

Loxwood House Ltd

Acorn Hove

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Acorn Hove is a residential care home which provides accommodation and personal care to 8 people at the time of the inspection. The service can support up to 12 people.

People's experience of using this service and what we found

Right Support: People had their own individualised care plans in place, but they had not been reviewed for several months. Staff knew people well, but their needs were not always reviewed or updated regularly. Accident and incidents were not routinely monitored, which meant there were missed opportunities for learning. Robust recruitment checks were not being completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Culture: The governance and quality assurance systems at the service were not robust. There were audits and action plans in place to improve the quality of care. However, these were not consistently completed and, in some cases, actions were not followed up or documented. This meant that improvements were not always implemented, the provider's governance systems were not always followed and issues around the quality of care and safety of the environment at the service were not always addressed. There was a positive culture at the service and both staff and people spoke of how approachable the interim manager was when raising concerns.

Right Care: There were sufficient staff to ensure people's safety. People were supported in the way they wished and received care tailored to them to enhance and enrich their lives. Staff had a good understanding of people's needs and people were comfortable and happy in staff's presence. People were happy with the care provided and enjoyed living at the service. People were complementary about the staff team and the changes that had happened since our last inspection. One person commented, "[Staff] are all great. I can tell them anything. We're like a family."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concern we had regarding the governance at the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Hove on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe recruitment of staff and the quality and assurance systems in place at this inspection. We have made a recommendation about the management of some medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Acorn Hove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by an inspector.

Service and service type

Acorn Hove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acorn Hove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider was recruiting to this post and an interim manager was providing current cover.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We used information gathered as part of monitoring activity that took place on 25 January 2023 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care records, a number of medicine records and the recruitment records for 4 members of staff. We carried out observations in the communal areas of the home. We spoke to 7 people who used the service and 5 members of staff. This included the manager and care staff. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We had contact with the nominated individual to highlight the concerns found at the inspection and requested immediate assurances regarding how these matters would be addressed. The nominated individual is responsible for supervising the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff recruitment processes were not always conducted safely, this included missing reference checks, gaps in applications forms and a lack of full employment history. This meant a risk that people may be supported by staff who were unsuitable to be working with vulnerable people and without the right skills and qualifications required.

The provider had failed to operate robust recruitment procedures, including undertaking any relevant checks to ensure fit and proper people were employed. This placed people at potential risk of harm. This was a breach of regulation 19(1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately following the inspection by providing additional information, reviewing their recruitment records and recruitment audit processes to make improvements.

- There were enough staff to meet people's needs. We observed staff meeting people's needs in a timely manner and interactions were meaningful, not rushed. This included supporting people to undertake activities that were important to them. One person told us, "There's always someone around if we need anything, look there's loads of them (pointing to staff at the table)."

Using medicines safely

- Medicines were not always safely managed. The protocols for as required medicines (PRNs) were not detailed or individualised to people. There was no clear guidance to support staff to understand how to identify when a person needed their as required medicines. For example, staff assessing if people needed pain relief by carrying out observations of body language and facial expressions as well as monitoring people's general presentation.

We recommend the provider consider current guidance on PRN protocols and take action to update their practice accordingly.

- People received support from staff to make their own decisions about medicines wherever possible. Staff had received appropriate training and had their competence to administer medicines checked regularly.
- Medicines were audited and counted regularly. This included weekly stock checks and checks on documentation such as medication administration records (MARs).
- Medicines were administered, recorded and stored safely. The service followed the principles of 'Stopping

the over medication of people with a learning disability, autism or both' (STOMP). This meant people's medicines were reviewed and reduced where possible to promote their health and well-being.

Learning lessons when things go wrong

- The system to record, analyse and learn from incidents was not implemented effectively. Accident and incidents were recording on the electronic system but there was no robust oversight of these to identify trends, patterns and learning opportunities. This was raised with the provider and manager who are working to implement an improved monitoring system.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. An easy read policy was in place for people so they could speak up if they had any concerns. People said they felt safe, got along well with staff and had made friendships within the service. One person said, "I do feel safe here. I like the staff, they are nice."
- Staff told us they had received safeguarding and whistleblowing training. They said they knew people well and were confident they would be able to identify if people were at risk of any form of abuse, even if people would not tell them. We saw throughout our visit that people were relaxed and confident with staff.
- The provider and manager understood their obligation to report any concerns to the local authority however not all safeguarding concerns had been reported to the CQC. The manager rectified this following the inspection.

