Mr Kevin Hall

Acorns Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an unannounced inspection at Acorns Care Centre on 10 July 2018 and returned for a second announced visit on 13 July 2018.

Acorn's Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides single occupancy bedrooms with en-suite facilities, across three floors, and is serviced by one lift. There is a communal lounge on the middle and top floor and a large dining area on the ground floor. At the time of the inspection there were 32 people living at the home.
At our last inspection in November 2017, the home was rated as 'inadequate' overall and in the key questions, safe and well-led. The home was rated as 'requires improvement' in effective and responsive and caring was rated as 'good'. We identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to; safe care and treatment (two parts), safeguarding, environment and premises, staffing and good governance (two parts). As a result of our findings, Acorns' Care Centre was placed in special measures.

Enforcement action was taken following our November 2017 inspection and the outcome of this will be added to our report after any representations and appeals have been concluded.

At this inspection, we identified continued breaches of the regulations in relation to; safe care and treatment and good governance. There was also an additional breach of the regulations; meeting people's nutrition and hydration needs. We also made a recommendation regarding staffing.

The overall rating of Acorns Care Centre has improved to 'requires improvement' which means the home is no longer in special measures.

A month prior to the inspection, the registered manager resigned so at the time of our inspection, there was no 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.

Following our last inspection, the provider had commissioned a consultancy firm following our inadequate rating in November 2017. Up until a month prior to the inspection, the consultancy firm had been attending the home a couple of times a week but progress had been slowed due to the existing management arrangements. At the time of the inspection, the consultancy firm were responsible for the operational management and were a presence in the home five days a week.

A week prior to us undertaking our inspection, the consultancy firm had enlisted the support of a home manager that worked with the consultancy firm. The home manager would be at Acorns Care Centre to provide leadership and oversight four days a week, overlapping the director of the consultancy firm one day and the director being present the weekday the home manager wasn't at the home to provide leadership and support. At the time of the inspection, recruitment was underway for a permanent home manager at the home that would register with CQC.

Following the inspection, we received an update from the consultancy firm detailing the actions taken to address the breaches identified. We will determine whether the home has made sufficient progress against the identified requirements at our next inspection.

At this inspection, we identified failures in respect of the delivery of safe care and treatment. This was because risks associated with bedrails and entrapment were not assessed and identified. We also found airflow mattresses were not on the correct setting based on people's weight which increased the risk of people developing pressure areas.

A system had been implemented to investigate and respond to accidents and incidents. This was shared with the staff team to promote learning.

Staffing was determined using a system based on people's needs. However, this didn't take in to consideration the logistics of the building and that there was only one lift which meant supporting people to the dining room on the ground floor could only be supported one person at a time. We made a recommendation about this.

People's hydration needs were not consistently met and people's recommended daily fluid intake was not being achieved. It was unable to be determined how this had been addressed through the records maintained.

Staff received an induction and appropriate training and supervision to support them to fulfil the requirements of the role. People told us staff knew what they were doing and met their individual needs and wishes.

People had not always been involved with the development or review of their care plans. The nursing staff were responsible for completing all the care plans and daily notes which was burdensome on nursing staff but was in the process of being reviewed with the proposal of senior care staff to undertake some of these duties.

Feedback had been sought from people, relatives and staff. Resident and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Incidents and accidents were recorded, and consistently investigated.

Staff spoke positively about the consultancy firm and said they felt empowered to make changes. The home had improved and there were clear plans and identified timeframes to continue that trajectory of improvement.

We identified breaches of the regulations and found the scope of audits were not wide enough in scope to identify these internally through the consultancy firms audit process. Following the inspection, we were provided an update regarding the implementation of further audits to prevent re-occurrence of these issues. These audits will be considered as part of subsequent inspections to determine they have been embedded

in to practice and achieved regulatory compliance.

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 rating of this key question has improved to Requires Improvement.

The risk of entrapment and skin break down was identified because of unsafe use of equipment.

Safeguarding processes had been implemented and staff spoke of a transparent culture. Records checked confirmed safeguarding concerns were recognised and reported without delay.

Medicines were managed safely and changes in the system were being implemented to further support nursing staff.

Staff were recruited safely and there was a system in place to determine the required staffing numbers to meet people's needs.

Is the service effective?

Requires Improvement

The rating of this key question remains Requires Improvement.

