

Acorn Lodge Limited

Acorn Lodge Care Centre

Inspection report

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15 November 2023

16 November 2023

21 November 2023

27 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acorn Lodge Care Centre is a care home providing personal and nursing care to older people, including people living with dementia and mental health conditions. The service can support up to 98 people in a purpose built four storey building.

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

People were protected from the risk of potential abuse and harm. People were regularly observed and asked if they were feeling cared for within the home. Staff completed safeguarding training and knew how to report suspected abuse.

People's risks were assessed with systems in place to reduce the risk of harm people faced. This helped people live within the home and community with minimal restrictions. People were supported to be as independent as they could within the home and measures implemented to support people to take positive risks in their local community.

There were enough staff to provide care to people. Medicines were managed safely within the home. The home was clean and people's rooms were regularly cleaned to reduce to risk of infection. People were able to decorate their rooms according to their personal preference.

Learning took place after accidents or incidents and staff told us they found these reflective sessions helpful to ultimately improve the quality of care for people living at the home.

People's care needs were assessed before care began to ensure the home could meet their needs, with people and their relatives involved in this process. Consent to care and treatment was obtained before care began. Staff understood the principles of the Mental Capacity Act and to encouraged people to make their own choices as much as possible.

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.

Staff received appropriate training and support in order to perform their role. People were able to choose meals of their choice from a varied menu and the home provided meals to meet dietary requirements. The home worked well health professionals in order to provide people with good health outcomes and support for staff.

Staff treated people with kindness and respect. People's privacy and dignity was respected and independence promoted. Diversity was celebrated and staff did not discriminate against people.

Care plans were personalised and met people's individual likes and dislikes. Activities took place within the home and people could choose to participate within a group setting or receive one to one support from staff. Relatives were invited to join in the activities that were held within or outside the home.

Complaints were recorded and responded to by the management team and people felt comfortable to speak up if they had a concern. People's end of life wishes were recorded and respected by the home.

Quality assurance systems were in place to monitor the quality of care being provided to people within the home. People, relatives and staff were asked to provide feedback on the quality of care to help drive improvement. Continual learning and development was encouraged at the home for all staff to keep knowledge and skills up to date.

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 15 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Acorn Lodge Care Centre

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

The inspection was carried out by 2 inspectors, a regulatory coordinator, a nurse specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Acorn Lodge Care Centre 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 Lodge Care Centre is a care home with 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 November 2023 and ended on 27 November 2023. We visited the service on 15, 16, 21 and 27 November 2023. Feedback was provided to the provider on the 6 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used 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 spoke with the registered manager, administration manager, the clinical lead, the charge nurse, 2 registered nurses, 2 senior care staff, 10 care staff, chef, cleaner, maintenance office and 2 activities coordinators. We spoke with 10 people who lived at the home and 10 relatives.

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

We reviewed a range of records. This included looking at care records for 18 people. We reviewed 8 staff files in relation to recruitment, training and staff supervision support. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance records. We reviewed further evidence which was sent electronically by the provider.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living at the home were protected from the potential risk of abuse.
- People told us they felt safe living at the home and people's relatives said the same. One person said, "I am absolutely secure here." Another person said, "I'm safe and comfortable."
- A relative said, "[Family member] is in safe hands, as I feel they look after her well. She never seems unhappy and feels at home." Another relative said, "My [person] is in a good place, safe and secure here."
- Staff completed safeguarding training and could explain what they would do if they suspected abuse and where they could go if they needed to report concerns about abuse anonymously.
- A member of staff said, "If I noticed any bruises I would record it and then report it to my manager. I can escalate to the CQC or social services if nothing is done, but my manager is very good, they will not ignore this information."