Assessing risk, safety monitoring and management

- Risks were managed safely. Risk assessments and care plans were clear, detailed and provided staff with guidance on how to support people safely.
- People were supported to take positive risks which included participating in community engagement and activities. People told us they enjoyed using local amenities and going to see friends and family. Risk assessments were in place to support people to undertake activities which they enjoyed safely. A trip to the local dessert shop had been planned on the day of the inspection.
- Environmental safety checks had been completed. Various risk assessments were in place, for example, fire safety. People had personal emergency evacuation plans (PEEPS). These were contained in an accessible grab bag along with other documentation and practical equipment which may be required in an emergency.

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA, staff demonstrated a good knowledge of giving people choice and control with their care, and people were supported to remain as independent as possible.

Preventing and controlling infection

- Staff were following the most recent infection prevention and control guidance, but the provider's policy had not been updated. We advised the provider that the policy needed a review, and this was acted upon straight away.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- There were no restrictions in place with regards to visiting and people were supported appropriately to see their friends and family as they wished.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and quality assurance systems were not robust and were not always effective in identifying shortfalls. Audits did not pick up areas of improvement found at the inspection, for example, that the PEEPs forms were out of date.
- The manager's quality audit identified that care plans required updating to reflect people's most current needs. The updates were still ongoing and were incomplete after the issue had been identified. It was not clear how this audit was followed up or how it was effective in driving improvements.
- There was no registered manager at the service and provider oversight was lacking. The lack of oversight meant the areas of concern raised at the inspection had been overlooked, for example, missing documents from recruitment files.
- There was not a clear system to archive and store care records. The interim manager had difficulty in locating some current and previous care records when requested. Previous records were stored in a variety of places, with no clear system to record where each record was kept.
- During our inspection we found a safeguarding concern that had been reported to the local authority, however, the statutory notification that CQC require had not been sent. This is where services have a duty to inform us of significant events that occur. This was raised with the interim manager and done in retrospect.

The failure to operate effective systems to assess, monitor and improve the quality and safety of the services was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recognised that the service required support to develop its governance processes. The manager of a sister home had been used to offer additional support and implement actions to drive improvement at the service until a registered manager could be recruited.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. There were records of communications with people using the service, and their representatives when issues, incidents or mistakes occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People, staff and relatives were engaged by the manager. People had keyworkers in place which helped them to give feedback about their care. Keyworkers met with people regularly to shape their care in the way they wanted it to be given and provide feedback about activities and their wellbeing.
- Staff provided people with information in an accessible format, such as picture prompts or using electronic devices. This helped to ensure people could have a meaningful input into these meetings. We saw this being utilised effectively during our inspection visit.
- People had recently engaged in a resident meeting as another opportunity to give feedback and shape service they received. These meetings were not fully embedded into the running of the service yet, but the manager wanted to improve this moving forward. The local authority had carried out a recent survey with people, and the feedback was positive.
- Staff were valued and felt listened to. They spoke positively about the support provided by the manager and the team. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during team meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive staff culture which achieved good outcomes for people and staff worked in partnership with others. People were happy at the service, comfortable in their surroundings and in the company of staff. One person said, "They're [the staff] are all great here, we all get on really well."
- The manager acknowledged that it has been difficult recently and this had affected the quality assurance of care and morale of the staff team. However, they were confident this was improving and have provided additional assurance of this since the inspection. They said, "The residents are and will always be our number one priority, them being happy is what we're all here for, we are their family."
- Staff spoke positively about the manager, their supportive nature and how they adopted an 'open door policy' where they regularly worked with people and alongside staff. The manager had a good understanding of people's needs and we observed warm and familiar interactions between people, staff and the manager.
- The service worked in partnership with health and social care agencies in a timely manner to promote good outcomes for people. People had external professional involvement including, GPs, Speech and Language Therapist and community nurses.
- The manager was building a relationship with the local authority quality monitoring team to improve the quality of care.

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 17 HSCA RA Regulations 2014 Good governance The systems in place to understand and address the quality and safety issues within the service were not operating effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that staff were recruited safely.