

## Acorn Retirement Home

# Acorn Retirement Home

### Inspection report

Acorn Retirement Home  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 1 December 2016. At our last inspection visit on 19 and 20 January 2016 we rated the service as 'requires improvement' in all the areas we inspected. We found the provider was in breach of the regulations regarding gaining consent from people, protecting people from the risk of harm and governance systems. We asked the provider to take action to ensure there were arrangements in place to address the issues we found. When we carried out this inspection we found the provider had met the regulations in relation to gaining consent from people and protecting people from the risk of harm. However, the regulation regarding good governance remained in breach of the regulation. Acorn Retirement Home is a care home that provides accommodation for people who require personal care for up to 18 people. At the time of our inspection there were 16 people living at the home.

There was a registered manager in post. 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.

Risk assessments for people were not updated as people's needs changed and guidance was not available for staff to refer to. People told us they felt safe and staff were aware of their responsibilities to report any concerns of potential harm or abuse. There were adequate numbers of trained staff to meet people's needs although at times staff were busy. People received their medicines as prescribed.

People were asked for their consent before care and support was provided by staff. People told us staff had the skills and knowledge to care for them. People told us they had sufficient to eat and drink and had access to healthcare professionals when they needed.

People told us staff were kind and caring. People were involved in making choices about their day to day care. People's independence was promoted and their dignity and privacy was maintained and respected by staff. People told us they enjoyed the activities available and were supported to maintain their interests. People were confident if they had any concerns or complaints, they would be listened to and the matter resolved.

People were supported by staff who understood their roles and responsibilities. Quality systems in place to monitor care provided were not effective. Improvements identified at the last inspection had not been fully implemented.

We found the provider was in breach of one regulation under the HSCA 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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risk assessments of people were not reflective of their needs. People felt safe and staff understood their responsibility to report abuse to protect people from harm. People were supported by an adequate number of staff. People received their medicines as prescribed.

### Is the service effective?

**Good** ●

The service was effective.

People's rights were protected as staff knew to obtain their consent before providing care or support. People were supported by staff who received training and had skills relevant to their role. People were supported to have sufficient to eat and drink. People had access to healthcare professionals to meet their needs.

### Is the service caring?

**Good** ●

The service was caring.

People said staff were kind and treated them with dignity and respect. Staff respected people's choices and encouraged people to remain as independent as possible. People were supported to maintain relationships that were important to them.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People felt their care needs were being met. Care records were not reflective of their individual needs and the care they received. People had access to leisure activities. People and their relatives knew how to raise a complaint.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

There were processes in place to monitor the quality of the home

however these were not always effective. Accurate records in respect of each person using the service were not up to date. People and their relatives were complimentary about the management team and said they were approachable. Staff understood their roles and felt supported by the provider.

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# 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 unannounced inspection took place on 1 December 2016. The inspection team consisted of one inspector and one expert by experience. The expert by experience had experience of supporting a family member who used care services. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority for information they held about the home.

We spoke with four people who lived at the home and six relatives. We spoke with three members of staff, the registered and deputy managers. We looked at four people's care records, records relating to medicines, two staff files and records relating to the management of the home. We also carried out observations throughout the inspection to look at how staff interacted with 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.

# Is the service safe?

## Our findings

At the last inspection completed in January 2016 we rated the provider as 'requires improvement' for the key question, "Is the service safe?" We found they were in breach of the regulation regarding safe care and treatment. We saw staff moving people in a way that caused an increased risk of injury. Risk assessments for people were not up to date or reflective of people's care needs. During this inspection, we found staff providing care to people had the skills to do so safely for example, people were being moved in a safe way. Although care and treatment was provided to people in a safe way and the provider was now meeting the regulation. We found improvement was still required in relation to assessing people's individual risks to ensure their care and support needs were met.

People told us staff understood their needs and any potential risks to their health and well-being. One person said, "[Staff] always make sure I am ok and have my frame close by." We saw staff supporting people to mobilise safely around the home. For example, one member of staff ensured a person was using their walking aid safely when mobilising. The registered manager told us one person was being cared for in bed and was being repositioned regularly to protect their skin. Staff told us this person's fluid and food intake was also being monitored to ensure their nutritional needs were being met. Staff told us how they met this person's needs and the reasons why they were completing these checks. We looked at this person's risk assessment record and found did not reflect the care the person received. We found although staff were managing people's individual risks the provider had not taken adequate measures to improve people's safety through an up to date and effective risk assessment process. Without the correct written guidance available, people could be at risk of not receiving the right care or support. We spoke with the registered manager about this who accepted information about people's current risks was not up to date. However explained they were implementing new care records and would be reviewing people's individual risks straight away.