Assessing risk, safety monitoring and management

- Safety within the home was assessed and measures put in place to reduce the risk of potential harm.
- People's risk assessments were regularly monitored and updated to ensure guidance was in place for staff to follow. One person said, "You can see there is a safety chart for my mobility and transfer on the wall, which means anyone unfamiliar with me knows how to move me."
- Staff regularly observed people and they were aware of people's known risks. A member of staff provided an example of how they ensured someone always had their walking aid before trying to stand up to reduce the risk of falls.
- The registered manager, clinical leads, nurses and care staff performed regular walk arounds the home to perform welfare checks on people.
- Health and safety was monitored within the home, records confirmed health and safety checks were performed such as gas safety, fire drills and electrical testing. A maintenance team was present onsite and we observed them attend to repairs.

Staffing and recruitment

- There were enough staff to support people's needs and provide safe care.
- People told us there were enough staff at the service to provide them with support. Comments included, "I think there are enough carers, because I can usually get one if I need one" and "When I ring my bell, they are nearly always quick to come."
- Relatives were positive about staff, a relative said, "They have core staff who have been here for some time which really helps with consistency of care."
- The home used dependency tools to ensure there were safe numbers of staff to meet the needs of people

within the home. We tested a random sample of call bells and observed staff attend to people's rooms promptly.

- The home followed safe recruitment procedures to ensure staff were of good character.
- Records confirmed appropriate pre employment checks were performed by the home. References were supplied and right to work documentation was checked and verified.
- Before staff were able to work with people living at the home they had to complete a disclosure and barring service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely and as prescribed.
- Medicines were stored securely.
- Care plans had appropriate medicines risks assessment information detailing the medicines people were taking.
- Protocols were in place for medicines prescribed on an "as required basis" to enable staff to give these medicines consistently .

Preventing and controlling infection

- 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 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People's family and friends were able to visit the home without restriction. We observed people receive visitors during our inspection and spend time in communal areas or people's rooms.

Learning lessons when things go wrong

- Systems were in place to ensure learning took place after an incident.
- Staff told us and records confirmed group supervisions took place after an incident to provide staff with an opportunity to discuss what had happened and steps they could take to prevent an occurrence in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this .

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we made a recommendation about supporting people with their nutrition and hydration needs. The provider had made improvements.

- People were supported to eat and drink enough to maintain a balanced diet.
- People were offered a wide variety of food and drink which also included cultural meals for those who wanted them, alternative choices were available.
- Feedback on the quality of the food was mixed with some people enjoying the food offered and others wanting more variety. One person said, "I'm a picky eater but they do try to make sure I get what I like I choose what I want to eat for lunch."
- Relatives said, "The meals look nice, with lots of vegetables included."
- We observed lunch time across the home and people were either eating in the main lounge or in their bedroom depending on which they chose.
- People who needed to support to eat their meals had staff with them. We observed staff being patient and actively encouraging people.
- People were offered drinks throughout the day and staff encouraged people to stay hydrated.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The registered manager explained the admissions process which included people, their relatives, friends and health professionals.
- A detailed initial assessment took place to ensure the home could safely meet people's needs. Reviews of care took place to ensure the home could safely meet people's needs after admission.

Staff support: induction, training, skills and experience

- People received care and support from staff who were trained appropriately and had the skills and knowledge to do the job.
- People told us staff knew what to do and were confident in their skills. One person said, "[Staff] hoists me very carefully, I know they have regular training so they can support me."
- Staff received regular training to keep their knowledge up to date. Mandatory training and specialised training was completed and there was good oversight of staff training within the home.

- Staff told us they were fully supported when starting work and received an induction supported by an experienced member of staff.
- Staff confirmed they received regular supervision. A member of staff said, "Supervision really clarifies things for me, we sometimes have it with the nurse or with the physiotherapists who show us how to do moving and handling safely."

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of the premises.
- People told us they were able to decorate their rooms as they wished by displaying personal items and decorations. One person said, "I like my room, I can put pictures up if I want to." A relative said, "[Person's] room is lovely and it is kept clean."
- People had their own individual rooms with private ensuite facilities which included a toilet and hand washing facilities.
- The home was accessible with lifts and stairs to each floor. Corridors were free from obstructions and railings present to support people's mobility.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; effective care, support and treatment.

