

Medicrest Limited

# Acorn Lodge - Croydon

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Acorn Lodge - Croydon 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 accommodates up to 39 older people in one adapted building. At the time of our inspection 24 people were using the service, many of whom were living with dementia.

At our previous inspection in April 2018 we found the provider was in breach of legal requirements relating to dignity and respect, need for consent, safe care and treatment, staffing and good governance. We rated the service 'requires improvement' overall and in each of the five key questions. Following the inspection, we asked the provider to complete an action plan to tell us what they would do to address the breaches of legal requirements we found.

At this inspection we found the provider had addressed the breaches of legal requirements relating to dignity and respect, need for consent, safe care and treatment and staffing. However, they had not taken sufficient action to address the breach of legal requirements relating to good governance. We also found an additional breach of legal requirements. The service remains rated 'requires improvement' overall and in each of the five key questions.

Appropriate recruitment checks were not made on staff to ensure they were suitable to support people. There were however enough staff to support people safely. Staff received relevant training to help them in their roles and they were encouraged to improve their working practices through supervision. But, there was no system in place to monitor that supervision took place at regular and appropriate intervals.

Some improvement had been made to the quality of information for staff on how people's care needs should be met. However, the quality of information contained in people's care records was inconsistent and variable by individual. Staff were still not maintaining accurate and complete daily records of the support provided to people.

Staff had access to improved information about how to manage risks to people's safety. Staff understood the risks posed to people and how they should support them to stay safe. Staff were trained to identify abuse and understood when to report concerns to the appropriate person. However, they were not always consistent when recording and reporting accidents and incidents involving people.

Arrangements to support people with their health needs were not fully effective. However, staff liaised with visiting healthcare professionals and when people became unwell they sought appropriate support from them. People received their prescribed medicines as required. These were stored safely and securely. However, guidance for staff on when to administer 'as required' medicines was not easily available to staff. Recording forms with body maps were not used by staff when they applied topical creams or lotions.

People had more choice over daily decisions. Staff respected people's privacy when supporting them with their personal care needs. But staff were sometimes not observant to people's appearances to ensure this was appropriate. Communication between people and staff was still inconsistent.

People were supported to eat and drink enough to meet their needs. Menus had been revamped following consultation with people and their relatives to include more choice and options for meals that people preferred. But people did not always have a dignified dining experience.

Activities provision at the service had improved. However, some staff were still not providing the level of engagement and stimulation for people that was expected. Staff supported people with their social, cultural and religious needs and to be as independent as they could be. There were no restrictions placed on people's friends and relatives about when they could visit the service.

The provider had acted to make the premises safer for people. There was regular maintenance and servicing of the premises and of equipment used in the home, to check these remained in good order and safe to use. The environment had been improved to make this more suitable for people living with dementia. There was better information for people around the environment. However, people's bedrooms were sparsely furnished and lacked personalisation.

The environment were clean and hygienic. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care and when preparing and serving food.

Staff were now aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider continued to maintain arrangements to support people at the end of their lives. Relatives, where this was appropriate, had been included in discussions to ensure that end of life decisions were made with their involvement.

The provider maintained arrangements for dealing with people's complaints. However, complaints were not responded to in writing, so people might not have been informed of their rights to take their complaint further.

The provider's governance system was still not fully effective. No substantive management audits or checks of the service had been undertaken since September 2018 and the provider had not identified the issues we found during this inspection with the quality and safety of the service. The provider had not sufficiently monitored progress against their own action plan to address the breaches in legal requirements we found at the last inspection.

Relatives felt the provider had not always been open and transparent with them about management changes at the service. There was no registered manager in post. A new home manager had been appointed prior to our inspection who had had an immediate positive impact on people and relatives.

It was evident that the provider had made some improvements to the service since our last inspection. The provider had acted to capture the views of people and their relatives to identify how the service could be improved. The provider was continuing to invest in the service and planned to make further changes to improve standards and service quality.

At the time of this inspection the provider was continuing to meet regularly with the local authority as part of their ongoing contract quality monitoring arrangements. We noted that they responded to the local authority's requests for information promptly and dealt with concerns in an appropriate way.

