

Acorn Retirement Home

Acorn Retirement Home

Inspection report

102 Birmingham Road
Walsall
West Midlands
WS1 2NJ

Tel: 01922624314

Date of inspection visit:
20 June 2018

Date of publication:
09 November 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The inspection was unannounced and took place on 20 June 2018.

At our last inspection visit on 01 December 2016 we rated the service as 'requires improvement'. We found the provider was in breach of the regulations because audit systems in place had not always been effective at identifying where improvements were needed. We asked the provider to take action to ensure there were arrangements in place to address the issues we found and to ensure there were robust quality assurance systems in place to drive improvement within the home. When we carried out this inspection we found the provider had not met the regulations therefore the provider remained in breach of the regulation.

The home is registered to provide accommodation and personal care, for a maximum of 18 people and there were 14 people living at the home on the day of the inspection. A registered manager was in place. A 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. The registered manager of this service is also the registered provider.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

Staff were available to people when required and demonstrated good knowledge about people living at the home. People were supported by staff to take their medicines and records completed by staff to record when medicines had been administered.

Staff understood the importance of ensuring people agreed to the care and support they provided. However there were no records of people being involved in some decisions about their care and the actions taken to keep them safe. The registered manager said all people had capacity to agree to their care and there were no restrictions on people's liberty therefore no deprivation of liberty applications had been submitted to the local authority.

Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

All people told us there was a choice of food, whilst some people enjoyed the meals provided others said menus could be repetitive. We saw the provider had taken action where comments had been made.

People were supported to access professional healthcare to support their wellbeing, for example, they had regular visits with their GP and any changes to their care needs were recorded and implemented.

People were relaxed around the staff supporting them. We heard and saw positive communication throughout our inspection and saw people smiling and responding positively to staff. Relatives we spoke with told us people enjoyed good relationships with staff. Staff showed us that they knew the interests, likes and dislikes of people and people were offered both personal and group activities.

People and relatives said people had choices and felt staff listened to them. People and their relatives felt confident they could raise any issues should the need arise and that action would be taken as a result.

At the last inspection we found improvement was required in the provider's audit systems because they had not always been effective at identifying where improvements were needed. This inspection found further improvements were required because although the provider had systems in place to check and improve the quality of the service provided these had not been robust in identifying areas for improvement and taking action in a timely way. Regulations state the provider should maintain accurate and complete records in respect of each person using the service. Audits had not identified some of the areas for improvement we identified in our inspection, such as up-to-date records of people's risks and records recording people's consent.

People, relatives and staff were positive about the service and the way it was managed for the people that lived there. The registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the home and they were supported by staff who knew how to keep people safe from harm.

People said staff were available to them and responded when required.

People and relatives said the home was kept clean and staff said protective equipment was readily available to them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff understood the importance of ensuring people agreed to the care and support they provided. However, there were no records of people being involved and consenting to some decisions about their care and the actions taken to keep them safe.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs.

People said they were provided with a choice of meals.

People were supported to access external health professionals to support their wellbeing.

Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy.

People valued the positive relationships they had with staff.

Relatives were free to visit whenever people wanted them to and felt welcomed into the home.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they wanted and they chose how they spent their day. People were supported to follow their personal interests.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service.

People and relatives felt supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had systems in place to check and improve the quality of the service provided but these had not been robust in identifying areas for improvement and taking action in a timely way. This was a continued breach of regulation 17.

People and relatives spoke positively about the service.

Staff spoke very positively about the team work at Acorn retirement home and said they felt supported by the management team.

Acorn Retirement 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 the 06 June 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also spoke with the local authority about information they held about the provider. This helped us to plan the inspection.

During our inspection we spoke to four people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and 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 spoke with one relative of a person living at the home during the inspection. We also spoke to three healthcare professionals visiting the home during our inspection and we spoke to one social worker by telephone following our visit.

We spoke to the registered manager, deputy manager, two senior support workers, three support workers and the cook. We spoke to three healthcare professionals who were visiting the home and we also spoke to the social worker of one person living at the home by telephone.

We looked at records relating to the management of the service such as, care plans for six people; MAR records, incident and accident records, two staff recruitment files and service user meeting minutes.

Is the service safe?

Our findings

At the last inspection on 01 December 2016 we rated the provider as 'requires improvement' for the key question, "Is the service safe?" We found improvement was required in relation to assessing people's individual risks to ensure their care and support needs were met. At this inspection we found improvement had been made and people's risks were known to the staff supporting them.

Three people we spoke to told us they enjoyed living at the home and they felt safe. One person told us, "I feel safe here, the staff are very good." Relatives also felt people were safe living at the home. One relative told us, "They are safer here with staff to look out for them. People are safe." Staff told us they had received training in safeguarding and knew the different types of abuse. All members of staff we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe.