Not all aspects of the service were effective. The provider could not demonstrate they were consistently meeting people's hydration needs and records required strengthening.

There was an effective system in place to manage Deprivation of Liberty Safeguards (DoLS).

Consent was obtained before staff undertook care tasks with people.

Staff received appropriate induction, on-going training and supervision to support them to undertake their role.

Is the service caring?

Good

The rating of this key question remains Good.

Everyone we spoke with thought the staff were kind and caring.

Throughout our inspection, where we observed interaction

between staff and people who used the service that was kind and caring.

Staff demonstrated they knew people's preferences. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported people in a way that promoted their independence and maintained their privacy and dignity.

Is the service responsive?

Requires Improvement

The rating of this key question remains Requires Improvement.

The development of care plans and reviews continued to be nurse led and did not involve people, their families or care staff who were responsible for undertaking most of the day to day care interventions.

People told us they received responsive care that was based on their choice and preferences. Staff demonstrated they knew people well to provide person-centred care.

There were activities available which was being reviewed at the time of inspection to ensure a varied programme was being provided that met people's individual interests.

We found the provider had an effective system in place to record, respond and investigate any complaints received about the home. The complaints
procedures were visible throughout the home.

Is the service well-led?

Requires Improvement

The rating of this key question has improved to Requires Improvement.

The registered manager had resigned so the consultancy firm was in the process of recruiting a manager that would be registered with CQC.

There were systems in place to monitor the quality of the service and improvements had been made; however, we found areas of concern that had not been identified through the internal monitoring process.

Staff spoke positively of consultancy firm and the home manager, they felt supported and empowered to make changes

and felt the quality of care was improving.

Resident, relative and staff meetings were consistently being held to ensure effective communication and feedback was sought to drive improvements.

Acorns Care Centre

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 over two days on 10 and 13 July 2018. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement.

On 10 July 2018, the inspection team consisted of one adult social care inspector, a pharmacist inspector 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. On 13 July 2018, two adult social care inspectors completed the inspection.

Prior to the inspection we reviewed information we held about the home. This included statutory notifications, safeguarding referrals, previous inspection reports, action plans and the service improvement plan which had been developed in conjunction with the quality performance team at Wigan following the homes previous inspection.

We also liaised with external professionals including; the local authority, local commissioning, safeguarding teams, environmental health and infection control to support our planning for this inspection.

A Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who lived at Acorns Care Centre and four relatives/visitors. We spoke with the home manager, two nurses, four care staff and the consultant.

We looked at various documentation including four care records for people receiving support, three people's records with dietary needs and two people care records pertaining to their fluid intake and 10

medicine administration records (MAR). We also looked at staff recruitment information, supervision notes, training, induction process, staff rotas and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of Acorn's Care Centre in November 2017, this key question was rated as inadequate. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to; Regulation 12, safe care and treatment as people were not receiving a modified diet in line with their assessed needs and medicines were not managed safely. Regulation 13, safeguarding service users from abuse and improper treatment because safeguarding incidents were not systematically being identified and reported to the local authority. Regulation 15, premises and equipment due to environmental health findings and the homes food safety rating.

We undertook this inspection to ascertain the progress made since our last inspection and found the issues at our November 2017 inspection had been addressed. However, we identified a continued breach of Regulation 12, safe care and treatment due to the risk of entrapment and airflow mattresses not being set to the correct setting.

We found checks had not been completed to determine the equipment was safe for people to use. We saw bed rail risk assessments had been completed prior to the use of bed rails, however these had not been updated and bed rails had not been checked in line with these risk assessments to determine they were fit for purpose. We checked the bed rails in eight bedrooms and in three of the bedrooms there was considerable movement on both sides of the bed. The people in these bedrooms were regarded to be unable to understand risks and could not use a call bell to request assistance. This increased the risk of entrapment. Entrapment can occur when there is a gap between the mattress/bed and bed rail which can result in a person becoming trapped.

We looked at risk assessments in place to mitigate the risk of people developing pressure sores. We saw people identified as being at high risk of developing pressure areas had equipment identified as reducing this risk. This included airflow mattresses. We checked the airflow mattress in seven bedrooms and found five of the seven airflow mattresses checked were not set to the correct setting for the person's weight. This meant equipment was not being correctly used to manage the risk of skin breakdown.

