GN Care Homes Limited

Acorn Manor Residential Care Home

Inspection report

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Cheshire
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was unannounced and took place on the 3, 4 and 7 December 2018. This was the first comprehensive inspection at this home under a new registration.

Acorn Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is registered to accommodate up to 40 people. At the time of the inspection there were 15 people living at the home.

The home is required to have a registered manager. 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. At the time of this inspection, the home did not have a registered manager. The home had an interim manager in place that would not be registering with the Care Quality Commission. A new manager had been appointed and a start date was awaited.

At this inspection we found breaches of Regulation 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fire safety systems were not followed and a fire risk assessment was not in place. Staff were not recruited safely and had not received training and support in line with best practice guidelines. The registered provider had not identified areas of concern for development and improvement. You can see what action we told the provider to take at the back of the full version of the report.

We made a recommendation that all care plans and risk assessments were reviewed to ensure all information about people and guidance for staff remained up to date.

Staff recruitment systems were not robust and staff files did not always hold up to date references and a DBS. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff had not all undertaken an induction or completed essential training required for their role. Staff had not consistently received supervision and support. This meant people were supported by staff that may not have the right skills and knowledge for the role.

The registered providers' policies and procedures had not been written in accordance with best practice guidelines and held out of date information. This meant staff did not have access to up-to-date guidance to successfully support people.

Quality audit systems had not been consistently completed which meant areas for development and improvement had not always been identified and actioned.

Fire safety procedures had not been regularly undertaken to ensure staff were competent in the event of an emergency. Fire safety refresher training had not been completed.

Staff felt confident and knew what they needed to do if they had any safeguarding concerns at the home. They were able to describe what abuse may look like and described the actions they would promptly take.

People's needs were assessed before they moved into the home and this information was used to create individual care plans and risk assessments. Guidance was in place for staff to follow to meet people's individual needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. Care plans needed to be reviewed and updated at the time of our inspection.

Medicines were managed safely in accordance with best practice guidelines. The registered providers medicines policies had not been written in line with National Institute for Health and Care Excellence (NICE) guidelines as required. NICE use the best available evidence to develop recommendations that guide decisions in health, public health and social care. Medicine administration records (MARs) were fully completed. Staff that administered medicines had received training and had their competency assessed.

Staff supported people with their food and drink needs. When people had been identified as having specific assessed dietary needs staff had guidance available to support them.

Staff had developed positive relationships with the people they supported. People told us staff were kind and caring.
People and their relatives told us they felt confident to raise any concerns they had. However, the complaints policy was not up to date and held inaccurate information.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had not all received up-to-date training but demonstrated a basic understanding of the act. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The registered provider did not consistently follow safe recruitment practices.

Fire safety procedures were not followed and a risk assessment was not in place at the time of the inspection.

Medicines were safely managed however medicines policies were not in line with best practice guidelines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not all undertaken an induction in line with best practice guidelines.

Essential training and refresher updates had not been consistently undertaken.

The registered provider followed the requirements of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff had developed positive relationships with the people they supported.

People's privacy and dignity was respected and promoted.

People's communication needs were considered and supported through clear guidance for staff about how these needs were to be met.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans and risk assessments were not regularly or consistently reviewed to ensure information remained up-to-date for staff to follow.

The complaints policy held inaccurate information, however people told us they felt confident to raise concerns.

Activities were available for people to participate in at the home.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality audits were not consistently undertaken and areas for development and improvement had not been identified.

Policies and procedures were not written in accordance with good practice guidelines and held incorrect information.

Staff meetings and relatives meetings had been held during 2018.

Acorn Manor Residential Care Home

Detailed findings

Background to this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 was a comprehensive inspection carried out by one adult social care inspector.

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The inspection was unannounced on 3 December 2018 and announced on 4 and 7 December 2018.

As part of the inspection planning we reviewed the information the registered provider had given to the CQC. We also looked information provided by the local authority, safeguarding team and commissioning team. We reviewed the most recent local authority quality monitoring visit at the home.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

During the inspection we spoke with four people living at the home, three relatives of people living at the home, the registered provider, manager and four staff.

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

We looked at three care plan files, 16 staff recruitment and training files, medication administration records

(MARs), complaints, policies and procedures as well as other records that related to the running of the home.

Inadequate

Is the service safe?