Staff we spoke with knew the type and level of assistance each person required. For example, if people had aids to support their safety whilst walking. Staff also told us information was shared at the start of each shift to update them on any changes to people's wellbeing so they were aware of people's current needs.

People were supported by sufficient staff and during the inspection we observed that staff were available to support people promptly. One person said, "Staff are always on hand." A second person commented, "I use the call buzzer for staff; they do respond." All staff we spoke with were assured that people were safe and they felt there was enough staff to support people living in the home. One member of staff commented, "People are safe because there's enough staff to respond to people." The registered manager stated that the service was fully staff and benefited from having a, "Stable staff team."

We observed support provided to people in the one of the communal lounge areas and we saw one person experiencing anxiety. We saw staff respond and offer reassurance, which was effective in supporting the person and we saw them becoming settled in response.

The provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited. One member of staff also confirmed the checks made and told us, "DBS and references [were] taken before I started. All in place."

We observed a medicines round with a member of staff. The member of staff explained they were giving medicines and we observed them supporting people. For example, giving people time to take one medicine before administering a second. There were arrangements in place for managing people's medication. The registered manager told us that only senior care staff administered medicines and this was confirmed by staff we spoke to. Staff administering medication told us they had received training.

We looked at how the provider and staff managed infection control measures to help people stay healthy.

We saw staff wearing aprons and gloves when assisting people with personal care. One relative we spoke with also told us the home was kept clean and tidy. We saw the home had been awarded the highest rating by the local environmental health agency in June 2018 which meant they regarded the service as having good food hygiene standards. One healthcare professional who was visiting the home on the day of the inspection also confirmed they considered infection control measures to be good and they had not detected any odours when visiting the home.

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again.

Is the service effective?

Our findings

At the last inspection on 01 December 2016 we rated the provider as 'good' for the key question, "Is the service effective?" However, at this inspection we found that there were no records of people being involved in and consenting to some decisions about their care and the actions taken to keep them safe. Therefore the rating for this key question is now 'requires improvement.'

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. Staff understood the importance of asking for people's consent before providing support, however we found that there were no records of people being involved in and consenting to some decisions about their care and the actions taken to keep them safe.

For example, we observed medication being administered and saw for one person their medication was given covertly; this is when medication is crushed and then added to food to disguise it. We checked the person's care records but there was no record of agreement to this and there was no assessment of the person's capacity recorded. In addition there was no guidance from the person's GP or a pharmacist stating if the medication was suitable to be given in this way. Some medication is not suitable to be crushed and it may lose some of its effectiveness when added to certain foods. When we spoke to staff we received different advice on the person's capacity. Two staff told us they felt the person would need help making some decisions. We spoke to the registered manager, they advised the person had capacity and agreed to this arrangement. We were not able to speak to the person on the day of our inspection to establish if they agreed to taking their medication in this way.

For a second person we saw that an alarm was in place to alert staff when they moved from their bed. We checked the person's care records but there was no record of their agreement to this and there was no assessment of the person's capacity recorded to agree to this intervention. We spoke to the registered manager, they advised this had been done so staff could support the person and to keep them safe. They advised the person had capacity and their family had been involved in conversations about this arrangement but records were unavailable to confirm this. We were not able to speak to the person on the day of our inspection to establish if they agreed to this arrangement.

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). We checked whether the service was working within the principles of the MCA and saw that no applications had been made as the registered manager told us people had capacity to agree to their care, however staff we spoke with felt that some people lacked capacity and would require the input of people who knew them well to make some decisions.

We spoke with staff about the MCA and DoLS and what this meant for people. All staff we spoke with

recognised that people needed to consent to care. One member of staff said, "People get choices and we listen to what they say." This was confirmed by one relative we spoke to who told us, "[Person's name] can be quite stubborn, staff do listen to them." We found two staff had limited knowledge about DoLS and told us they had not received training. We looked at the providers training record and saw that four staff had not received MCA and DoLS training to date. The provider told us the training was in progress.

Staff we spoke with told us that training helped them to do their job. All staff were able to give examples of how training had impacted on the care they provided. Two staff told us that training was planned for pressure care and that once the training was completed they would complete a knowledge paper to check their understanding. One member of staff told us induction training was good and included the opportunity to shadow experienced staff

On the day of our inspection we saw people enjoy a lunchtime meal and people told us a choice of meals was available. For example, one person told us because they hadn't liked the meal offered an alternative meal had been prepared for them. However overall people gave us mixed responses about the food. One person we spoke with told, "[There's a] good choice, I'm happy, but I'm not a fussy eater." Another person told us they thought the menu of foods could be improved and had raised this with the provider. They said, "I've spoken about it and they have made some changes."

