

GN Care Homes Limited

# Acorn Manor Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

Acorn Manor is a residential care home providing personal care to 20 people at the time of the inspection. The service can support up to 40 people.

The care home accommodates up to 40 people over two floors with all communal facilities being on the ground floor.

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

The service was not well led. The provider and registered manager lacked oversight of the service and the required improvements had not been made since the last inspection.

Systems in place to monitor the quality of the service were not effective and failed to highlight or address concerns identified during this inspection.

The service failed to ensure that staff had the skills and competence to carry out their roles. Staff had not undertaken the required training.

The service failed to manage and mitigate fire safety risks. We referred the service to the local fire authority.

The provider failed to maintain the environment to ensure it was safe for people living in the service and improvements were required to meet the needs of those people living with dementia

People's needs were not always met in a timely way and areas of the service were unsupervised for long periods of time placing people at potential risk of harm.

Care plans and risk assessments were not always in place to provide staff with the information they required to provide person-centred care. Staff were able to tell us about people and how they preferred their support to be carried out. People said their needs were met well.

People's medicines were administered safely but were not stored in line with manufacturer's requirements.

Staff and relatives told us there were adequate and meaningful activities for people. They were also very complimentary about the quality and variety of food they received.

Staff respected people's privacy and dignity and interacted with people in a caring and compassionate way. Personal information belonging to people was not stored securely.

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

supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement with multiple breaches of the regulations and an inadequate rating of the safe domain (published 11 January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had not been made and the provider remained in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider still needs to make significant improvement.

The overall rating for the service has changed from Requires Improvement to inadequate. This is based on the findings at this inspection.

#### Enforcement

We have identified breaches in relation to the safety of the service, staff training, care planning, support with nutrition and hydration, records and overall governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Inadequate** ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well led.

Details are in our well led findings below.

# Acorn Manor Residential Care Home

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by an 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced.

#### What we did before the inspection

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

#### During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers, the maintenance person and the chef. We spoke with two professionals who regularly visit the service.

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 20 twenty people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and to seek assurance about immediate action required.

We also spoke with the local authority and the fire service to discuss some of our findings and to seek their view 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found that safe fire procedures were not consistently followed to ensure people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that insufficient improvement had been made and the provider remained in breach of regulation 12.

- Staff had still not completed fire safety training and simulated evacuations had not been completed. There was a risk that staff would not have the most up-to-date knowledge and skills in the event of an emergency.
- Personal Evacuation Escape Plans were in place outlining the support people required in the event of an evacuation. However, these were not always completed immediately upon admission.
- Staff were observed to be propping open fire doors.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at ongoing risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Key checks on the safety of the premises had not been undertaken: at the time of the inspection checks were over due on gas, fire systems, water systems, portable electric equipment and equipment used for lifting people at the service.
- The water temperature had been checked and some outlets were running in excess of that recommended by the Health and Safety Executive, but no action had been taken. We ensured remedial action was taken immediately.
- Risk assessments were not used to provide staff with information on how best to manage specific risks associated with a person's care. For some people with behaviours that may be challenging, there was a lack of clear documentation of how staff managed people's behaviours in a pro-active way.
- Risk assessments relating to general aspects of the service had not been reviewed or updated since the change of provider in June 2018. For example: there was no risk assessment for the activities room, which could not be locked and contained items which could cause risk of harm.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed.

There was a failure to ensure the safety of individuals, the premises and the equipment within it. This was a breach of Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection to confirmed that suitable checks of the environment and equipment were now in place.

#### Staffing and recruitment

At our last inspection the provider had failed to demonstrate that safe recruitment practices had been followed This was a breach of regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 19.

- Checks had been made to ensure that staff employed at the service were of suitable character.
- In relation to staffing levels people had some concern. Comments included " They could do with more staff, sometimes I have to wait but I am not the only one here am I?" and "There are quite a lot of staff in day, I'm not sure about the evenings".
- A recognised tool was not used to confirm if staffing levels were sufficient based on the dependency of people and the layout of the building.
- Observations indicated that staff did not needs of all of the people who used the service in a timely way.
- People were supported over a period of 30 minutes to come to the dining room which meant some people sat there for a long time. People were unhappy about this and two people got up from the table and left.
- A staff member assigned to support one person on a 'one to one basis' was the only staff member available over long periods in the communal areas on both days.
- On other occasions , lounges were not supervised and people who used the service exhibited behaviours that challenged each other with no one available to diffuse the situation.
- Two people did not receive the supervision and support their required with meals in their rooms whilst staff assisted others or ate their own lunch.

Staff were not deployed effectively to meet people's care and treatment needs. This was a breach 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- The room used for the storage of medicines had been consistently above 25 degrees in the month of June. This meant that the effectiveness of some products may be affected.
- PRN 'as required' medicines were not being used in place to guide staff in regard to their use.
- Risk assessments had not been put in place where the administration of a medication posed a specific risk such as blood thinners or emollients creams which were a fire risk.

