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# Acorn Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 November 2014 and breaches of legal requirements were found. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements. They said they would ensure the correct procedures were followed to safeguard adults at risk and to make sure all staff had received up to date training and which reflected best practice so they were fully equipped to care for the people who use the service.

We undertook this focused inspection on 17 June 2015 to check that the provider had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Acorn Residential Home is a care home that provides accommodation and personal care for up to eight people. The home provides care and support to people who have a learning disability, many of whom have lived together for a number of years. At the time of our visit, there were seven people living at Acorn Residential Home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

# Summary of findings

We saw there were up to date policies and procedures for safeguarding adults at risk. Staff were aware of these and the actions they needed to complete in order to escalate any future concerns they might have and to help ensure the safety of people.

We found people received enough training to help ensure people receive effective care which was based on best practice. Staff had the knowledge and skills they needed to carry out their roles and responsibilities.

# 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?

We found that action had been taken to improve the arrangements in place to safeguard adults at risk.

The registered manager and staff had undertaken training and knew what to do if they suspected people were at risk of harm. This was supported through policies and procedures and staff were aware of them. The service had implemented these and outlined the mechanisms for ensuring people's safety.

We were able to improve the rating for 'Is the service safe' from requires improvement because we were able to see evidence that staff were knowledgeable about safeguarding people at risk.

Good



### Is the service effective?

We found that action had been taken to improve the standard of training staff received.

Staff were trained to meet people's needs. Training was refreshed regularly to make sure it complied with best practice.

We were able to improve the rating for 'Is the service effective?' from requires improvement because we were able to see evidence staff received sufficient training and that there were mechanisms in place to ensure it was regularly refreshed.

Good



# Acorn Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced focused inspection was undertaken by a single inspector on 17 June 2015. It was undertaken to check that improvements to meet legal requirements planned by the provider following our previous comprehensive inspection had taken place. This was because the service was not meeting some of the legal requirements when we last inspected on the 2 November 2014. We inspected the service against two of the five questions we ask about services: is the service safe and is the service responsive?

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required to submit to the CQC. We also read the written report we required the provider to send to us regarding the action they told us they were going to take to meet the regulations they breached at their last inspection.

During our inspection we spoke with the deputy manager and a member of staff and one person who lived at the care home. We also toured some of the premises and looked at the communal areas.

We checked the records that related to safeguarding policies and procedures. We also looked at training undertaken by staff. This included a training matrix which showed when specific training had been completed and when it was due for renewal and other documentary evidence which related to training.

# Is the service safe?

## Our findings

On 3 November 2014 we inspected the service and identified a breach of the regulation in relation to safeguarding people at risk. We did not consider the provider had taken proper steps to ensure people who used the service were protected from the risks of unsafe care.

The registered manager had completed a basic introduction to safeguarding adults in June 2009 which was validated for two years. They had not refreshed the course which meant that they were out of date with current procedures and policies. The home did not have a copy of the Pan London's "Multi Agencies Procedures on Safeguarding Adults from Abuse". The home did have its own policy for protecting people at risk. However, it incorrectly stated the Care Quality Commission would investigate any allegations of abuse. This meant the home may not have followed correct procedures should they have to make a referral to the local authority.

On 17 June 2015 we inspected the service to check whether the provider had taken all the action they said they would take in their improvement plan.

We saw evidence the registered manager had completed a refresher 'safeguarding adults at risk' training course on the 14 December 2014. The home had downloaded a copy of the Pan London's "Multi Agencies Procedures on Safeguarding Adults from Abuse". The home's policy and procedures for safeguarding adults at risk had also been revised so it was up to date and reflected current practice. The registered manager had ensured that the policy included the appropriate contact details of the local authority should a referral be necessary. This information was displayed in the office and therefore was readily available to all staff members.

The registered manager was not available on the day we inspected the service. However, the deputy manager was able to tell us how they would escalate any concerns they might have about people living at the home.

# Is the service effective?

## Our findings

On 3 November 2014 we inspected the service and identified a breach of the regulation in relation to supporting staff. The provider had not ensured staff were suitably trained to undertake their roles within the organisation. In one example, a member of staff who had responsibility for administering medicines last completed an administration course in 2006 and this had not been refreshed. Their competency to administer medicines had been not been formally reviewed. In another example, a member of care staff who had been in post since January 2014 had not completed any formal fire training, food and hygiene or first aid courses. The registered manager had undertaken Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training, but there was no evidence this had been cascaded to other staff.

The provider had not identified mandatory courses they expected their staff to attend. There was no systematic way

of identifying when these courses needed to be refreshed. The result of this was that people who used the service were not always receiving care from staff who were suitably trained.

On the 17 June 2015 we inspected the service to check whether or not the provider had taken all the action they said they would take in their improvement plan. We found the provider had established required training for staff. In total seven courses had been identified which included first aid, fire safety, infection control and Mental Capacity Act 2005 and Deprivation of Liberty. All training undertaken was recorded on a schedule which identified when it needed to be refreshed.

There was various documentation which included training certificates that showed care staff had undertaken recent training. We saw some of the training had been accessed via the London Borough of Merton. Whilst other training had been provided by an external trainer.

Staff members had completed recent administering medicines training. This included the member of staff who had not refreshed their training since 2006.

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.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.