person had received the care they required to meet their individual needs

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered person had not protected people against the risk associated with suitably inducted and trained agency staff to carry out the duties they are employed to perform