

# The Regard Partnership Limited

# Acorn Park Lodge

## Inspection report

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Date of inspection visit:  
04 March 2021  
12 March 2021

Date of publication:  
26 April 2021

## 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

### About the service

Acorn Park Lodge is a residential care home registered to provide personal care for nine people with a learning disability. At the time of the inspection eight people were using the service.

Acorn Park Lodge is a detached three storey property situated within walking distance of the centre of Redruth, Cornwall.

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

The service did not have safe systems in place for the management of people's medicines. Audits had been ineffective and the allocation of two staff to participate in the dispensing of each person's medicines had failed to prevent errors from occurring. All staff were in the process of having their training in the management of medicines refreshed and updated at the time of our inspection.

The service was short staffed on the first day of our inspection and two people, who each required support from one member of staff, were having to share a staff member. Rotas demonstrated the service had been regularly operating at below planned staffing levels and on the second day of our inspection two agency staff were on duty to ensure people received the care they needed. Relatives comments included, "The home itself is understaffed for what they need and they are not always the right sort of staff", while staff said, "Staffing is one short today as [Staff member name] is covering [another care home]. I have had times where we have been down to our safe number which is six staff but it has never been below that. Over Christmas it was quite tough, we were at least one staff short every other day."

Staff were using Personal Protective Equipment correctly and there were appropriate systems in place for the testing of staff, visitors and people living at the service for the Covid-19 infection. However, the time staff had allotted specifically for cleaning had been reduced during the pandemic and high contact areas of the service were not being cleaned regularly.

Some areas of the interior of the premises required redecoration or repair and regular cleaning of communal areas had not been completed on the second day of our inspection. One person's en-suite bathroom was soiled and in need of cleaning. This issue was raised with managers but was not promptly addressed. Significant quantities of debris and building waste had been allowed to build up outside the premises.

The service had safe recruitment procedures in place and staff training had been regularly refreshed and updated. However, staff had not received regular supervision and we have made a recommendation about this issue.

People's care plans were informative but had not been regularly updated and their relatives had not been involved in care plan review processes. Internet connectivity was poor in the service and had impacted on

staff ability to use the providers digital record keeping system.

Staff understood people's individual communication needs and supported people to engage with a range of activities both within the service and in the local community.

The registered manager had been absent from the service for a number of months and the provider had not made effective arrangements for the management of the service during this period of absence. Quality assurance systems were ineffective and had failed to ensure compliance with the regulations.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting did enable people to have choice and control over their lives. People were supported to leave the service when they wished and were able to spend time on their own if they chose to.

Right care:

- People and their relatives were complimentary of the care provided and during our inspection we observed examples of staff providing support with care and compassion. However, we did observe one example of poor staff practice which was shared with the registered manager for further investigation.

Right culture:

- The registered manager's absence and lack of effective oversight of the service by the providers local senior leaders had impacted on the culture of the service and the quality of support provided. This issue had been identified by the provider in the month prior to our inspection and additional management support introduced. Since our last inspection the service had become part of Achieve Together, a large national learning disability provider. Relatives and staff reported that both the quality of care provision and the culture of the service had deteriorated following this change.

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

The last rating for this service was outstanding (report published 23 May 2018).

Why we inspected

The inspection was prompted in part in response to information received from a whistle-blower about staff culture and the quality of care being provided. We planned to undertake a focused inspection to review the key questions of safe, caring, responsive and well-led only. However, during the inspection we identified concerns in relation to the environment of the service which meant it was necessary to expand the inspection to become a comprehensive inspection of the service.

We have found evidence that the provider needs to make improvements. Please see the full report for more information.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of medicines, the environment and hygiene practices, record keeping and oversight of the service.

You can see what action we have asked the provider to take at the end of this full report.

## 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.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not entirely Safe.

For details please see the findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not entirely Effective.

For details please see the findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not entirely Caring.

For details please see the findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not entirely Responsive.

For details please see the findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not Well-led.

For details please see the findings below.