At this inspection we found the provider in breach of legal requirements with regard to fit and proper persons employed and good governance. We are taking enforcement action in relation to the breach of legal requirements with regard to good governance and we will report on this when our action is complete. You can see what action we told the provider to take with regard to the other breaches at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service remains requires improvement. Appropriate checks were not made on staff's suitability to support people.

Staff had access to better information about how to manage risks to people's safety. They knew what action to take if they suspected a person was at risk of abuse. However, staff did not consistently record and report accidents and incidents involving people.

The provider had acted to make the premises safer for people. The environment was clean and hygienic. Staff followed good practice to minimise risks from poor hygiene and cleanliness.

There were enough staff to keep people safe. People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service remains requires improvement. Arrangements to support people with their health needs were not always effective. However, staff referred any concerns about a person's health promptly to the relevant health professionals.

People were supported to eat and drink enough to meet their needs, but they did not always have a dignified dining experience.

Staff were now trained and supported to meet people's needs. They were aware of their responsibilities in relation to the MCA and DoLS.

The environment had been improved to support people living with dementia, but people's rooms lacked personalisation.

**Requires Improvement** ●

### Is the service caring?

The service remains requires improvement. Communication between people and staff was still inconsistent. However, there was better information for people around the environment. People had more choice over daily decisions.

**Requires Improvement** ●

Staff were sometimes not observant to people's appearances to ensure this was appropriate. However, they respected people's privacy when supporting them with their personal care needs.

Staff supported people with their social, cultural and religious needs and to be as independent as they could be.

There were no restrictions placed on people's friends and relatives about when they could visit the service.

### **Is the service responsive?**

The service remains requires improvement. Staff were still not maintaining accurate and complete records. Information in care plans was not consistent.

Activities provision had improved. But some staff were still not providing the level of engagement and stimulation for people that was expected.

The provider had arrangements for dealing with complaints but did not respond in writing, so people might not be informed of their rights to take their complaint further.

The provider continued to maintain arrangements to support people at the end of their lives.

**Requires Improvement** ●

### **Is the service well-led?**

The service remains requires improvement. The provider lacked sufficient oversight of the service. Governance systems were not effective and did not identify the issues we found at the service.

There was no registered manager in post. A new home manager had been appointed for the service.

The provider had made some improvements to the service. They had sought people's views about how the service could improve. The provider was continuing to invest in the service and planned to make further changes to improve standards and service quality.

The provider was continuing to meet regularly with the local authority as part of their ongoing contract quality monitoring arrangements. They responded to requests for information promptly and dealt with concerns in an appropriate way.

**Requires Improvement** ●

# Acorn Lodge - Croydon

## **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 checked 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 was a comprehensive inspection which took place on 4 and 5 December 2018 and was unannounced. The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We interacted with six people but not all were able to have meaningful conversations with us due to their complex communication needs. We undertook general observations throughout our visit to help us understand the experience of people who could not talk with us. We spoke with two relatives. We also spoke with the director, the newly appointed home manager, a manager from one of the provider's other services that had been supporting this service, a representative from an external training company and four care staff.

We looked at records which included four people's care records, four staff recruitment records, medicines administration records (MARs), staff training and supervision records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because a safe environment was not always provided. Environmental risks had not been appropriately assessed and mitigated. Individual risk assessments were in place but there were insufficient and inconsistent plans to manage and mitigate risks.

At this inspection we found the provider had made improvements and now met these legal requirements. Windows had been sufficiently restricted to minimise the risk of people falling from height. Portable radiators were no longer in use at the service which reduced the risk of people being burnt through contact with uncovered hot surfaces. Systems were now in place to regularly check and monitor water temperatures to ensure these were within a safe range for people to use. Areas of the service which contained materials and chemicals hazardous to people, were kept locked and secure. In addition to these improvements, the provider had continued to carry out regular maintenance and servicing of the premises and of equipment used in the home, to ensure these remained in good order and safe to use.