People told us they felt safe living at the home. One person said, "I would say I was safe, people have to sign in and out." Another person told us, "If I fell down there'd be someone who'd help me not like when I was at home." A relative commented, "I am very confident about safety. [Staff] are so open I feel you can trust them." Another relative said, "I have had information about safeguarding. If I was concerned I would speak to [registered manager] if I wasn't satisfied I would speak with social services, Age concern and CQC." Staff we spoke with were able to describe the signs of potential abuse and told us of the action they would take if they thought someone was at risk of harm or abuse. One member of staff said, "I would tell the manager or if I continued to have concerns about a [person's] safety I would contact CQC." Staff told us they felt confident the registered manager would listen and act appropriately to address any concerns raised. The registered manager had an understanding of their responsibilities to keep people safe and we saw the provider investigated concerns about people's safety within the home. They were aware of reporting incidents of potential abuse or harm to the local safeguarding authority. There was a system in place to escalate any allegation of harm or abuse to ensure people's safety.

We received mixed views from people and their relatives about the staffing levels. One person said, "Definitely have not got enough [staff] especially in the mornings." Another person told us, "[Staff] are about

you have to wait sometimes but not too long." A relative commented, "There is [staff] in the [lounge] all the time. There are pinch points with staffing especially when more than one person needs [personal care]." Staff we spoke with said they felt more staff were needed particularly at busy periods of the day and said people might have to wait a short period of time for their care needs to be met. Throughout the day we saw although staff were very busy they responded to people's needs in a timely manner. We spoke with the registered manager about people's dependency levels and whether there were enough staff available at busy times during the day to support people's care needs. They said staffing levels were based on people's individual needs and calculated on the number of care hours people required. They explained the registered manager and deputy were also available throughout the day to offer additional support and the domestic staff were also trained to provide care when needed. However they said they would review staffing levels and the deployment of staff across the home.

Staff told us they had been interviewed and pre-employment checks had been completed before they started to work at the home. Records we looked at confirmed what staff had told us. We saw staff completed an application form, attended an interview and reference and disclosure and barring (DBS) checks were completed. Disclosure and barring checks help employers to make safer recruitment decisions and prevents unsuitable people being recruited.

We looked to see whether medicines were managed safely by the provider. One person told us, "[Staff] give me my antibiotics." Another person said, "I don't have a problem with medicines." A relative commented, "[Medicines] are managed well. They are in blister packs. I have seen them and they make sure [person] takes them." We looked at how people were given medicines by staff and saw there were systems in place to ensure people received their medicines as prescribed. Where people had medicines that were to be given 'as required', we saw guidance was available for staff to refer to. We reviewed Medicine Administration Records (MAR) and saw they were completed accurately. Effective systems were in place to ensure medicines received into the home were stored and disposed of safely.

# Is the service effective?

## Our findings

At the last inspection completed in January 2016 we rated the provider as 'requires improvement' for the key question of 'Is the service effective?' We found they were in breach of the regulation around the need to obtain consent to people's care. At this inspection we found the regulation had been met but improvement was still required.

We saw staff asking people and waiting for their consent before providing them with support. One person said, "[Staff] always check with me first before they do anything." A relative commented, "I have seen [staff] ask for [person's] consent before supporting them with something." The Mental Capacity Act (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. At the last inspection staff did not have an understanding of the MCA and we saw people's rights and choices were being restricted. At this inspection we found staff understood what their responsibilities were in respect of the MCA and how they gained people's consent. Staff had also received training in the MCA and had an understanding of people's individual capacity to make decisions. They were able to share examples of decisions people were able to make for themselves. This showed staff were aware of their responsibilities under the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty so they remain safe. The registered manager said where people may not have capacity to make particular decisions they considered if restrictions were required to keep people safe. At the time of the inspection the registered manager said that no one living at the home was currently subject to a DoLS arrangement. We observed people's movements around the home were not restricted as their mobility aids were placed within their reach and they were able to move about freely.

People told us staff had the skills to meet their care and support needs. One person said, "Staff seem to know what they are doing and what I can and can't do." A relative said, "[Staff] are very good they know what they are doing." At the last inspection we found training such as moving and handling had not been completed or updated. We also found there were not adequate systems in place to ensure staff that had completed training had their competency in their role assessed and skills checked. At this inspection staff said they felt they had the skills and knowledge to meet people's care needs. They said since the last inspection they had completed a number of training sessions and felt their skills had improved. One member of staff said, "We have on-going training and coursework. It helps us to understand people's needs better." Staff told us they felt supported in their roles and had one to one meetings and attended team meetings with the registered manager and deputy. They said these provided an opportunity to raise issues in relation to their personal development or to share any concerns or ideas. The registered manager told us training was on- going and they showed us details of training they were arranging for staff such as care



planning. Staff told us when they started in their role their induction was good as it provided time for staff to get to know the people they were supporting and provided the opportunity to shadow experienced members of staff.