**Requires Improvement** ●

# Acorn Park Lodge

## 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.

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

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Acorn Park Lodge is a 'care home' for people with learning disabilities. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We met with everyone who used the service and spoke with two people about the quality of care they received. We also spoke with eight care staff, the cleaner, the registered manager, two deputy managers and a registered manager from another of the providers services who had recently been supporting the staff team.

We reviewed a range of records. Including three people's care records, medication records, staff recruitment documentation, the service's training matrix and the service's policies and procedures.

#### After the inspection

We spoke via telephone with six people's relatives and communicated with two health professionals about the service's performance. We also reviewed the various documents we had requested during the site visits and completed an analysis of the service's rotas and staffing levels.

# 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 Outstanding. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Systems in place for the management of medicines were not safe. Prior to the inspection managers had identified that large numbers of medicines errors were occurring. As a result, they had required that all medicines be dispensed by two staff members to increase safety and the accuracy of Medicines Administration Records (MARs). Staff told us, "Two staff doing medicines has been happening for about a month."
- These measures had proved ineffective and we identified numerous medicines errors had occurred since these measures were introduced. Where errors had occurred and had been identified they had not been consistently raised with staff to identify where improvements needed to be made.
- A medicines audit had been completed by the provider in the week prior to our inspection. This was ineffective as it had failed to identify the numbers of errors occurring within the service which had included an incident where one person was believed to have received more medicine than prescribed putting them at risk of harm.

Medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff training in medicines management was in the process of being refreshed and updated. Managers told us, "There is a plan in place to provide additional medicines training." A staff member said, "All our competencies are being redone" and "I have just been signed off to do medicines this morning, with [Persons name] I feel totally confident with [Them]." Managers intended to reassess each staff members competency with medicines before they were permitted to provide this support independently.
- Medicines were stored appropriately and there were procedures in place for the management of medication that require stricter controls.

### Staffing and recruitment

- The service was short staffed. Rotas showed that the service was routinely operating below planned staffing levels and managers told us, "The staff are very good at picking up extra shifts but that does not cover the short fall, currently we have four full time days and one full time night vacancy. Plus two staff are currently [off work]"
- On the first day of our inspection two people, who each required individual staff support were being supported by one member of staff. This limited both their ability to access the community and to engage with activities they enjoyed within the service.
- Relatives recognised there had been a high turnover of staff in recent months and were concerned that the



combination of reduced staffing levels and limited staff experience had impacted on the quality of support people received. Relative's comments included, "Staffing has been an issue", "There has been a big change around of staff" and "The home itself is understaffed for what they need and they are not always the right sort of staff".

- Staff recognised the service was short staffed but felt this situation was improving. They told us, "We have eight staff including a senior today, more is better", "Staffing is one short today as [Staff member name] is covering [another care home]. I have had times where we have been down to our safe number which is six staff but it has never been below that. Over Christmas it was quite tough, we were at least one staff short every other day" and "Staffing has definitely got better over the last couple of weeks". A recently appointed staff member told us, "I believe we are one short today, it has not got worse than that since I have been here." The impact of these staffing issues in combination with a lack of leadership in the service is discussed further in the well led section of the report.
- Following our initial site visit the provider had recognised the issues with staffing levels within the service and on the second day of our inspection two agency staff were on duty to ensure there were sufficient numbers of staff available to meet people's needs. The service was currently prevented from recruiting externally as the provider was seeking to transfer staff from other of their services locally. The registered manager was hopeful this would resolve the service's current staffing issues.
- Staff had been safely recruited. All necessary checks including disclosure and barring service checks (DBS) had been completed before new staff were permitted to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living in the service and relatives were confident people were safe. Staff told us, "I think people are safe", "People are very safe. Everything is all done for the residents here, everything. The residents seem happy which is the most important thing" and "Oh gosh yes, people are safe".
- Staff and managers had a good understanding of local safeguarding procedures and knew how to report concerns outside the service if this became necessary.
- Staff felt confident raising concerns and querying practice with the registered manager and told us concerns they reported had been investigated. Where necessary disciplinary action was taken to ensure people's safety.