- People were supported to live healthier lives, access healthcare services and support.
- People were able to access a full range of health services as required to keep them healthy with appropriate referrals made to health professionals.
- People told us they knew they could see their GP quickly and easily, a person said, "I have asked to see the doctor and they [staff] have arranged that."
- The home had the benefit of on-site support from a multidisciplinary team called the Enhanced Practice in Care Homes (EPIc) Team twice a week. We saw occupational therapists, dietitians, speech and language therapists, dementia nurses and falls specialists provide prompt support to people and guidance to staff.
- Records confirmed and staff told us a range of health professionals visited and worked closely with the home to support people, this included chiropodist, dentist and social workers. We saw physiotherapists attend to provide moving and handling guidance to people and staff observed best practice to help them understand how to move people safely.
- The charge nurse told us they performed a walk around, they said, "On the days the doctor does not come I ask if anyone needs any health support and we action it."

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.
- Records confirmed DoLS authorisations were in place and conditions were being met. Best interest decisions were made where applicable and involved appropriate health professionals.
- People were supported and encouraged to make their own decisions about their care. People told us staff asked for their consent before providing personal care or if they needed help with daily tasks.
- Staff were aware to follow the principles of the MCA. A member of staff said, "We always ask for permission before helping people, some are independent. We ask some people what they would like to wear, give them choices to help." Another member of staff said, "We respect people's decisions, even if we think it is not wise. For example, someone refuses medicine. I explain what it is for and the risk of not taking it. I give them time to think about it, but again it is their choice."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who treated them with kindness and patience.
- We observed staff speak to people in a kind and compassionate manner, spending time laughing and interacting with them.
- One person said, "They [staff] do their very best for us, we chat about things." Another person said, "They [staff] are the nicest people ever, they listen to me and are respectful in every way."
- A relative said, "[Staff] are kind and friendly, they always recognise me and are very caring towards my husband." Another relative said, "The staff genuinely care for [family member], they are absolutely lovely and so kind."
- Staff provided examples of how they supported people in a kind manner, a member of staff said, "I spend time with people who are bit more anxious or tearful to reassure them. I have used the iPad to provide music to people which helped relax them."
- Equality and diversity was respected, staff were aware to treat people as individuals and did not discriminate against them. A member of staff said, "We don't treat people differently because of who they are or their condition, treat people with respect." Another member of staff said, "We treat everyone with respect, we are guests in their home, we need to create an environment that supports people and makes them feel comfortable and safe."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their decisions about their care and staff listened to them.
- People told us they were asked what they wanted to do and staff supported them to achieve this. Records confirmed staff had regular meetings to ask people about their care and if they were happy with it.

Respecting and promoting people's privacy, dignity and independence

- People were respected within the home and had their independence encouraged.
- People's dignity was protected, staff were observed knocking on people's doors and while personal care was performed doors and curtains were closed.
- One person using the service said, "Staff are respectful, they always knock on the door before they come into my room." Another person said, "Yes, they do knock before entering and they always use my name."
- Feedback from people was positive around supporting independence, one person said, "I can get around with a frame and I feel they [staff] encourage me to use that to help me keep my independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to meet their health needs and respect their preferences, records confirmed this.
- People were involved in planning their care along with their families where applicable to ensure care provided was individual to them. One person said, "They [staff] listen to me and are interested in me. They know all about my quirks and ask me what help I need and as I ask."
- Each day a different person on each unit within the home was resident of the day. This was a total of 4 residents a day who received an in depth review of their care package, their needs and have their equipment checked.
- Staff told us care plans and risk assessments were clear and helped them get to know people. A member of staff said, "Since admission we talk to people get to know them, we check all the documents preadmission, referrals, read their care plan and speak to their families to know about their past history."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed by the home and people were supported to communicate effectively.
- Records confirmed different methods of communication were documented and how staff should support people to have their views understood.
- For example, records showed staff were to encourage people to use hearing equipment so they could understand information they received.
- A member of staff said, "We use lots of different methods such as pictures, word charts and where needed we ask staff who speak people's native language to help translate."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