People had mixed views about the food they received. One person said, "The food is good and plentiful and is always cooked nice." Another person told us, "I don't always like the food choice." However, people said they could ask for an alternative meal if they did not like the option available. A relative commented, "The food is brilliant. There is a proper meal at lunch time and a pudding. They do feed [people] well and it's a balanced diet." We observed meal time and saw people were supported to have enough to eat and drink. Staff and the chef were aware of people's individual dietary needs such as diabetes or those people who required softened food. Where people required assistance to eat their meal staff supported them at a pace that was suitable to the person and offered encouragement where necessary. Throughout the day we saw people being offered a choice of drinks and staff encouraging people to drink them. This showed people's nutritional needs were being met.

People told us they felt their day to day healthcare needs were being met. One person said, "I have seen the doctor." Another person told us, "I have got new teeth." A relative commented, "The chiropodist and the optician were in recently" and "The district nurses have been in. I think it is wonderful [people] are checked so carefully." Staff we spoke with were able to explain people's individual healthcare needs and how they supported these. For example, continence care. Records we looked at contained guidance given by healthcare professionals and we saw staff carrying out care and support in a way that reflected the guidance given. This meant people's health care needs were met appropriately.

# Is the service caring?

## Our findings

At the last inspection completed in January 2016 we rated the provider as 'requires improvement' for the key question of 'Is the service caring?' We found the provider did not always protect people's dignity, privacy and independence. At this inspection we found improvements had been made.

People told us staff were kind and caring. One person said, "[Staff] bring me cups of tea and look after me." Another person told us, "The staff are fine. They are caring." A relative commented, "[Staff] are very friendly and caring." Throughout the day we saw positive interactions between staff and people. We saw staff speaking with people at eye level and talking to people using words they understood. Staff greeted people with a smile when they came into a room and asked whether they needed anything. One person had fallen asleep in their chair and we saw staff placed a pillow under their head to keep them comfortable. People and their relatives told us staff were approachable and listened to them. One person said, "[Staff] listen to me they are very caring to me." We saw one person who became distressed, staff sat with them and talked to them in a compassionate manner about different things that interested them. We saw the person relaxed in their company and their anxiety decreased.

People told us they were able to make day today choices about their care. One person said, "I choose what I want to do I go out a lot with my [family member]. I choose how I want to spend my time [staff] ask me if I want to do different things but it's my choice what I do." Two people we spoke with told us they preferred to stay in their bedrooms they said their decision was respected by staff. We saw people were asked to make a variety of decisions throughout the day such as whether they wanted to take part in a communion service being held at the home, where they would like to eat their meal or what they would like to drink.

People told us they were supported to maintain their independence. One person said, "I wash myself." Another person told us staff supported them to administer and store their own medicine. We saw staff encouraged people to do as much as they were able to by themselves such as eating or their personal care. Staff we spoke to were knowledgeable about what people were able to do for themselves and the importance of people maintaining their independence for their well-being.

People told us staff treated them with dignity and respect when providing care. One person said, "The staff knock on my door, they respect my privacy." Another person told us, "[Staff] very much respect my dignity and my privacy. We can have a joke and a laugh. I tell them I'll give you a buzz if I need you." A relative commented, "[Staff] respect [person] dignity and privacy. [Staff] ask discreetly if people want to go to the toilet." Staff told us they tried to promote people's dignity when caring for people and were able to give examples such as how they covered people when providing personal care and closing doors and curtains. This showed people's dignity and privacy was respected by staff.

People were supported to maintain relationships that were important to them. People's relatives and friends were able to visit at any time. We saw people had visitors throughout the day and staff were friendly and welcoming. One relative commented, "You are always very welcomed when you come to visit." Another relative said, "It's a wonderful family home. There is a real community and family spirit a welcoming home."

## Is the service responsive?

### Our findings

At the last inspection completed in January 2016 we rated the provider as 'requires improvement' for the key question of 'Is the service responsive?' We found people were not involved in the development of their care plans and records were not reflective of the care delivered. At this inspection we found improvements were still required to ensure people's care records were reflective of their needs and of the care we saw being delivered.