These failures in medicines management are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A dedicated medicines fridge of a suitable standard was available. Staff checked and recorded the temperature as required.
- People's medicines were ordered, administered and returned in accordance with best practice guidelines. People confirmed this and said "My medication is brought round at the right time".



#### Preventing and controlling infection

- Not all areas of the service were visibly clean.
- Staff had not received up-to-date training but were aware of what was required to support good infection, protection and control measures.
- Staff had access to personal protective equipment and were observed to be using this.

#### Learning lessons when things go wrong

- Remedial actions had not been taken following the last inspection to ensure that lessons were learnt from this process.
- Accidents, incidents and safeguarding were reviewed. However, some remedial actions were vague and non-specific such as 'monitor more frequently'.

#### Systems and processes to safeguard people from the risk of abuse

- The majority of staff had not received up-to-date training in regard to safeguarding adults but those we spoke with were aware of their responsibilities and what to report.
- People told us they were safe and commented "Oh yes I feel safe here, the staff are so good" and "Yeah this is a safe place".
- There were up-to-date policies and procedures to help staff report matters appropriately to the local authority, police and CQC.
- Matters had been identified and reported appropriately to the local authority and the CQC.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At the last inspection we found that staff had not received appropriate support, training and supervision to enable them to carry out their duties that they were employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that insufficient action had been taken and the provider remained in breach of regulation 18.

- The registered provider had not ensured that all staff had undertaken an induction in line with the standards set out in the Care Certificate.
- Essential training and refresher updates had not been undertaken. Staff had not received training in key areas such as safeguarding, moving and handling, infection control, fire safety and emergency aid.

Staff had not received training suitable for their roles. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had carried out an initial supervision with all staff members but had not repeated this bi-monthly as had been the service expectation.
- Staff told us that they felt supported and were able to speak to the registered manager or a senior care worker at any time.

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

- The needs of each person living at the service had not been holistically assessed to ensure that their care and treatment was delivered in line with evidence-based guidance and practice.
- Where an assessment had been undertaken to look at the risk factors relating to skin integrity and nutrition there was no management plan to address any concerns that had been identified.

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

- People taking meals in their rooms did not always receive the correct level of support despite being at nutritional risk. Support was not provided in a timely manner and food had gone cold.
- There was no hydration station in any of the lounges or the dining room and no bowls of fruit or snacks left out for people to help themselves. Additional measures were not in place to monitor fluid intake over periods where the temperature inside and outside was hot.

This lack of support to eat and drink reflected a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008( Regulated Activities) Regulations 2014.

- People were very complimentary about the quality and variety of food that they were offered.
  - Staff demonstrated an understanding of people's individual dietary requirements, preferences and choices. Processes were in place to keep kitchen staff up- to- date with any special dietary needs.
- Adapting service, design, decoration to meet people's
- The signage, decoration and adaptations to the building did not meet people's needs or promote their independence.
  - People struggled to identify their own rooms as there were no names or recognisable images that they could associate with on their doors.
  - People appeared 'lost' and at times distressed as they could not find their way to the dining rooms, bedrooms, lounges or bathrooms as there were no way finding signs.

We recommend that the registered provider seek advice from a reputable source to ensure that changes to the environment are designed and suitable to support the needs of people living with dementia.

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

- Staff referred people to other agencies where appropriate in order to ensure that advice and action was taken.
- A visiting health service professional confirmed that the staff requested support and assessment in a timely and appropriate manner.
- The staff acted as advocates for people liaising with other organisations such as health and social care staff to ensure they received the support and advice required.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had identified people living at the service for whom a DoLS application was required and completed the applications.
- Where a person was subject to DoLS, any conditions attached were documented in the persons care file, but a care plan was not in place to monitor how these were being met.
- Where care plans were available they indicated what decisions a person could make or what support they required.
- Observations indicated that staff respected a person's right to make decisions where they appeared able

to do so.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

The rating of this domain has been limited because of the information throughout the other domains

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

- Our observations indicated that on occasion people did not receive support in a timely manner.
- Staff had not received training around equality and diversity but were able to talk to us about people's individuality and needs.
- Information for and about people was not kept up to date.
- People said they were well cared for and the staff were patient and kind. One person said, "The staff are very respectful I was very nervous, but they are so kind" and another "I have nothing to complain about honestly they do look after us here. The staff are great, very pleasant and all happy".

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

- People told us that staff listened to them and respected their views. One person told us "The staff listen to me and they talk about their problems" which made them feel valued.
- An observation of medication administration confirmed that people were told about their medicines and given the right to say no where appropriate.
- Staff were acting as an advocate for some people in their liaison with the local authority, relatives or other professionals. Advocacy services were not advertised within the service. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- Care plans and other information relating to people was not kept confidential as the staff office was left unlocked and unattended.
- Food and Fluid records were left in the lounge area where they could be seen by other people at the service and/or visitors.