We determined people had been effected at the point of our findings and the nurse on duty addressed the mattress settings whilst we were on site.

At our last inspection, we found medicines were not managed safely. This was because there were issues with documentation and administration of medicines. At this inspection, we noted the home was working closely with the local authority Medicines Management Team to improve the medicines arrangements in the home. At this inspection we found medicines management had improved but identified concerns with the room and fridge temperatures which could result in medicines being less effective in their treatment.

Daily room and fridge temperatures were recorded but we saw evidence of recordings that were outside the manufacturers recommended storage range. The fridge had been recorded below 2oC on four occasions and the room was above 25oC on 12 days since 01 June 2018 with no records of any actions taken. The

room was consistently above 25oC on the day of the inspection.

We asked to see a copy of staff medicines administration competencies during the inspection but managers did not provide us with evidence that annual competency checks had been done. Nurses did regular weekly medicines audits but we did not see any evidence that managers had assessed the findings or put action plans in place to address the issues.

All the above information constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we received an update from consultancy firm which confirmed they had replaced four beds with profiling beds with bumpers and introduced a weekly checking and recording system to ensure the bed sides are positioned appropriately. They had also introduced monthly bed rail and mattress audits to prevent re-occurrence. This will be verified and checked at subsequent inspections.

We looked at 10 Medicines Administration Records (MAR). Records were clear and there was evidence that stock checks were being completed. We checked a sample of medicines stocks and these were correct. There were no gaps in records indicating that people were receiving medicines at the correct time and as prescribed. Some people were prescribed medicines to be taken when required. information was available to guide staff how to administer each medicine and these were detailed and person centred. However, three of the 10 records we checked did not have the allergy status recorded on the MAR. There is a risk that someone may be given something they are allergic to if a record is not kept.

We observed staff administering medicines. This was done in a kind and patient way, however during administration, nurses were still expected to guide care staff and answer queries, interruptions during medicine administration can lead to errors.

Records for people who were prescribed topical preparations were completed by care staff. The records were detailed and demonstrated creams were applied properly. Care staff also recorded when people were provided with thickened drinks as prescribed. Staff knew the correct consistency needed by the people in their care.

Medicines were stored in a secure treatment room that was tidy and spacious. We noted however that the floor and worktops were dirty and raised this with the manager who agreed to implement a more frequent cleaning schedule for this room.

A medicines management policy was now in place for staff to follow that covered the issues raised at the last inspection. A copy of the policy was kept in the treatment room but there was no evidence that staff had read and understood the documents. The policy included a detailed procedure for homely remedies and people had the appropriate documentation in their MAR.

We were informed of the action taken following our inspection feedback which included; an updated allergy list sent to the pharmacy to be included on the MAR, the medication policy had been viewed as "Policy of the Month" and signed by staff and would form part of the induction process for all staff administering medication. There was a fan in the clinic to regulate the room temperature and a new fridge had been ordered.

All the people we spoke with felt they or their relative was safe living at Acorns Care Centre. Reasons included the secure environment, with staff always on hand. One relative said they always felt their relative

was "absolutely safe" and when they went away they could do so with an "easy mind."

At our last inspection, we identified people assessed as having an 'unsafe swallow' had been given foods that were not in keeping with their assessed needs. For example, people requiring a 'fork mash' diet had been given; cooked breakfast; toast; sandwiches; crisps; and fruit
salad, which contained grapes. At this inspection, we looked at food and fluid records for three people requiring modified diets and observed the meals provided during the inspection. We found the records had been strengthened and there was no ambiguity regarding the consistency of foods that people had been given. Records were clear, concise and consistently reflected people were being provided with the correct consistency of foods that was reflective of their assessed need. Risk assessments and care plans had been updated timely when a person had been assessed as needing a modified diet and kitchen staff had the correct information to ensure foods were prepared in line with people's requirements.

At this inspection we found oversight was demonstrated when accidents or incidents had occurred and the records had improved. We could see accidents and incidents had been monitored and reviewed to identify any trends. Referrals had been made timely to GP's or falls team for assessment and control measures implemented to prevent re-occurrence. Management shared their observations and findings with staff during handovers and meetings to promote learning and ensure staff had the most up to date information.