People were happy with the care and support they received from staff. One person told us, "[Staff] know my needs and what I can and can't do." Staff we spoke to were able to tell us about people's preferences, likes and dislikes and how they supported them. They said they understood people's needs as they got to know the person. Information about people's changing needs or support was shared with staff at shift handover, this ensured they had up to date information. At the last inspection we found people's care records were not reflective of their needs or of the care staff delivered. At this inspection we found people's records had not been updated or reviewed when people's care needs had changed. In the absence of up to date records there was a risk of people receiving inconsistent care. We discussed this with the registered manager who accepted information held in people's records was not reflective of their current needs. However, they told us the communication systems used within the home, such as the hand over were an effective way to share information. They also said new care plans were being introduced.

At the last inspection we found improvements were needed to ensure people had the opportunity to participate in leisure activities they enjoyed. At this inspection people told us they took part in different activities such as reading, quizzes and talking with staff. One person told us, "I do my own nails I do Sudoku, watch telly and do some sewing." A relative commented, "[Staff] do activities with the residents. They are always doing something." Another relative said, "[People] do all sorts of things. They have a big snakes and ladders game, there's a dart board, exercises and quizzes like cross-words. Today [people] had communion." People told us they enjoyed the different activities on offer and were supported by the staff to take part in a range of activities that interested them.

People and their relatives told us they would speak to the registered manager if they had any concerns. They said any issues they had would be dealt with straight away by the provider. One person said, "I would speak with [registered manager or deputy manager] it would get sorted." A relative commented, "I know there is a complaints procedure. I would go to [registered manager] but I have not made any complaints." Staff we spoke with told us they would raise any concerns people may have with the registered manager and felt confident that they would listen and address the concerns raised. Although there had been no complaints raised since the last inspection we saw there was a system in place to ensure if there were any complaints they would be responded to appropriately.

## Is the service well-led?

### Our findings

At the last inspection completed in January 2016 we rated the provider as 'requires improvement' for the key question of 'Is the service well-led?' We found they were in breach of the regulation because quality assurance systems were not in place to identify and address risks and areas for improvement within the service. At this inspection we found although there had been improvements the regulation had not been met.

We looked at how the provider monitored the quality of care. At the last inspection we found systems were not effective in identifying trends and actions taken that could reduce potential risks to people. At this inspection we saw incidents and accidents were reviewed on an individual basis and where required action taken to keep people safe such as referrals to the falls team. However, information was not analysed across the service to identify any patterns or trends which could be used to reduce the risk of re-occurrence or improve the quality of care people received. Systems had also not been developed to ensure staff were competent in their care practice. For example, supporting people to mobilise safely. At this inspection we found staff had received appropriate training and had their competencies checked to ensure people were protected from the risk of harm.

The regulation states the provider should maintain accurate and complete records in respect of each person using the service. At the last inspection we found care plan audits had not identified records were not reflective of people's needs and risks. Although the registered manager told us they were reviewing people's care plans and risk assessments we found systems had not been developed sufficiently to ensure staff had access to accurate information. For example, risk assessments were not up to date nor was information relating to specific decisions made on behalf of people recorded. The provider did not have effective systems in place to monitor and reduce risks to people's safety through assessment and management processes.

This was a continued breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

People told us they felt able to share their views with the provider. They said they felt listened to and said the provider took action when any issues were raised such as reviewing meal choices. One person said, "[Registered manager] listens." A relative told us that the provider had sought their views about the service and addressed the issues they raised. We looked at feedback questionnaires completed by people and their relatives and found positive comments had been received. For example, people felt happy living at the home. The management structure of the home was clear and everyone we spoke with told us the provider was always available and they could speak with them at any time. People and their relatives said the home was well managed and the management and staff team approachable. They said the provider was present in the home on a daily basis and was knowledgeable about the people who lived there. We saw the registered and deputy manager had a good understanding of people's needs and everyone felt comfortable speaking and engaging with them. We spoke with them about the improvements that were still required from the last inspection and found them to be honest about the actions they had taken and the improvement's still required such as accurate record keeping. We reviewed the information we held about

the provider and saw they had notified us about events they were required to do so by law. We also saw that the provider had ensured information about the home's inspection rating was displayed as required by law.

Staff we spoke with felt supported by the provider and told us they felt listened to. They said they felt at ease to approach the management team for advice and support if required. Staff told us they understood their roles and responsibilities and what was expected of them. They felt confident to raise any concerns or whistle-blow to external agencies if needed. Whistle-blowing means raising a concern about a wrong-doing within an organisation.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>(2) (a) assess, monitor and improve the quality and safety of the services 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>