Assessing risk, safety monitoring and management;

- Risks in relation to the environment, people's individual support needs and medical conditions had been assessed and identified. Staff had been provided with guidance on the action they must take to ensure people's safety both within the service and while supporting people to access the local community.
- Some people needed support from staff when they became upset or anxious. Staff understood how to meet these needs and told us, "There is no use of restraint in the home. [One person] can get agitated but not to the point that you need to restrain them."
- Personal emergency evacuation plans (PEEPs) were available and detailed the level of support each person would require in the event of an emergency evacuation. Firefighting and lifting equipment had been regularly checked and serviced by appropriately skilled contractors.

Learning lessons when things go wrong

- There were appropriate systems in place for the documenting and investigation of any accidents or incidents that occurred within the service. These systems were designed to enable any pattern or trends to be identified to help reduce the likelihood of similar events reoccurring. Where changes in people's behaviour or support needs were identified guidance had been sought from health professionals on how specific risks could be reduced.

## Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. High contact areas had not been cleaned regularly in accordance with the provider's infection control policies, staff time dedicated to cleaning tasks had been reduced during the pandemic and communal areas of the service had not been regularly cleaned. These failures form part of the breach or regulation 15 discussed further in the effective section of this report.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Quantities of debris and building waste had been allowed to build up around the outside of the property. This included a discarded wardrobe on a balcony area that was full of stagnant water, and quantities of construction and garden waste at various outdoor locations on the site.
- The build-up of debris was unsightly and gave the impression that the service's maintenance had been neglected by the new provider. Relative's commented, "The maintenance of the building is very poor, a door with a glass panel has blown we mentioned this last year and this has not been addressed", "There are issues with state of the building, if you walk around you will see it is a mess. The place looks and feels neglected, the car park is awful, just looks neglected. It has just been allowed to be let go" and "They have one person to maintain all Achieve Together buildings in Cornwall, it is just being neglected. I think that needs to be immediately addressed to take hold of the maintenance of the property".
- Inside the property was also poorly maintained, with damage to doors, passageways and some bedroom walls as a result of people's use of specialist equipment. The coverings of some furniture in communal areas was damaged and worn making them more difficult to clean and unattractive to look at.
- The service employed a part time cleaner on three concurrent days a week. Hours allocated to cleaning had been reduced during the pandemic to prevent staff having to move between care services.
- On the second day of our inspection we found that the service's lounges, communal areas and stairs had not been recently cleaned. Staff were unclear who was responsible for completing cleaning tasks when the cleaner was not on duty and did not know when these areas had last been cleaned. Staff told us, "We have a cleaner three days a week. The rest of the time we do our best to Hoover and keep the place clean".
- During the first day and second morning of our inspection we did not observe staff completing regular touch point cleaning in line with the provider's policies on the management of the Covid-19 pandemic. Logs detailing these cleaning activities had not been completed and were not available for the four days prior to our second inspection day. Once we raised this issue with managers these cleaning tasks were reintroduced.
- One person did not like their room to be cleaned while they were present. Having become concerned about the cleanliness of the service we visited this person's room in the morning of the second day of our inspection. We found the en-suite toilet facilities needed significant cleaning and raised this issue with one of the deputy managers. The person whose bathroom needed cleaning was subsequently supported to go for a trip out. Over two hours after we had raised concern about the cleanliness of this bathroom and following the person's return to the service, we revisited the bathroom to check the reported issue had been addressed. No action had been taken. This failure was then again reported to managers and subsequently resolved.

The provider had failed to ensure the premises were kept clean and appropriate hygiene standards maintained. This was a breach of the requirements of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider had developed systems to enable both new and existing staff to access training online during the pandemic. The service's training matrix showed staff training had been regularly updated to ensure staff had the skills necessary to meet people's needs. Staff told us, "The training was good, I have done [specialist] training, all the e- learning and did a lot of shadow shifts before I was on my own."
- Staff new to the care sector were encouraged and supported to complete the care certificate. This nationally recognised qualification is designed to provide new staff with an understanding of good practice in care. One recently appointed staff member told us, "I am doing the care certificate and [the deputy manager] was going through some of the assessments this morning."
- Staff had not received regular supervision in accordance with the provider's policies. Records showed most staff had received supervision most recently in October 2020. The majority of these meetings had been arranged at short notice and staff had not been able to prepare for these meeting in advance as required by the provider's policies. Staff told us, "I have not had a supervision since I have been here, with [the deputy manager] not getting support [they] needed it was difficult, but things seem to be getting into order now" and "I have had some catch ups with [the deputy manager] every now and again".