Our findings

The registered provider was unable to demonstrate that they followed safe recruitment practices to meet the needs of the people supported. Each recruitment file included an application form, however explanations were not in place to explain any gaps in employment. Interview records were not consistently completed. References were not evidenced in five recent staff recruitment files reviewed and most recent employers were not consistently contacted. The manager immediately applied for missing staff references and sought telephone references during the interim period until written references were received.

A full disclosure and barring check (DBS) was not evidenced within five staff recruitment and training files. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We spoke to the registered provider about this and DBS adult first checks were immediately applied for and the results of these shared with the CQC. One member of staff required a risk assessment to be in place due to an alert on their DBS certificate. This had not been undertaken and the registered provider was unable to evidence that consideration had been given to any risks relevant to this person's employment. The manager immediately prepared a risk assessment that demonstrated consideration of any risk to the vulnerable people they supported.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not demonstrate that safe recruitment practices had been followed.

A fire risk assessment was not available during the time of our inspection as it could not be located. The fire service undertook a routine visit on 13 December 2018 and confirmed to us that a fire risk assessment was in place dated 12 December 2018. Fire safety training had not been undertaken since February 2017 which meant staff had not received up-to-date training. Evacuations had not been completed during 2018. This meant there was a risk that staff would have the most up to date knowledge and skills in the event of an emergency.

People had personal emergency evacuation plans in place to guide staff should they need to evacuate the building. We found these documents did not hold clear or sufficient guidance for staff to support them in the event of an emergency. The discussed this with the manager who immediately reviewed and updated these documents to reflect people's individual needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as safe fire procedures were not consistently followed to ensure people's safety.

People had risk assessments in place where areas of risk had been identified. These included eating and drinking, moving and handling, risk of falls and personal care. When people required equipment to support safe moving and handling, risk assessments were in place that offered guidance to staff. We observed staff supporting a person that required the use of a hoist. Staff explained what they were doing and offered reassurance throughout. Risk assessments had not been reviewed since September 2018. We discussed this with the manager who explained they were aware that this was required and stated the process of review

had started.

Health and safety checks were undertaken at the home and were consistently completed. All equipment was regularly serviced to ensure it remained safe. All required safety certificates were in place.

The registered providers medicines policies had not been written to meet the NICE guidelines. The National Institute for Health and Care Excellence (NICE) develops guidelines for health and social care providers to follow. NICE use the best available evidence to develop recommendations that guide decisions in health, public health and social care. A policy was not in place for homely remedies.

People's medicines were ordered, stored, administered and returned in accordance with best practice guidelines. Controlled drugs were safely managed with two staff signing for each administration. Stocks reviewed were correct and records were accurately completed. PRN 'as required' medicines protocols were in place that included guidance for staff about the administration of these items.

Medicines that required storage at a cool temperature to maintain their efficiency were stored in a specified fridge. Room and fridge temperature checks were undertaken regularly, but staff did not record a minimum and maximum temperature in accordance with good practice guidelines. Staff that administered medicines had undertaken training and had their competency checked.

Staff demonstrated a good understanding of how to safeguard people from abuse. Staff knew what signs and symptoms to look out for and told us they felt confident to raise any concerns they had. There was a clear reporting process in place that staff fully understood. However, the safeguarding policy and procedure did not include the most up-to-date information for staff to follow.

Accidents and incident records were fully completed by staff. Analysis had been undertaken up to September 2018 to identify any trends or patterns within the home. The manager was in the process of updating this information.

Staff described the importance of following best practice guidelines in relation to infection control at the home. The registered providers policy did not hold the most up-to-date information and guidance for staff. Staff had not all undertaken infection control training or refresher updates. Personal protective equipment (PPE) was used by staff when undertaking personal care tasks to prevent the spread of infection. Staff described the importance of hand washing between tasks to reduce the risk of infection being spread between staff or people.

Acorn Manor was free from offensive odours. All equipment was well maintained and regularly serviced.

Requires Improvement

Is the service effective?

Our findings

The registered provider had not ensured that all staff had undertaken an induction in line with good practice guidelines. Five staff that had commenced employment during 2018 had completed a basic organisational induction checklist, however they had not been registered to complete the Care certificate in line with good practice guidelines. The Care certificate is a nationally recognised qualification based on a minimum set of standards that social care and health workers follow during their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. There was no evidence that staff had completed shadow shifts to gain an understanding of people's individual needs prior to supporting them.