There was improved information for staff about the individual risks to people's safety and how these should be managed. For example, for a person who had poor mobility there was guidance for staff about how the person should be supported to reduce the risk of them falling and sustaining an injury. Where people had behaviour that may have challenged them and others, there was better information for staff about how this should be managed by understanding potential triggers and how to de-escalate difficult situations. We saw for one person that used a walking aid staff had identified that they may not always use this appropriately. There was guidance for staff about how to explain the risks to the person in a calm and polite manner whilst encouraging them to use this in a more appropriate way. Staff understood the risks posed to the people they cared for and how they should support them to stay safe.

Despite the improvements made by the provider since our last inspection, we found a new breach in legal requirements. The provider was not undertaking appropriate recruitment checks on staff they employed to ensure they were suitable to support people. We looked at records for four staff employed at the service. Application forms had been poorly completed and lacked detail and information about staff's previous employment histories. For one staff member there was no evidence that references had been taken up for them. For another two staff, references had been taken up, but contradicted information staff had provided on their application forms. There was no evidence that these inconsistencies and the lack of detail and information on forms was queried with staff or that additional assurances had been sought about the validity of the references provided. For three staff members satisfactory criminal records checks were only received after they had started work at the service.

These issues meant the provider's current recruitment practices did not provide them all the assurances they needed about staff's suitability to support people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were required to record and report all accidents and incidents involving people. Checks of the



provider's accident and incident book confirmed most staff were completing this, as required. However, we found one staff member had not been using the accident and incident book to report and record concerns. We saw for one person, on two separate occasions in September 2018 and November 2018, the staff member had observed bruising on them. This was recorded in the person's care records along with the action taken by the staff member to support them. However, the staff member had not recorded this in the accident and incident book which meant senior staff would not have been able to review and check that the action taken had been appropriate and that there were no underlying issues or concerns about the person's health and wellbeing that may have contributed to this. We discussed this with the home manager who told us they would investigate this with the staff member concerned to ensure that they understood the correct reporting and recording procedures to follow.

Arrangements were in place to obtain, store and dispose of medicines in an appropriate and safe way. Our checks of stocks and balances of medicines and medicines administration records (MARs) showed people consistently received the medicines prescribed to them. Staff administering medicines had received training to do so. We noted that guidance for staff on when to administer 'as required' medicines (PRNs) was not kept with people's main records about their medicines. PRN's are medicines which are only needed in specific situations such as when a person may be experiencing pain. This guidance prompts staff on the triggers to look out for to help them identify when people may be in pain and in need of their PRN. As this information was not easily available to staff there was a risk that a person prescribed this medicine would not receive this at the appropriate time. We also noted that recording forms with body maps were available to staff to complete when they applied topical creams or lotions. However, staff were not using these at the time of this inspection, recording this instead on people's individual MARs. The recording form with body maps would have provided senior staff with additional assurances that topical creams and lotions had been applied correctly. We discussed this with the home manager and director who told us they would make arrangements to update people's medicines records to ensure information about them was kept in one place and prompt staff to use all available records to ensure accurate and effective recording of medicines administered.

The environment was clean and hygienic. Staff followed procedures for minimising risks to people that could arise from poor hygiene and cleanliness when providing personal care. They had received training in infection control and had access to supplies of personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in food handling and hygiene, so they were aware of the procedures that needed to be followed when preparing and serving meals to reduce the risk of people acquiring food related infections that could lead to illnesses.

Staff were trained to identify abuse and understood when to report concerns they had about an individual to the appropriate person. The service cooperated with the local authority and other relevant agencies such as the Police, when concerns about a person were raised, to ensure appropriate information and support was provided in any subsequent enquiries and/or investigations.

The provider continued to ensure there were sufficient numbers of staff on duty to support people safely. At the time of this inspection, there was a senior care support worker and four care support workers on duty. They were supported by the home manager. In addition to care staff, the provider employed a cook, kitchen assistant and domestic staff responsible for cleaning and maintenance. At night there were three care support workers on duty. Staff told us they felt there were enough staff to support people with their needs. We observed staff were visible and responding to people's requests for assistance, as and when required. Call bells were responded to promptly.