- People were able to take part in a number of activities inside or outside the home. One person said, "I can get a cab and go out. I go out to the bakery, get a coffee or go out for lunch. The good thing about this place is all the events they put on like Diwali, and we get singers and entertainers in." Another person said, "I get involved in the activities I like, I really enjoy the exercises and when people come to entertain us."
- The home had their own pub, hair dressers and sensory room and people were able to visit and use these services while they were open.
- The home had activities coordinators who supported group and individual activities to prevent social isolation and to help build friendships. One of the activities coordinators said, "We plan activities to meet the needs of people and around the time of year. We just had Remembrance Day and we had a lady come and sing songs dressed in army uniform, they [people] loved it."
- Relatives were invited to join in activities and they confirmed they took place. A relative said, "[Person] really enjoyed when someone from the museum came to give a historical talk."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- Records confirmed complaints were logged and people and their relatives were provided with an outcome or details of who to contact should they wish to escalate the matter.
- People we spoke with told us they knew how to raise a complaint and felt they were listened to and received the desired outcome. One person said, "I feel I could talk to any of the staff with a complaint and they would listen."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Records confirmed end of life care plans were in place for people and involved relatives and appropriate health professionals.
- Staff received training and supervision support in end of life care, this helped them to support people and families in a comforting manner.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- People told us there was a warm atmosphere within the home. They felt staff were caring and focused on them. One person said, "You can see staff treat us as more than a job, they get satisfaction from caring for us." Another person said, "I speak to [registered manager] I find them dynamic and on top of things, very approachable and can talk to them about anything."
- People were made to feel they mattered and appreciated being asked how they were by the management team and care staff. One person said, "The people make this place, the staff are all open with us." Another person said, "They [staff] do their very best for us, I don't know how else the home could improve."
- Relatives told us they were pleased with the care provided to their family member and when they visited they were made to feel welcome each time.
- Staff were positive about working at the home, they felt well supported and told us they were able to approach any of the management team for guidance and support. A member of staff said, "We have a good atmosphere at work which is enjoyable. The management team is the best, we have so much support on each floor to help us with people."

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.
- The registered manager was aware what needed to be reported to the CQC. They were open and transparent when things had gone wrong with people, their families and health professionals. The registered manager said, "We are very proactive in sharing information with each other."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Audits were carried out in line with the providers policy and were used to drive improvement. Records confirmed the home carried out quality audits which included health and safety, fire safety, food and fluid, infection control, petty cash, medicines including controlled drugs, hoists, bed and sling checks.

- A residents forum took place to discuss how residents felt and activities they would like to take part in. Relatives were invited to meetings at the home where they received updates on the home and could ask questions to the management team.
- Regular staff meetings took place, staff confirmed they attended and records reviewed confirmed detailed discussions were had on how quality standards should be met within the home. This meant staff were kept informed of what was expected of them from their role.
- Handovers between staff were taking place to share important information, staff valued this protected time to receive important health information about people with the home and any potential health risks they needed to be alert to.
- The provider had systems in place for people using the service, their relatives and staff to provide feedback on the quality of the service.
- Outcomes of the survey were shared with staff, people and relatives to help the home know where they could improve.
- The home received a number of compliments from relatives about the quality of care provided, this also helped the home know they were providing a quality service meeting people's needs

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The provider worked in partnership with the local community and other health professionals.
- The registered manager told us they held a lot of reflective sessions with all staff to support their learning and development. Training for all staff was actively encouraged to improve staff knowledge and awareness.
- Regular meetings with the local authority and health professionals took place, this helped to build links and additional support for the home while caring for people.
- The registered manager had attended national care shows to share their experiences and best practice with other care providers.