We received mixed views from people as to whether there were sufficient numbers of staff on duty to meet people's needs timely. Comments included; "There is always someone around", "I feel my relative is always attended to promptly" One relative said they felt staff appeared to be busier in the last 15-18 months than previously. Another family member felt the staff could be 'hard-pressed', especially at weekends. In both cases, it was felt the impact was borne by the staff, rather than affecting the people living at the home. Another visitor felt staff were too busy to spend time with their friend as an individual but said they did 'pop in' to check on them.

We saw staffing levels were calculated based on people's care needs. However, we identified there were additional pressures on the nursing staff as the nurses were required to attend to all the people living at the home rather than just attending to people with nursing needs. This included dispensing medicines and maintaining records. The logistics of the building and only one lift and a high number of people requiring wheelchairs created additional pressures on care staff at mealtimes. Staff were supporting people to get up in the morning and taking people one at a time down in the lift to the dining room on the ground floor. This resulted in people congregating in lounges waiting to be taken to the dining room or people waiting in the dining room for everybody to come down before there were enough staff to start serving breakfast and dinner. There was also the additional pressure on care staff of supporting people with meals in their bedrooms when there were no facilities to prepare meals so these had to be obtained from the ground floor kitchen.

We recommend the provider looks at the calculation of staffing levels in consideration of the logistics of the premises and people's care needs.

Following the inspection, consultancy firm advised they were implementing senior care staff to reduce the work load for nurses on duty and upskill staff in the home that wanted to develop their career.

We found the provider retained information regarding the professional registration status of all the registered general nurses (RGN's) and we found all nursing staff had been revalidated and were registered with the nursing midwifery council (NMC).

The provider had maintained safe recruitment procedures to ensure people were supported by staff that were suitably checked to ensure they were safe to work with vulnerable adults.

At our last inspection, we identified shortfalls at Acorn's Care Centre with regards to the identification of safeguarding incidents and reporting procedures. We found two incidents staff and management had failed to identify and raise safeguarding alerts when safeguarding incidents had occurred. At this inspection, staff told us there had been a change in the culture at the home since the registered manager had left and that transparency was supported. Staff told us reporting of incidents was encouraged and staff saw reporting concerns as an individual responsibility. We saw the home manager had a system in place for monitoring safeguarding referrals and all safeguarding alerts had been made timely to the local authority and CQC.

We looked at the home's recent food safety rating and observed the rating was 1 following Environmental Health's inspection visit in April 2018. There have been consistent issues with the kitchen and food safety rating including; the kitchen being closed for four days in April 2017 as result of a mice infestation at Acorns Care Centre. There had been mice activity in several areas of the home including: the kitchen, dining room, cleaning store and first floor of the home. The food hygiene rating awarded in May 2017 was 0. A further visit had been undertaken by environmental health in October 2017 and further concerns identified. The food hygiene rating awarded following their October 2017 visit was 1. Environmental health again visited in April 2018 and identified concerns and the food safety rating awarded was again 1. Because of these findings, environmental health prosecuted the home and the provider pleaded guilty to five food safety offences. Since this, consultancy firm have implemented documentation and checks to improve the rating at the next environmental health inspection.

We checked safety documentation, to ensure the service was appropriately maintained and safe for residents. We saw fire equipment had been checked and practice fire drills were carried out. A fire risk assessment was in place.

Appropriate checks on the premises and equipment had been completed, including the mains electrical installations, emergency lighting, fire equipment, gas supply, the working order of the lift, portable appliance testing (PAT), hoists, moving and handling equipment and legionella. These checks ensured the building was safe for people living at the home. The provider had a contingency plan in place for any emergency event, for example lift failure or loss of utility supplies, loss of staffing, loss of IT/telecoms, sever weather or an infectious outbreak.

We checked infection control procedures and observed staff practice. Our observations confirmed staff had access to personal protective equipment such as gloves and aprons. We saw all areas of the service were clean, and there were no malodours in any of the communal areas or bedrooms we checked. Staff used best practice infection control procedures when cleaning floors and used colour coded mops to ensure that cross contamination was minimised.
A 'maintenance communication and action plan' document was used to identify any ongoing maintenance issues such as decorating and we saw where issues had been identified these had been rectified and the date of resolution was recorded.

Requires Improvement

Is the service effective?

Our findings

At our previous inspections of Acorn's Care Centre, this key question has been rated as requires improvement. This is because there has been a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were gaps in staff training. We also identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance because oversight could not be demonstrated regarding documentation in relation to deprivation of liberty safeguards (DoLS).