The registered providers induction policy referred to out of date CQC guidance and incorrect standards. The policy also stated that all new staff would undertake a full assessment of their competence prior to them working unsupervised. There were no records in place to evidence that this had taken place.

Essential training and refresher updates had not been undertaken in accordance with good practice guidelines. The registered provider was unable to demonstrate clearly when training had been undertaken and certificates were not available to review within over half of the recruitment and training files. On the most up to date training matrix, six of the newest members of staff were not listed and training certificates were not in their recruitment and training files. This meant staff may not have the most up-to-date knowledge and skills to fully undertake their role.

Staff told us they had not received regular supervision during 2018 due to the number of managerial changes at the home. The four staff we spoke to all confirmed they had not received supervision this year. We reviewed all of the staff files and no supervision or appraisal records were available to review for 2018.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not received appropriate support, training and supervision to enable them to carry out their duties that they were employed to perform.

Some staff had completed training in the following topics: three in dementia care, four in pressure area care, three in dysphagia and two in catheter care.
People were supported to maintain their health and well-being with the support of community healthcare professionals. The registered provider worked alongside local GPs, district nurses, physiotherapists and occupational therapists as required.

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place.

We checked whether the home operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). The staff demonstrated a basic understanding of the Mental Capacity Act but training was not fully evidenced across the full staff team. We saw that people's consent was sought in relation to care and treatment and records supported this.

People were supported to eat and drink in accordance with their assessed needs. Staff demonstrated an understanding of people's individual dietary requirements, preferences and choices. The mealtime experience was mostly positive. The menu was available in a pictorial format on the board in the dining room. The pictures on display did not reflect the food served to people. We spoke to the manager about this and they said they would address it.

Tables were attractively laid with tablecloths, cutlery, condiments, napkins and glasses. People's comments included "Tasty", "That was quite nice" and "I enjoyed that. Staff supported people to eat when required. People were not rushed and staff offered encouragement during this time.

The environment within the home was in the process of being developed to more fully meet the needs of people living at the home. Some redecoration had recently taken place but further improvements were required.

Requires Improvement

Is the service caring?

Our findings

Staff were observed to be kind and caring during our inspection visit. People appeared to be relaxed and comfortable with the staff team and genuine relationships had been established. Comments from people included "There are some nice staff", "Staff are friendly although they are very busy" and "[Staff Name] and [Staff Name] are lovely, they brighten my day." Relatives comments included "Staff are very caring" and "Staff have developed a nice relationship with mum."

The rating of this domain has been limited because of the information throughout the other domains relating to information not being up to date and staff training updates being required. We need to see a sustained period of improvement before we can award a rating of good.

Information about people's specific communication needs was held within their care plan files. This included information about any sensory loss with guidance for staff about how best to meet each person's need. For example, one person required hearing aids but chose not to wear them. Information was in place for staff to ensure they spoke slowly, loudly and clearly to this person. Another person's care plan described the importance of repeating information or questions back to the them to ensure it was correct. This person also required additional time to process any information given to her.

Staff demonstrated an understanding of the people they supported within the home. They understood about people's histories, likes, dislikes and were able to hold a comfortable conversation around topics that people were interested in.

A relative told us that the staff communicated very well with them. They described being informed promptly if the GP had called or visited and stated that staff knew [Name] inside and out.

People's independence was promoted where possible. People's care plans described if they were able to reposition themselves in bed, use their own call bell, dress or undress themselves. Staff told us that they encouraged people to be as independent as possible, by letting them do what they could for themselves as long as it was safe to do so.

People's records were stored securely in a locked office to maintain confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Records clearly stated when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting healthcare professionals.

Advocacy services were available to people living at the home. At the time of our inspection there was not anyone in receipt of advocacy. The manager told us people would be supported to access this as required.

Requires Improvement

Is the service responsive?

Our findings

The registered provider had a complaint policy and procedure in place that held incorrect information and referred to out of date guidance. The policy did not hold contact details for the local authority or local government ombudsman. People and their relatives told us they felt confident to raise any concerns they had. People may not have had the correct information available to them to raise a complaint due to the policy holding inaccurate information.

People's needs were assessed before they moved into the home. People and their relatives where appropriate were included in this process. Information from the assessment process had been used to develop people's care plans. People's needs in relation to equality and diversity had been considered during the assessment and care planning process. These needs included age, disability, religion and other protected characteristics.