We recommend the provider reviews its current arrangements for providing support and supervision to staff.

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.

- People's capacity to make decisions had been appropriately assessed and there were systems in place to ensure, where necessary, any decisions made were in people's best interests. .
- The service had correctly identified that there were restrictions on the freedoms of people who lacked capacity. Appropriate application had been made to the local authority for the authorisation of restrictive care plans. Where DoLS authorisation had been granted subject to condition, these conditions had been complied with.
- Staff sought people's consent before providing support and people were able to make decisions and choices throughout our inspection

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

- The service had appropriate systems in place to assesses and identify people's specific needs before they

moved into the service. This helped ensure the service was able to meet people's expectations.

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

- People were supported to access a balanced and nutritious diet in accordance with their individual likes and preferences. Fresh food was readily available, and people were encouraged and supported to regularly access drinks and snacks.
- Risk in relation to weight loss and nutrition had been identified and staff provided effective encouragement and support during mealtimes.

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

- People were routinely supported to access health services when required. Professionals reported the service worked collaboratively with them and told us, "They have acted quickly to any changes [to people's needs] involving primary and secondary services."

# 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 Outstanding. At this inspection this key question has deteriorated to Requires Improvement. This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

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

- On the first day of our inspection we witnessed some concerning behaviour involving two members of staff which demonstrated a lack of empathy and respect. As a result, we completed a second inspection day to enable additional observations of staff practices to be completed. No further concerning practices were observed and people were treated respectfully and with compassion. Details of our initial observation of concern were subsequently shared with the registered manager for further investigation.
- As detailed in the effective section of this report adequate hygiene standards had not been maintained in one person's room and prompt action had not been taken when this issue was initially raised with management. This demonstrated a lack of respect for people's personal spaces.
- People got on well with their support staff and told us, "The staff do look after me" and "[The staff] are good fun".
- Relatives were also complimentary of the staff team and the care they provided. They told us, "We think that the care that [our relative] gets there is good" and "If something happened to me tomorrow I know my [relative] is well looked after". Professionals told us, "The staff on the ground at Acorn Park Lodge show high levels of care and I have never had concerns [about their practice]".
- Staff spoke warmly and positively of the people they supported and consistently reported that they enjoyed their roles. Staff comments included, "This is the happiest place I have ever worked, definitely the best place, there is genuine care and love for all the residents", "I really enjoy it here, the residents are lovely. There is always something to do, it is very busy" and "I think the home is happy and the guys we support are happy".
- Staff had received training in equality and diversity issues and acted to ensure people were protected from discrimination.

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

- Staff tailored how they presented information to enable people to make meaningful choices and we saw that peoples' decisions were respected.
- During our inspection we saw people were involved in planning activities and that staff responded promptly when people changed their plans. Staff told us, "[Person's name] is in charge, we do what [they] want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully of the people they supported and acted to ensure people's privacy and dignity

were respected. People's decisions in relation to how and when staff provided support were respected and people were able to spend time alone when they wished.

- People were encouraged to be as independent as possible and to develop their skills. We observed staff supporting and encouraging people to sort the mail and participate in domestic tasks within the service.
- Care records and other confidential personal information was stored securely when not in use.

# 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 Outstanding. At this inspection this key question has now deteriorated to Requires Improvement. 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