## Is the service effective?

### Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because staff did not adhere to the principles of the Mental Capacity Act 2005 (MCA) and had not applied for legal authorisation to deprive people of their liberty. The provider had not arranged for staff to receive regular training to ensure they had the knowledge and skills to undertake their duties and adhere to good practice guidelines.

At this inspection we found the provider had made improvements and now met these legal requirements. The 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 with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had undertaken MCA capacity assessments and people's capacity to make decisions about specific aspects of their care was now documented in their records. Consent had been obtained from people, that were able to do this, about the use of bed rails. There was information about who had lasting power of attorney to make decisions on people's behalf, where these had been appointed. People's representatives and/or relevant healthcare professionals were involved in making decisions in people's best interests, where people lacked capacity to do so. Applications made to deprive people of their liberty had been made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. Staff had a system for keeping track of all applications made and the date when authorisations were due to expire to enable them to submit a new application, if this was needed, at the appropriate time.

Staff had received relevant training to support them in their roles. The provider had retained an external company to deliver a comprehensive training programme so that staff had the required knowledge and skills to undertake their duties when delivering care and support to people. Training covered topics and subjects specific to staff's roles. New staff underwent a programme of induction and were required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care. Training for kitchen and domestic staff was also provided and included topics such as dementia awareness and infection control. The external company undertook observations and assessments on staff's competency in order to support staff to continuously improve their working practices. A trainer from the external company told us the provider was supportive and committed to all staff being trained to deliver good quality care. They said since they had started working with staff they had noted improvements in their working practices and staff were more confident and motivated in their roles. Staff told us the training they had received was good.

Staff had individual and group supervision meetings with senior staff to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. Staff told us they felt well supported by the provider. We noted that there was no system in place for the provider to monitor that supervision meetings took place at regular and appropriate intervals for all staff. We discussed this with the director and home manager who told us this would be addressed, and a system would be put in place to monitor this.

Some of the arrangements the provider had in place to support people with their health needs were not fully effective. Some people were identified as at risk of malnutrition and had individual plans for how this would be monitored and managed by staff. We saw for one person their individual plan instructed staff to encourage the person to eat enough to meet their needs and observe for any unexpected weight loss. Staff were required to weigh people and record their weight on a monthly basis. For this person we saw staff had recorded a three kilogram weight loss in November 2018 from the previous month. The form used by staff to record this information did not provide any guidance on what staff should do if a significant change was noted in a person's weight. We checked the daily records for the person but could not confirm what action, if any, staff had taken to report this to senior staff so there was a risk that appropriate and timely specialist support had not been obtained for them with their nutritional needs. In addition, there was a risk that an opportunity to identify any underlying health issues that the person may have been experiencing and which may have contributed to their weight loss, had been missed. We discussed this with the home manager who told us they would check to see appropriate action had been taken for this person. They also told us that they had reviewed the current forms that staff were using and found these were not suitable. They said they were devising a tracking system that would improve the quality of information recorded by staff to provide more effective information about changes in people's health that required prompt attention.

Staff continued to support people with their other health needs. Staff liaised with visiting healthcare professionals such as district nurses and other community professionals to ensure a joined-up approach to meeting people's specific health needs. When people became unwell staff sought support from the GP in a timely manner. Emergency medical assistance was sought when people's health and wellbeing deteriorated significantly.

People were supported to eat and drink enough to meet their needs. Since our last inspection the provider had improved this aspect of the service and increased the range of food options for people to choose from and incorporated more fresh fruit into people's diets. The cook demonstrated a good understanding of people's dietary needs and prepared meals in line with people's specific requirements, and adapted cutlery and crockery was available to help people to eat and drink independently. During the lunchtime meal the atmosphere was calm, and people were not hurried or rushed. Most people could eat independently but adapted cutlery and crockery was available to help people if they needed this. We noted though that buckets were placed at the end of tables for leftovers and food scraps to be placed in. This did not help to create a dignified dining experience. We discussed this with the director and home manager who told us they would ensure that buckets were placed away from people whilst they were dining.