This failure to ensure that records were maintained securely and confidentially was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) regulations 2014.

- Staff respected people's right to maintain a private life and supported people to spend time alone with family members.
- Family members were able to have meals with loved ones and we observed a couple being able to have a

meal together away from the other people at service. Staff had laid out the table as if they were in a café and made sure it was private time.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At the last inspection we made a recommendation that the registered provider ensured that all care plans and risk assessments were regularly reviewed by staff, so they held up to date and accurate information. The provider had not made improvements.

- Out of the twenty people living at the service, six had no care plan or risk assessments in place. This meant that they were reliant on 'word of mouth' between staff members as to how their support was to be delivered.
- Not all of those without care plans were able to verbalise their needs as they were living with dementia, this meant that staff had to anticipate their needs. There was a risk that their personal preferences and routines would not be met, as they were not written down for staff to follow.
- Not everyone could recall being asked about a care plan. One person said, "No one seems to tell you anything, I have no idea when I am going home. I have no idea what a care plan is, but they may have talked to my son about a plan." This person was found to only have information regarding personal care and continence in place. Another said, "I have no idea what a care plan is, they may have talked to my niece about it." This person had no care plans in place.
- Staff failed to understand the importance of keeping complete and accurate records.

This failure to maintain a full, complete and accurate record of each person living at the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had been at the service for a long time, staff had got to know them well as documented their needs, characteristics, wishes and preferences in very good detail.
- Staff were able to talk to us about people and how they liked to have their support provided. They were aware of people's routines and preferences.
- Where they were able, people confirmed that staff met their needs well and their care was in line with their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The pre-assessment and care planning documents have no specific sections for information and

communication needs.

- However, communication needs were addressed for some people within their overall care plans: for example, a person was hard of hearing and their care plan gave detailed information for staff as to where to stand, how to speak and how to use non-verbal forms of communication with the person.

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

- There was a staff member employed three days a week to support people to take part in group or individual activities. People said they enjoyed this and had fun.
- In addition, the registered provider provided opportunity for entertainment and activity from outside of the service which people were observed to enjoy.
- People were able to use the office phone to speak to friends and family. There was no opportunity available to use assistive technologies such as skype or face time to enhance that personal contact.

Improving care quality in response to complaints or concerns

- The registered manager informed us that no complaints or concerns had been raised since the last inspection.
- The registered provider had a complaints policy and procedure that had been reviewed to ensure that it gave people accurate information in respect of making and resolving a complaint
- Not everyone knew how to make a complaint. A person commented " I don't know who to speak to if I am not happy".The notice board directed people to complain to a manger no longer at the service.

End of life care and support

- The service had not fully explored people's preferences and choices in relation to end of life care. Discussions were mainly focused around the practical aspects such as who to contact and when.
- Where people had made a decision around future resuscitation wishes, the appropriate documentation was in a person's care file.
- Positive comments had been received from families in regards to support that had been given to them during the end stages of a loves ones life.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had failed to deliver on their own action plan, agreed with CQC following the last inspection.
- The provider had failed to ensure that the service was being managed effectively to meet the regulatory requirements. They failed to provide information to the CQC when requested.
- Effective systems were not in place to monitor the quality and safety of the service. Audits were not completed monthly as required and so issues had not been identified and swiftly resolved.
- The provider had not carried out regular checks to ensure that audits had been carried out by staff at the service.
- Inadequate fire safety arrangements placed people at risk of harm and the required improvements had not been made following the last inspection.
- The checks required to ensure that premises and equipment were safe had not been completed in line with the required timescales despite the provider being aware of this.
- Documentation relating to people's care and support was not complete and some people were without any care plan. Other documentation, such as daily checks and daily progress notes, were found to be inaccurate and did not reflect the care and support that we observed being provided to the person.
- The last inspection report and rating was displayed at the service.

Continuous learning and improving care

- The provider and registered manager had failed to take on board the significance of the concerns raised on the last inspection and to make the required improvements.
- The provider had failed to follow their own action plan to improve the safety and effectiveness of the service.
- Where audits/checks had picked up some quality issues they failed to identify the need for action.

There was a failure by the provider to monitor progress against their own action plan in order to improve the quality and safety of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff meetings had not taken place since March 2019 despite us being told these were to be held monthly. The registered manager told us they had been poorly attended.
- Information for staff was displayed on the staff notice board and staff required to sign to say they had read and understood its importance.
- Staff told us they felt supported by the provider and the registered manager and that they had their interest and that of the people living at the service at heart.
- No meetings had been with people who used the service or their relatives in order to seek their feedback on the service or to update them on changes. The registered manager had an open door policy whereby people could approach her at anytime.
- The service was working with the local authority and health colleagues to support people living at the service with both long and short-term needs.