- Although people's care plans were detailed and informative, systems to ensure they were up to date and relevant were not effective. The documents had originally been developed in 2018 and only small numbers of updates or amendments had been made. Staff comments in relation to people's care plans were mixed. They valued the quality of information provided but recognised the information had not been regularly updated. Their comments included, "I would say there is enough information [in the care plans] so you would know what to do", "The care plans have enough information and we are aiming for there to be step by step guides[ to people needs]" and "The seniors have been focused on care rather than records. I feel it is more important to make sure people are supported but the paperwork has suffered."
- Managers recognised that people's care plans needed to be reviewed and updated to ensure they accurately reflected people's current needs. They told us, "I think the care plans could be much better" and "The care plans could be better, I do want to update them. They are not far off but I like things to be done exactly the way I want them."
- Relatives told us they had not recently been involved in the process of reviewing and updating people's care plans. Their comments included, "I have not seen the care plan recently" and "We have not seen his care plan for ages, when it was in paper form we would see it and check it but now it is online we can't see it".
- Daily records had been completed detailing the care and support people had received and activities they had engaged with.
- The provider used digital record keeping systems for the management of care plans and daily records. Managers and staff consistently reported that internet connectivity within the service was poor and that most of the service's tablet computers were broken. This impacted on both the quality of information recorded and staffs' ability to access this information. Comments received included, "The online system is not the best at the moment as we are waiting for new tablets this week and we are in a bit of a mix of paperwork and online" and "The internet in this place is awful. It seems to be quite an issue, sometimes if the phone rings the internet cuts out." Additional tablet computers had been purchased to address some of these issues but were not yet available for use as they had not been set up by the provider's IT contractor.

The provider's failure to operate effective record keeping systems forms part of the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Information about people's communication needs and preferences was recorded in their care plans and staff knew how to communicate effectively with people. Staff told us, "There is information in the care plan on how to communicate, how people like to be spoken with, preferred names, those sort of things."
- Details of people's communication needs were included in information shared with health professionals prior to appointments or hospital admissions.

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

- People had been supported to understand the need for social distancing measures when accessing the community and were encouraged to plan shopping trips to limit the number of social interactions with others during the Covid-19 pandemic.
- During our inspection people were supported to participate in a range of activities within the service, to go for local walks, to meet relatives for exercise and to go out for a picnic at a local beauty spot. Staff told us, "People can go out for a walk when they want and a lot of people have gone for a drive and to the beach for a pasty this afternoon", "There is enough for people to do, we are in lockdown three so it is difficult but we do lots of arts and crafts and we were going to play games today but everyone has been in and out so that has not happened" and "Most people get to go out every day if they want to, people choose what they want to do. If people want to spend time in bed or go out, they can."
- Throughout the pandemic people had been supported and encouraged to maintain relationships that were important to them. Video conferencing technologies had been used to maintain communication during periods of lockdown and people had been supported to meet with relatives to exercise together.
- Relatives however, felt that staffing levels had impacted on people's ability to access the community and felt a lack of organisation sometimes impacted on the duration and quality of interactions with relatives. They told us of an occasion where a meeting around lunchtime had been cut short as their family member had not been given lunch before leaving the service.

Improving care quality in response to complaints or concerns

- The provider had systems in place to enable people and relatives to raise concerns and report complaints.
- Relatives knew how to make complaints and when they had reported issues these had been investigated. Relatives comments included, "We approached the regional manager and they have acted on our email" and "[I have] once or twice raised issues with the management and in fairness they do try to address it".

# 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 Outstanding. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a lack of stable management in the service since our last inspection. The registered manager had been tasked by the provider to support another of their services in Cornwall in July 2020. No arrangements had been made to provide additional leadership and support to Acorn Park Lodge during the registered manager's absence. Staff told us, "The manager was taken elsewhere and the lack of management has had an impact", "It was alright, but you do need a manager, [the deputy manager] was trying but it was a lot of work for one person" and "You can tell that [the deputy manager] was under a bit of stress, we are all just trying to be supportive, they have done well considering the pressure they have been under."
- A deputy manager with limited previous experience had been left in charge of Acorn Park Lodge and another nearby registered service with minimal support from the provider. Managers told us, "There should have been more support available here while [The registered manager] was away supporting other services" and "[The new deputy manager] is continuously fighting fires and dealing with issues that should have been dealt with before".
- In addition, at provider level there had also been turnover of local senior managers which meant the impact of the lack of dedicated leadership at Acorn Park Lodge had not been identified, managed or addressed.
- Relatives told us, "I think everything might have been helped if the deputy manager had support and assistance from head office or another manager", "They [The deputy manager] have basically been on their own for a whole year. [The registered manager] was put somewhere else when lockdown started and that did not help at all" and "The staff and the residents have not had the support that they deserve for the last couple of years and the support that the local authority have paid for has been sub-standard".
- Professionals also recognised that appropriate support had not been provided during the registered managers absence. They told us, "I fear what has been lacking is leadership, [the deputy manager] openly admits that they have been doing their best in [their] deputy role, without formal training or much experience [...] but I do question overall leadership and what is expected of staff in positions that they might need more support in."
- Prior to our inspection the provider had identified that the lack of leadership at Acorn Park Lodge was impacting on the service performance. As a result, an additional deputy manager had been appointed and arrangements made for a registered manager from another local service to be based at Acorn Park Lodge for two half days per week.