At our last inspection we recommended that the provider consulted national good practice about developing their environment to support the needs of people living with dementia. Since our last inspection some changes to the environment had been made to make this more suitable for people living with dementia. The provider had continued with their redecoration plan for the service. Walls had been repainted and signage around the premises had been improved to help people orientate around the environment. However, some areas still needed to be improved. People's bedrooms, although clean and tidy did not contain much in the way of personalised items such as pictures, objects or furniture to make this homelier for people. We discussed this with the director and home manager who told us they would review this to

identify how this could be improved for people.

# Is the service caring?

## Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because the structure of the service was inflexible and did not accommodate people's individual routines. People had a lack of choice over daily decisions. People were not supported to communicate, particularly if they were unable to speak English or were unable to verbally communicate.

At this inspection we found the provider had made enough improvements to meet legal requirements. People's records contained information about how they wished for aspects of their care to be delivered based on their personal preferences and choices. For example, people had been asked to state their preferences for whether they wished to have a shower or bath and when they would like this. People could also state who they received their support from i.e. male or female care staff.

Aspects of the service had been tailored to make them more flexible and accommodating of people's individual needs. Hot drinks continued to be served at set times each day, but these were available to people outside of these times if they wanted them. The menu had been revamped by the provider following consultation with people and their relatives to include more choice and options for meals that people preferred.

For people that smoked, information about how they wished to be supported with this was available to staff on their care records. For one person we saw they had agreed with staff when they wished to have their cigarettes and was happy for staff to keep their cigarettes for them outside of these times.

Information for people around the environment had been improved. Clocks were set correctly to help people orientate to the right time and date. The provider had purchased reminiscence and sensory objects for people to interact with around the environment. The day's newspapers were available for people to read so that they had access to up to date information about the news and current affairs. We saw staff read newspapers with people who would have found this difficult to do themselves.

People appeared to be dressed in clean and appropriate seasonal clothing. However, we did note that one person was wearing ill-fitting trousers and although staff were aware of this, they did not encourage the person to change in to something more suitable. Although people's clothes should be discreetly labelled, some of the clothes in the laundry room did not have any labels so it was not clear who they belonged to. We asked the staff member responsible for laundry that day how they made sure that clothes were returned to the right person after they were cleaned, particularly if labels were missing. They told us because they knew people so well they were able to recognise which clothing belonged to which person. However, for newer staff unfamiliar with people it would be more difficult to ensure that their clothing was returned to them after it had been cleaned.

We observed mainly positive interactions between people and staff. Staff were polite and greeted people when they entered communal areas such as the lounges. However, conversation between people and staff was limited at times. This was particularly noticeable when people were not busy with activities or meal

times. The provider was continuing to improve this aspect of the service as they recognised that there were still some gaps in the quality of communication between people and staff. They had retained an external company to deliver a comprehensive training programme to all staff. As part of this programme staff were being supported to improve their communication skills particularly when supporting people living with dementia. This included developing skills to communicate with people who were non-verbal by using different methods of communication. Support was also being provided to staff where English was not their first language, to improve their English language skills. A trainer from the external company told us since they had started working with staff they had seen some improvements in the quality of staff interactions and noted staff were communicating better with people.

Staff respected people's privacy and dignity when supporting them with their personal care needs. Personal care was provided in the privacy of people's rooms or in the bathroom. When people wanted privacy, staff respected this so that people could spend time alone if they wished. Staff made sure people's social and cultural needs and values and beliefs were respected. For example, support was provided to people, who wished to practice their faith, to attend religious services.

People were supported by staff to be as independent as they could be. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves. Staff only took over when people could not manage and complete tasks safely and without their support.

The provider continued to ensure there were no restrictions placed on people's friends and relatives about when they could visit the service. It was evident that friends and relatives felt comfortable visiting the service at any time and appeared to know the staff team well.

## Is the service responsive?

### Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because care records did not always provide clear, accurate and complete information about people's needs.

At this inspection we found the provider had not made enough improvements to meet legal requirements. We found staff were not appropriately maintaining records detailing aspects of the daily support provided to people. We looked at food and fluid charts for four people and saw gaps and omissions in all cases. This meant there was no complete record of what these four people had drank over the course of a day or week to ensure that this was enough to meet their individual needs. Staff could not be assured that these people were drinking enough to meet their hydration needs on a daily basis.