We spoke to the cook, they had a good knowledge of people's like and dislikes and those people on a specialist diet, for example, a diabetic diet. We saw drinks and snacks were provided to people throughout the day and the cook told us these were reflective of the weather. For example, it was a very sunny day on the day of our inspection. In response we saw people offered melon and ice-creams which staff offered by saying, 'This will help cool you down.'

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. We spoke to three healthcare professionals who were visiting the home on the day of our inspection. All three said that staff contacted them appropriately to seek guidance and staff followed any guidance given in support of people's wellbeing.

Overall the premises were suitable to meet the needs of the people who used the service and people we spoke to praised its 'homely atmosphere.' One person proudly showed us their room which was decorated to reflect their interests. They told us, "My room is kept the way I like." We found some communal areas of the home would benefit from redecoration. We discussed this with the provider who told us they had recently redecorated two bedrooms and had further redecoration planned.

Is the service caring?

Our findings

People and relatives spoke positively of the staff and said they were very caring. One person said, "Staff here are golden....so kind." Another person commented, "The care is good. Carers [staff] always work hard and are always polite. They treat me with respect." Relatives also said they felt their family members were respected by the staff and they said staff treated them with dignity. One relative commented, "[Person's name] is cared for. Staff respect them."

Two healthcare professionals we spoke with commented that staff were caring. One healthcare said, "Staff are very caring." A second healthcare professional told us, "People are well looked after. [Deputy manager's name] is always interacting with residents [people]. In fact, all staff are very interactive."

We saw that staff had developed good relationships with people and knew the things that were important to them. For example, we saw one member of staff chatting to one person about their family and their plans to see them. During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member sit and talk to them to offer them reassurance. We saw this helped relax the person and they became more settled.

The registered manager had received written compliments about care provided. For example, one relative had completed a compliment card to say, 'Thank you for kindness and dignity given to [person's name]. ' Another relative had written to say, " Cannot thank you enough for all your love and care to [person's name]."

People were able to make choices about their care. One person told us, "I don't want to cause a fuss but I do want to have my opinion known." Another person said, "Staff respect my choice." Staff said people's choices were respected. One member of staff said, "If they say no we respect that; it's their home and their choice."

People's relatives told us they were able to visit when they chose and they felt welcomed by staff. They said they felt their family members were respected by the staff. One relative said, "Staff are respectful."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love the people I work with. People make the job, all the residents and the staff." A second member of staff said, " I enjoy taking care of people, they are like my own grandmother."

We saw staff were discreet when discussing people's personal care needs. Peoples' personal information and personal files were stored securely. Staff and the registered manager were aware of the need to maintain confidentiality and store information securely.

Is the service responsive?

Our findings

People and relatives told us staff were responsive. One person told us, "Staff know the way I like things," and they added, "I get what I want." One relative also told us staff were responsive to changes in people's health. They said, "When [person's name] was unwell they [staff] were very responsive."

We spoke to three healthcare professionals who were visiting the home on the day of our inspection. They felt staff were responsive in support of people's wellbeing. One healthcare professional said, "Staff are all very willing and helpful." We also spoke to the social worker for one person living at the home. They told us staff had worked hard and with the support of staff the person was now more settled. They said, "They are responsive to [person's name]."

On the day of our inspection we saw that one person appeared unwell. A member of staff spent time to sit talking to the person giving reassurance and offered to call the GP. They said, "If there's something brewing we want to nip it in the bud." The member of staff also offered the person a hot drink and a blanket when the person said they felt cold.

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover sheet where up to date information was shared. All staff we spoke with told us that this handover of information was a good way of working and gave them the information they needed.

People told us the staff involved them with the care they wanted daily, such as how much assistance they may have needed or if they wanted to stay in bed or their bedroom. People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, one person told us they preferred to spend time in their room. They told us staff encouraged them to join in with activities but respected their choice when they chose to stay in their room.

We received mixed comments about the activities available to people. One relative told us their family member enjoyed the visit by the local church group each week and they, "Enjoyed the singing." They also said their relative had enjoyed the royal wedding tea party held recently. Throughout the inspection we saw people enjoying reading individual newspapers of their choice and saw some people enjoying knitting. However, one person told us they chose not to join in activities because they didn't like them. We looked at the schedule of activities and saw that painting, knitting and games were scheduled over the week. We spoke to the provider about this and asked how activities were decided. They advised that activities were discussed at resident meetings. We looked at the last meeting and saw that following the meeting guidance was given to staff on board games to be offered and also a list of TV programmes for communal viewing suggested by people was shared.

People told us they could raise any concerns with staff. One person said, "I would speak to staff if I had any concerns." Another person told us they had raised a concern and told us of the action had been taken. We saw friends and family comments cards were available to visitors but relatives we spoke with told us if they

had an issue or concern they were happy to speak to staff and they were confident they would respond. One relative said, "Any concerns, we speak to staff and they write it in the book [for the registered manager]."