At this inspection, we found the provider had met this regulation and training had significantly improved. However, we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was unable to demonstrate they were meeting people's nutrition and hydration needs.

During the second day of our inspection, we spoke with two people at 09.30 who informed us they were thirsty and told us they had not been given a drink since getting up at 06.00 and 07.00. Both people visibly looked thirsty as one had white residue around their lips and the other person was holding their throat and making coughing sounds. We informed the manager of our observations and were told a drinks trolley went around the home that morning at 07.00 and people had been offered a hot drink. Only one of the two people we had spoken with required their food and fluids monitored so we looked at their food and fluid record but were unable to determine when drinks had been given. This was because the records were insufficiently completed and the record didn't lend itself to capture the detail required. The record indicated the person had been given a drink with their evening meal at 16.30 and there was a further drink documented overnight but the time was not specified. This meant it could not be determined people were being offered drinks frequently or the gaps between drinks being accepted.

We also checked the daily logs for both people to determine whether staff had made records of drinks being offered. We found global entries were made detailing that both people had taken sufficient fluids and diet and had their personal care needs met. However, the quantities, times and frequency were not captured. We saw in people's care files that people's recommended fluid intake was documented, however people's recommended daily intake recorded was not being achieved. There was no evidence to indicate what was being done about this to demonstrate that increased fluids were being offered.

All the above information constituted a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding nutrition and hydration.

Following the inspection, we were informed the food and fluid records had been changed to enable staff to document every drink offered or declined.

We observed all the meals provided on the first day of our inspection. We saw the dining room had been painted since our last inspection, there was a board on the wall that recorded the date, season and weather that day. There was also a large clock so people were orientated to the time. There were menus,

condiments, place mats and napkins on the table to promote a positive dining experience. The meal times were relaxed, staff confirmed with people were they wanted to sit and offered people a choice of cooked breakfast items and at dinner there were two cooked meal choices. If people didn't like either option, additional meals were offered which included; jacket potatoes, sandwiches and egg/beans on toast.

The meals looked appetising and there were pleasant aromas throughout the dining experience. Nurses and care staff engaged in conversation with people and there was laughter and engagement observed between people living at the home and staff throughout the mealtime service. People living at Acorns Care Centre told us; "The food is very nice", "they feed me well", "all the food is good, although lunchtime can be a bit boring there's plenty of it, if anything too much", "food is all good although it can be repetitive", "food is second to none, you're never hungry." One person explained that they didn't like fish, but the staff were aware of this and made sure they got an alternative when fish was served.

The people we spoke to felt "Confident" that the staff at Acorns Care Centre "knew what they were doing" and could meet their needs or those of their relative or friend. One person told us "It's all good, no complaints." A family member told us; "The staff are very good with [relative] who is not an easy person." One person felt Acorns Care Centre compared favourably with two other care homes they had had experience of. Another person told us their social worker had discussed alternative accommodation but they told us their needs were being met and they preferred to be at Acorns Care Centre.

In the care files we looked at, we saw an initial assessment had been completed which supported the development of initial care plans. We found there were clear systems in place to support staff to work together both within and across organisations. This included handover records and diary that had been introduced to ensure there was a clear audit trail to demonstrate all tasks had been completed each day. We saw people were referred timely to other health care professionals which included; GP's, Speech and language teams (SaLT), falls team, tissue viability nurses, mental health teams and podiatrists.

At this inspection we found the provider was meeting the regulations in regard to staff training. Staff told us they received enough training to help them support people effectively. We looked at staff training information and found they had received training in a range of topics, including safeguarding, medication awareness, dysphagia, manual handling, infection control, food hygiene, fire safety, first aid, health and safety, MCA/DoLS, health and nutrition, equality and diversity, catheter care, end of life and epilepsy.

The induction was aligned with the care certificate and staff we spoke with told us they received an induction in to the service at the start of their employment. One staff member said, "I had an induction and shadowed other staff for about two weeks. During this time other carers helped me to get to know people and understand systems and processes. I did training in moving and handling and I'm now doing end of life care training and have recently done safeguarding refresher training with the local authority. I'm also a qualified first-aider. I've also done on-line training in medicines although I don't administer any." Staff were given an employee handbook at the start of their employment.