We noted some improvement had been made to the quality of information for staff on how people's care needs should be met. Where people had specific healthcare conditions there was a specific plan for how the person should be supported with this. For example, one person had a pacemaker fitted and an individual plan had been developed which instructed staff how to specifically support the person with this. For another person who had poor eating habits, there was information for staff on how to coax and encourage the person throughout the day to eat enough to meet their needs. However, the quality of information contained in people's care records was inconsistent and variable by individual. We saw on two people's records staff had developed a hospital passport for each of them. This document contained important information that hospital staff needed to know about the person and their health in the event that they needed to go to hospital. However, for another two people no hospital passport had been developed for them so if they had needed to go to hospital, hospital staff would have minimal information about them and their health needs that could impact on the support they were provided.

Despite the improvements made the issues above showed accurate, complete and contemporaneous records were still not being maintained about people's daily care and support needs. The provider continued to be in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the provider had taken action to make some improvements to the range and quality of activities on offer to meet people's social and physical needs. The provider had engaged with people and their relatives to improve their understanding about the individual interests of people so that activities could be more specifically tailored to meeting these. The information collected from people and their relatives was used by the activity coordinator to fill 'memory' boxes for each person using the service with objects and items, specific to them and their lives, that could be used as part of reminiscence exercises. The activity coordinator told us they had contacted external organisations for information and support as to how they could improve the range and quality of activities for people at the service.

An activities board was displayed detailing events taking place each day at the service. There were a range of activities on offer including arts and crafts, baking sessions, musical entertainment, quizzes and games. External entertainers continued to visit the service to undertake activities with people such as dancing,

musical sing a longs and pet therapy. On occasion, outdoor activities such as trips out into the community were arranged. The provider had purchased new resources to support the activity coordinator and care staff to deliver more relevant and stimulating activities such as sensory objects and items to engage people in reminiscence and memory exercises. We saw a variety of boxes had been made up by the activity coordinator of different resources that care staff could use to deliver specific activities when the activity coordinator was not on site, for example games, puzzles and arts and crafts.

The provider only had one full time activity coordinator at the time of this inspection who split their time at this service and the sister service next door, Acorn House - Croydon. The activity coordinator was clearly stretched in terms of their role and told us they relied on the care staff to assist with activities when they were not on site. The activity coordinator had developed resource packs and boxes to help care staff to do this, along with an activity plan for each day, but told us they could not be sure that some care staff were utilising these as required. The director told us that they were aware that activities provision at the service still needed to be improved. They told us a new part time activity coordinator had been appointed and due to start the week after our inspection and they planned to recruit a second part time coordinator. which would help relieve the burden on the fulltime coordinator. They also told us they had asked the external training company that they had retained, to deliver specific training and support to care staff on how to deliver activities at the service.

Relatives were confident and comfortable raising concerns or making a complaint to the provider if they were dissatisfied with the service. The provider had arrangements in place for dealing with people's complaints or concerns if these should arise. People and relatives could speak directly with staff, complete the complaints book or email their concerns to a dedicated email address. Although complaints were dealt with on an informal basis, we noted that these were not followed up by the provider in writing. This meant we could not check if the provider had dealt with these in an appropriate way and whether people and relatives were informed of their rights to take their complaint further if they were dissatisfied with the provider's response. Notwithstanding this issue, relatives did not indicate any dissatisfaction with the way their complaints had been dealt with by the provider.

The provider continued to maintain arrangements to support people at the end of their lives. Staff had received specialist training to provide care and support to people at the end of their lives. This training helped staff to coordinate and plan the care and support people needed so that people did not have to leave the service to have this support delivered by another provider. Since our last inspection, where this was appropriate, people's family had been involved in discussions to ensure that end of life decisions, including 'do not attempt cardio pulmonary resuscitation' decisions, were made with their involvement as well as the relevant healthcare professionals involved in the person's care.