The registered manager advised us that no written complaints had been received over the previous 12 month period. They told a policy was in place which would be followed to ensure any learning was taken to reduce the risk of further concerns. Staff told us that they would talk with the registered manager if they had any concerns and they were confident that action would be taken in response. Staff told us they had not had reason to raise concerns.

We looked at information made available by the provider to support people to see if this information is accessible to the people that use the service. We noted most information such as menus and the activities notice was produced in a written format. We discussed with the registered manager the benefits of making information more accessible by the use of pictorial menus and information.

Staff we spoke with knew how to prevent discrimination and promoted equality and diversity at the home. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. One member of staff said, "There is no discrimination here; we all work together and get along, residents and staff."

Is the service well-led?

Our findings

At the last inspection on 01 December 2016 we rated the provider as 'requires improvement' for the key question, "Is the service safe?" We found improvement was required because we found audit systems in place had not always been effective at identifying where improvements were needed. This inspection found further improvements were required for audits to check and improve the quality of the service by identifying areas for improvement and taking action in a timely way. Therefore the rating for this question remains unchanged and this is the third inspection where we have rated this question requires improvements. This shows that the provider has been unable to make or sustain the improvements required.

At the last inspection we observed that the provider had breached regulation 17, good governance, at this inspection we saw that the provider was still in breach of this regulation. Regulations state the provider should maintain accurate and complete records in respect of each person using the service. We found that although people's risks were known to staff, up-to-date information was not recorded and reflected in people's written care plans. For example, we looked the provider's record of incidents and falls at the home. We then looked at people's care plans to check they had been updated to reflect the information we had seen. We found one person had three falls over the previous two months; however the risk assessment on file was dated July 2017 and had not been updated to reflect the recent falls, or what steps had been taken to mitigate the risk of further falls. We could see in separate paperwork that a GP had visited to review the person's wellbeing and medication. A second person had a fall in June 2018; however their risk assessment had last been reviewed in March 2018 and had not been reviewed to see if any steps could be put in place to reduce the risk of further falls. We asked the provider about this. They told us since the last inspection they had been working on updating risk assessment paperwork. They had identified new paperwork which they were in the process of implementing. We saw that new risk assessment paperwork was on both files but had not been used at the time of our inspection.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had regular checks in place to review areas such as medicines, and the environment. We found the audits had not been robust in identifying areas for improvement. For example, the medicines audits had not identified the lack of guidance for medicine that was being given covertly to one person. In addition the audit had not identified that protocols (guidance) was not in place for medicines given 'as required'.

Whilst walking around the home we noted worn carpet in one area and a loose floor board, which may pose a risk to people with limited mobility. We looked at the provider's environmental audit which was completed each month. The audit had not identified the concerns we had identified. We asked the provider about this. They told us they were aware of the worn carpet and planned to replace it. They acknowledged this was not written down with a timescale for completion. The provider assured us that both of these issues would be addressed following the inspection.

The providers systems had not been effective at improving the quality of the service. This is a continued breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities)

There was a registered manager in place who was present during 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. The registered manager of this service is also the registered provider

People told us they liked living at the home and the liked the registered manager. One person said, " [The] manager does a good job, everything runs smooth." Another person told us the home was, "Well managed." Relatives also praised the care and said the home was well managed. One relative said, "Overall we are happy. The manager and deputy manager are approachable and I have the [registered manager's name] mobile number if I ever need a chat."

The registered manager felt that all staff worked well as a team. All staff we spoke with confirmed this and told us how much they enjoyed working as part of the team. One member of staff said, "It's the staff group I've worked in." Staff also told us they felt valued with one member of staff commenting, " It's a good team. We all praise each other."

Staff were clear on their roles and responsibilities. One member of staff said, "The deputy manager makes checks to ensure standards are maintained. Staff also told us that they had regular supervisions and felt they could always approach the registered manager for advice and support. One member of staff said, "The home is well managed. I can approach the manager for advice."

The provider had sent a questionnaire to all people living at the home in March 2018. The results showed people were happy living at the home and were happy to raise any concerns they may have.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at Acorn Retirement Home. For example, we saw referrals to GP surgeries and district nurses and contact with the local pharmacy. The provider also told us they had recently made a link to a local primary and secondary school. The deputy manager was working with teachers from both schools to develop projects to enable students to visit people living in the home. We were advised that people had been approached for their consent and agreement for staff to develop the programme.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>(2) (a) assess, monitor and improve the quality and safety of the serves provided in the carrying on of regulated activity.</p> <p>(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>

The enforcement action we took:

We have issued a warning notice