Staff received supervision with their manager bi -monthly and annual appraisals also took place; we saw staff had been fully involved in this process and were provided with the notes of any supervision meetings; a supervision planner was in place for the remainder of the year. We looked at notes from previous supervision meeting sand saw discussions included, personal development, concerns and worries, timekeeping, standards of work, feedback from residents and staff, review of the previous supervision. Supervision and appraisal is a process used by management for meeting with employees to manage their performance and provide opportunities to develop and improve. However, we saw some supervision notes had not been signed by the supervisor and supervisee and some were not dated. One staff member said, "I

had a supervision a couple of months ago and an appraisal but not much before that and I'm waiting for a date for the next one. I think the manager is approachable and very keen and it does seem like he would take the time to speak with us."

During the visit we observed staff consistently asking permission before carrying out personal care tasks and explaining what they were doing, for example, during hoist transfers. We observed one person wanted to transfer from their wheelchair to a lounge chair. Although there was a hoist in the room at the time, the care staff got the person's walking frame and two carers gently supported them to stand and turn, guiding and encouraging them throughout the manoeuvre. This person told us afterwards that although they had transfers undertaken by both hoist and walking frame that they preferred using their walking frame than the hoist. A carer asked another person "how is your back today" and confirmed with them that they would prefer a hoist transfer on this occasion.

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. People can only be deprived of their liberty so that they can 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).

At our last inspection, we found mental capacity assessments were not being consistently completed when people did not have capacity to consent to their care and treatment or make specific decisions. The had been no system in place to undertake mental capacity assessments (MCA) or oversee Deprivation of Liberty Safeguard (DoLS) applications. At this inspection, we found this had been addressed and the provider was meeting all requirements of the regulation.

The staff we spoke with demonstrated they were knowledgeable regarding people's needs and where MCA and DoLS applications were up to. Nursing staff told us they had been empowered to complete assessments and engaged in the process to ensure people's support needs were recognised and applications were being made timely to the local authority.

We saw the DoLS matrix had been updated when required and contained accurate information regarding where applications were up to in the process. There was a system in place for pursuing applications once submitted to the local authority to determine assessment timeframes. We found granted authorisations had been incorporated in to people's care records and staff were familiar with people's recommendations.

Good

Is the service caring?

Our findings

All the people we spoke to living at Acorns Care Centre were complimentary about the staff. Comments included; "All the staff here are nice, they all do their job well.", "The staff are very good.", "The staff are all very nice, I can't fault them.", "I'm quite happy here." Family members we spoke to also thought highly of the staff; "They are very kind and always welcoming.", "[Staff name] is brilliant.", "The staff are brilliant, a real asset to the home.", "Everybody is very well looked after."

Family members told us staff would go the 'extra mile' by getting shopping for people or making sure [relative] always had their favourite food available. Another family member said; "The staff are very kind to me as well. I've told my family, if its ever necessary that I do not want to go anywhere else, I want to come here to live."

People's equality and diversity and protected characteristics such as race, sexual orientation, and disability were considered at assessment and management and staff demonstrated a good understanding of these considerations. People's cultural and spiritual needs were being met by religious events, and Holy Communion was held at the home regularly.

We found the staff were friendly and engaging and the atmosphere was welcoming and relaxed. Staff were visible throughout the inspection and expressed being proud of the care they provided. Staff spoke with fondness about people and it was evident reciprocated bonds had formed between staff and people living at the home. We saw appropriate displays of affection between staff and people throughout our visit. Staff demonstrated they had an in-depth understanding of people's needs and endeavoured to provide care that was person centred and met people's individual needs and wishes.

People confirmed being provided with choices and feeling empowered to make their own decisions. People told us staff delivered care in line with their wishes and preferences. Examples of this included when people got up in the morning, what they participated in during the day and whether or not they chose to go to the dining room for their meals or ate them in their room if this was their choosing.

The people in the communal areas looked relaxed and contented. Staff were gentle and courteous and engaged with people whilst they were supporting them, chatting with them through short waits for equipment or assistance from another staff member. We saw staff consistently took the time to speak with people as they carried out their tasks, for example we observed a domestic staff member holding a conversation with one person whilst they cleaned their room. It was clear the person enjoyed this engagement and we overheard lots of laughter during this conversation.

People looked well-presented and there were no malodours within the home or environment. Although it was warm weather when undertaking our inspection visits, the temperature was comfortable throughout most of the building, including the communal lounges.