## Is the service well-led?

### Our findings

At our last inspection of the service in April 2018 we found the provider was in breach of legal requirements because their governance system was not fully embedded and needed expanding to ensure it captured all areas of service delivery. There were no formal systems in use to capture the views of people and their relatives about the service or to use this to improve the quality of service provision. The provider did not always use feedback from local authority quality visits to improve service delivery.

At this inspection we found the provider had not made enough improvements to meet legal requirements. The provider did not have sufficient oversight of the service. We found the provider's governance system was still not fully effective. The scope of audits and checks had been expanded to capture all areas of service delivery since our last inspection. However, with the exception of an audit of staff training and infection control in October no other audits or checks of the service had been undertaken since September 2018. This meant the provider was not regularly assessing and monitoring the quality and safety of the service.

In the absence of regular audits and checks the provider had not identified that aspects of the quality and safety of the service had fallen below required standards. We found appropriate recruitment checks had not been made on staff. The provider had also not sufficiently monitored progress against their own improvement plan for the service, put in place after our last inspection in April 2018 to meet breaches in legal requirements. As a result, the provider was still not meeting required standards in relation to staff maintaining accurate, complete and contemporaneous records about people's daily care and support needs. We also identified at this inspection other areas of the service that required improvement, which the provider had not been previously aware of, including: accident and incident reporting, medicines management arrangements, supervision monitoring, decoration of people's rooms, arrangements to monitor people's health and responding to complaints.

Relatives told us the provider was not always open and transparent with them. There had been a number of significant changes to the management of the service since our last inspection. Relatives told us they did not feel the provider had given an adequate explanation for why changes had occurred. They did not feel assured that the provider was open and transparent about the management arrangements for the service. Relatives said this had caused them unnecessary anxiety and concern about the quality and standard of care currently being provided to their family members.

The issues above demonstrated a continuing breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The provider had not been able to maintain a stable, suitably skilled and qualified management team at the service since our last inspection. The previous registered manager had left the service at the end of May 2018. A new manager was then appointed but then

left the service in November 2018. Another new home manager was appointed two weeks prior to this inspection. The director told us this was a permanent appointment. Although the home manager was new to the post they had had an immediate positive impact on people and relatives. One person said, "It's better lately, the old manager was too laid back." A relative told us "I have spoken to the new manager of the Lodge, and she is a warm and capable person and I know she will turn it around. They can make this what it was before."

Notwithstanding the issues we found, it was evident that the provider had made some improvements to the service since our last inspection. The provider had taken action to capture the views of people and their relatives to identify how the service could be improved. Since our last inspection, surveys had been sent to people and their relatives. Their responses had been collated and analysed and the provider had taken on board their suggestions for the areas that they would like to see improved. As a result, the provider had taken action to improve signage around the premises, updated the menu to offer more choice and options and with the activity coordinator was collating information about people's personal interests to ensure activities were tailored to these.

The provider was continuing to invest in the service and planned to make further changes to improve standards and service quality. The director told us the management team had been strengthened to include two new positions, a quality manager and deputy manager. The director said these posts would take on delegated responsibilities for quality assurance and staff supervision and training to enable home managers to concentrate on other aspects of service delivery. The provider was also bringing in external consultants to undertake a review of the service to identify where improvements and changes were needed to meet required standards.

At the time of this inspection the provider was continuing to meet regularly with the local authority as part of their ongoing contract quality monitoring arrangements. The director acknowledged that this had been challenging for the service but was happy to cooperate and address the local authority's concerns and issues about the quality of service provision. We noted that they responded to the local authority's requests for information promptly and dealt with concerns in a measured and appropriate way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that persons employed for the purpose of carrying on of a regulated activity must be of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed. Regulation 19(1)(a) and Regulation 19(1)(b).</p> <p>Recruitment procedures had not been established and operated effectively to ensure that persons employed meet the conditions in - (a) paragraph (1). Regulation 19(2).</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); Regulation 17(2)(a)</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; Regulation 17(2)(c)</p> <p>The provider did not evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e). Regulation 17(2)(f).</p>

### **The enforcement action we took:**

A warning notice was issued.