- Two days prior to our inspection the registered manager had returned to the service. Relatives and staff were confident the registered manager's return would impact positively on the services performance. Their comments included, "[The registered manager] is a good manager but she just has not been there through no fault of [theirs]" and "[The registered manager] is very effective."

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

- Relatives, staff and professionals consistently reported there had been a deterioration in the service's performance since the last inspection.
- Staff morale had been adversely impacted and the change in the culture of the service was reflected in the lack of pride taken by staff and managers in the environment. Debris had been allowed to build up in outdoor areas and adequate cleaning had not been completed.
- Managers recognised that low staff morale was sometimes impacting on the quality of support provided. They told us, "Some days there is a really positive culture here with everyone engaging and involved but there is a lack of morale. Morale is low and sometimes it does come out, other days I think because of the disciplinary's and staff talking the morale goes down and staff can focus on the negative." One relative provided an effective summary of the current situation at Acorn Park Lodge saying, "I still think the people are as happy as they were but there has certainly been a change in staff attitude and culture as there has not been that leadership in place. So there are lots of little problems that have come from that, and no one is noticing that the little things have not been done."

Continuous learning and improving care

- The providers quality assurance procedures were ineffective. They had failed to identify and address the significant deterioration in the service's performance during the registered managers absence and ensure compliance with the requirements of the regulations.
- The service lacked effective and consistent systems to address and resolve identified issues in relations to medicines errors. In addition, medicines audits completed by the provider had failed to identify the scope and numbers of errors occurring within the service.
- Digital care planning and record keeping systems had been introduced in the service. However, internet connectivity was poor and staff were regularly forced to use paper based recording systems. The use of two recording systems significantly increased the risk of important information being misplaced or that changes in people needs were not identified.

The provider had failed to ensure the service was well governed and quality assurance systems were ineffective. This was a breach of the requirements of regulation 17 (good governance) 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

- Relatives reported there had been a significant decline in their involvement within the service and that they were no longer involved in team meetings. Relatives told us, "Communication could be much better", "The communication within the team is quite poor and the communication with the manager and back to us is just not there" and "Communication is absolutely horrendous, as far as our [relative] is concerned, they love it there but the communication between them and us is quite bad."
- There were systems in place to ensure information about any changes in people's support needs were shared between staff shifts and records showed some team meetings had been held. Staff however told us, "I have not had that many team meetings where it was all of us".
- The service did not have effective systems in place to record compliments and positive feedback received.

There was a compliments book available, but most staff and managers were unaware of where this was stored, and no recent entries had been made.

- The service worked effectively with health professionals to ensure people's care and support needs were met.

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

- Where significant incidents or accidents occurred, information had been shared appropriately with people's relatives.

- The deputy and registered managers took an open and honest approach throughout the inspection process. They recognised the service's performance had declined and were focused on identifying what actions were necessary to make improvements. Their comments included, "I just think it has been really sad, we were an outstanding service and I don't think we will be anywhere near that" and "It was not a difficult service and now it is".

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely and Medicines Administration Records had not been accurately completed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  High contact areas had not been regular cleaned in accordance with the provider policy and communal areas of the service had not been cleaned prior to our second inspection day. When the inspector raised issue in relation to the cleanliness of one person's bathroom with mangers prompt action was not taken. Significant amounts of debris and waste had been allowed to build-up outside the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate arrangement had not been made by the provider to support the service during the registered manager absence. Quality assurance system were ineffective and had failed to ensure compliance with the regulations.