People we spoke to were satisfied that staff respected their privacy and dignity, always knocking on doors

before entering. A staff member told us; "With personal care the bedroom door and curtains must always be closed and I always use two towels to cover up the parts of the body not being washed. You are vulnerable when you first wake up in the morning and it's not nice to be dealt with roughly. I get to know people and how to banter with them individually about what's important to them everyone needs different amounts of time and effort; if you rush people it is not respecting them so you get to know them as an individual."

People told us they could do things for themselves as far as possible; "I wash my own hands and face" and that they could have a shower or a bath whenever they wanted one.

One person told us that they could go out independently, as long as they told staff they were going. Another person told us that walking was important to them and that they were currently discussing with staff about going out independently.

We saw two people accessing the secure garden area to have a cigarette when they chose to, and staff remained vigilant whilst they were outside.

Family members all told us they can visit at any time and they are made to feel welcome at the home by staff and management.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke to living at Acorns Care Centre, and their relatives, were generally unaware of the formal care plans. However, they said they were happy that staff knew what care they required and did not feel they needed to be involved in their care planning or review. People told us they found the staff approachable and felt they were 'listened to'. Family members were happy that they were "always kept informed" and "always consulted." One relative told us; "The care is always delivered based on my relatives choices."

care plans identified appropriate control measures to manage risks. However, we found reviews of care plans had not consistently been done to demonstrate the care plan contained the most relevant information and some information contained within care plans was not relevant to people's needs which caused some confusion. For example; some people had risk of dehydration risk assessments and were identified at being at risk, but there was no care plan in place or fluid chart implemented to determine how this was being managed.

Care plans and reviews continued to be developed and completed by nursing staff which meant the service was not including people in reviews of their ongoing care to enable people to express and document their views or preferences following admission. This was also burdensome on the nursing staff to achieve which resulted in reviews not being completed in identified timeframes.

We also noted the daily logs were only completed by nursing staff despite the care staff being predominantly responsible for the care and support provided. Because of the quantity of entries nursing staff were required to make, they completed a global entry for their shift which meant a true picture of the care interventions undertaken was not completed. This meant the care records did not lend themselves to verifying that people's care needs had been met.

This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance as a contemporaneous record of the care undertaken was not being maintained.

Following the inspection, the consultancy firm indicated the senior care will be included in the development of care plans for people living at the home on a residential basis. The senior care role would also assist in the review process and daily entries to relieve the work load on nursing staff.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. In one person's file we saw a communication passport in addition to the care plans and nursing staff told us they were looking to roll this out to everybody with communication needs. We observed staff interacting with people in ways that were effective for them. Interactions we observed were patient and kind.

We found staff had completed people's life histories with people and captured information pertaining to people's life histories, background information, employment history, interests, likes and dislikes. We saw nursing staff had incorporated this information in to care plans and all the staff spoken with demonstrated they knew people's preferences to ensure people received person centred care.

A nurse at the home had designed and end of life booklet which the quality performance officer for the home had shared with the hospice in your care home team and received positive feedback regarding the information captured. A person living at the home had designed a butterfly to be embedded in EoL documentation and we saw the completion of my end of life wishes being done in conjunction with a person's relative. The family members spoken with told us they had been involved in discussing end-of-life wishes with care staff. One person had also been given the booklet and was in the process of completing it.

Acorns Care Centre has recently appointed an activities co-ordinator, who works in the afternoons. On the afternoon of our visit, we observed the co-ordinator spending time in the first-floor lounge, showing people photographs recently taken at the home and putting together a "memories" photo album with people. They showed people their own photos and checked that they were happy for them to be included in the album. The co-ordinator also spent a significant time 'dancing' gently with one person, who had earlier been nursing a doll. There was also a volunteer that supported the home with activities and they were extremely motivated to ensure people were engaged in social stimulation of their choosing.

One person told us that they had previously attended a 'knit and natter' group but that this had disbanded. This person liked reading and told us that carers got books for them to ensure they could continue this activity. Other activities people told us about were sing-songs, Thursday bingo sessions and dominoes. Some people had also been taken to art sessions in one of the local shops / studios.

At the time of the inspection we saw there was an activities programme available but we were informed the activities schedule was being re-visited and discussed with people to ensure it incorporated people's interests and that people felt there were sufficient activities being offered.