These plans described people's morning, afternoon, evening and night time routines. The care plans included a basic medical history, information about their interests and activities. They overviewed people's moving and handling requirements, personal care needs and continence needs.

Care plans were reviewed monthly to ensure they remained up-to-date. However, this had not taken place during October or November 2018. This meant people's care plans may not hold the most up-to-date information.
We recommend that the registered provider ensures that all care plans and risk assessments are regularly reviewed by staff so they hold up to date and accurate information.

Staff completed daily records for each person as well as handover sheets during each shift. These documents included basic information about personal care, food and drink, activities and any visitors. The handover sheets included information from visits by district nurses and other healthcare professionals.

People and their relatives told us activities had been variable. They said activities were good when they took place, however they described little activity taking place when the activities coordinator was not in work. Relatives told us staff were really too busy to sit and do activities with people. Staff described undertaking reminiscence in a number of ways including talking to people about their favourite foods while a cookery program was on. This had initiated a conversation with people about their favourite foods and meals in times gone by.

People told us that they enjoyed the activities available at the home. They spoke positively about the activities coordinator who was quite new to post. Comments from people included "I am enjoying the Christmas arts and crafts", "I like it when we have a singalong" and "I enjoy holy Communion each week, this means a lot to me." The activities co-ordinator worked four days each week which meant planned activities did not take place on other days unless staff had time available.

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager at the home. The registered provider was in the process of recruiting a new manager that would register with the Care Quality Commission (CQC). People and their relatives told us they had been high turnover of managers. One relative said "Five managers in five years is very concerning", another said "This home has a poor reputation and managers won't stay." Staff told us there had been issues between staff due to a lack of support over an extended period of time. They also said that the sickness levels were very high as there appeared to be no consequence for staff that went off sick.

We found that the registered provider had not maintained a full oversight of the home and had not identified the areas for development and improvement that we found throughout our inspection process.

The registered provider had policies and procedures available, however they were out of date and held incorrect information. They were not written in accordance with best practice guidelines. We reviewed the policies that related to complaints, moving and handling, medication, fire safety, safeguarding and record keeping. These policies held the incorrect name for the home as well as incorrect contact details should people, relatives or staff need to follow up on actions required. This meant staff did not have the most up to date information available to them to fully undertake their role.

Quality assurance systems were in place to assess and monitor all areas of the service. These included medication, mealtimes, environment, and health and safety. Audits had not been completed consistently since September 2018. When audits had been undertaken actions were identified and areas for development and improvement highlighted. There was some evidence that actions had been taken and signed when completed. This was inconsistent.

Care plan audits had not been completed since August 2018. This meant the most up-to-date information may not be available to staff to fully meet a person's needs. Medication audits had not been completed since September 2018. Staff file audits had not taken place since August 2018 which had meant unsafe recruitment had not been identified. A quality assurance audit undertaken in July 2018 had identified that policies and proof procedures required review and update. Actions had not been identified to address this.

Incidents and accidents were analysed to identify any trends or patterns. This had happened consistently up to September 2018. Evidence of referrals to the falls team and to other healthcare professionals were in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider was unable to demonstrate that they had robust systems to assess, monitor and improve the quality and safety of the services provided.

Staff meetings had been held each month up to July 2018. These meetings were minuted and shared with staff who were not in attendance. Items discussed had included and improvement required to the completion of food and fluid charts in both June and July meetings that we also identified during this

inspection. This meant staff had not actioned areas identified for improvement.

Residents meetings had been held in March, June, July and August 2018. People had been consulted on the proposed refurbishment of the lounge and had suggested ideas for colour and décor. Decoration had not yet taken place of this area. People had discussed the menu and had suggested new items to be included on this. Activities had been discussed along with ideas for community trips. There was some evidence that actions had been taken following these meetings.

People or their relatives had not been invited to give feedback about the home during 2018.

The registered provider co-operated with the local authority and healthcare professionals that visited the home. Links had been made with local schools that visited to sing and entertain the people living at the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not undertaken essential fire procedures and a fire risk assessment was not in place at the time of our inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was unable to demonstrate consistently completed robust audit systems used to identify areas for development and improvement at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not undertaken safe recruitment procedures when employing staff to work with vulnerable adults.