Acorns Care Centre has a small patio, accessible from the first floor, with seating and plants in containers. One person told us they liked to be active and had been encouraged to help with the plants. They also helped with setting tables in the dining room.

We found there was an effective system in place to record, respond to and investigate any complaints made about the service. The complaints procedures were on display and visible throughout the home. No one we spoke to had had cause to make a formal complaint but all said they would be comfortable raising concerns with the staff or management.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of Acorn's Care Centre in November 2017, this key question was rated as inadequate. We identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to; safe care and treatment (two parts), safeguarding, environment and premises and continuous breaches of the regulations for staffing and good governance (two parts).

We undertook this inspection to ascertain the progress made since our last inspection and found most of our previous concerns had been addressed. The improvements could be attributed to a change in leadership at the home. Following our last inspection, the provider had commissioned a consultancy firm following our inadequate rating in November 2017. Up until a month prior to the inspection, the consultancy firm had been attending the home a couple of times a week but progress had been slowed due to the existing management arrangements.

A month prior to the inspection, the registered manager resigned so at the time of our inspection, there was no 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.

A week prior to us undertaking our inspection, the consultancy firm had enlisted the support of a home manager that worked with the consultancy firm. The home manager would be at Acorns Care Centre to provide leadership and oversight four days a week, overlapping the director of the consultancy firm one day and the director being present the weekday the home manager wasn't at the home to provide leadership and support. At the time of the inspection, recruitment was underway for a permanent home manager at the home that would register with CQC.

Following our last inspection, the home had been supported by the local authority and care commissioning group (CCG) through a service improvement plan. This involved weekly visits and support from the local authority and CCG to address the identified concerns at our last inspection and monitor progress through the service improvement plan. Although progress was identified, it was found that audits in place at the home were not wide enough in scope to identify areas of concern found during this inspection. Neither the Health and safety audit or the maintenance audit completed June 2018 had mattress or bedrails as part of the monitoring checks to ensure they were fit for purpose and being used in line with manufacturer's requirements to manage the risks.

This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance.

Following the inspection, a night mattress check and bed rail check was devised and implemented. People at risk were moved rooms and four profiling beds were ordered. The implementation and effectiveness of these audits to address our concerns will be considered as part of future inspection planning.

During the inspection, staff spoke positively of the changes and the trajectory of improvement since leadership changes. Nursing staff told us they were empowered by the consultancy firm to implement changes and were involved in decision making and changes to support improvements being sustained. Care staff informed us of changes in the culture at the home and feeling they could approach management if they had concerns and would be listened to and supported.

One person told us they thought the new manager had "made a point of getting to know as many people as possible since they had arrived" and another person said; "you feel you could talk to them if you had an issue."

We saw resident and relative meetings had been conducted regularly since our last inspection and the current home manager had held a meeting in between our inspection visits to inform people of the purpose of our inspection. The meetings provided an opportunity for people to discuss how they felt about the care they received and any changes they wanted implementing. Areas considered included; the environment, activities, food and mealtimes. This showed the service was committed to seeking people's views and asking improvements based on people's wishes.

We saw meetings had been held with people living at the home and relatives by the previous registered manager following our last inspection visit and the inadequate rating had been shared. This showed transparency and honesty with people regarding the quality of care being delivered at that time.

We saw staff meetings were being held consistently with different members of the staff team. There were meetings of minutes with kitchen staff, care staff and nurses. We looked at the most recent minutes and saw relevant information discussed. The kitchen meetings were centred around the previous environmental health report, systems and paperwork implemented and the introduction of increased management checks. During nurses and care staff meetings discussion centred on people's need, policy of the month, meals, attendance and any suggestions or concerns staff had. Staff told us they could contribute to meetings and felt they were now able to influence change.

We saw the day was organised and duties and responsibilities were identified each day when staff changed over. There was a handover sheet and records in daily files to ensure staff were aware of any changes to people's support needs or wishes. There was a diary maintained which was referred to and recorded any appointments and messages between staff. These ensured tasks were identified and allocated to the staff member responsible which ensured accountability and consistency of care.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

The ratings from the last inspection were displayed in the home entrance which was accessible to all people who came into the service. The policies and procedures were available and staff confirmed being kept up to date of changes and that policy of the month had been introduced to ensure staff were familiar with legislation and procedures at the home.