

Acorn Retirement Home

Acorn Retirement Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Acorn Retirement Home 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 18 people. There were 12 people living at the home on the day of the inspection.

The service had a registered manager who is 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. The registered manager for Acorn Retirement Home is also the provider.

People's experience of using this service:

- In the previous Inspection, we found a breach of regulations and we issued a warning notice, requiring the provider make the required improvements. This was a focused inspection to check their progress and if they had met the regulations.

At this inspection we found improvements had been made and the regulations were met. The effectiveness of the service had improved which meant that people's outcomes were consistently good, and people's feedback confirmed this, and this key question will now be rated as good. Improvements have also been made under well led, however, some further improvements were needed and the rating for well led remains as 'requires improvement.'

- Improvements had been made and risk assessments were in place and were reviewed monthly. The provider had also developed the care plans since our last inspection. However, we found further improvements were required, for example, improvement was needed to record the actual date of reviews rather than the month; and all reviews needed evaluating so that an accurate assessment of risk was showing.

- We found that comprehensive information and guidance was not always available to staff because information was not consolidated into one main care plan.

- The registered manager told us further improvements were planned and care plans were being reviewed and further developed and new documentation introduced.

- People were supported by staff to stay safe and who understood the need to ensure they consented to the care they received. However, we needed assurance that the registered manager maintained up-to-date knowledge to ensure the service was developed in line with guidance and best practice.

- Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.

- Staff liaised with other health care professionals to meet people's health needs and support their wellbeing.
- Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.
- Staff felt supported and said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People spoke highly of the overall service and the management team. People had opportunity to feedback about their service.

Rating at last inspection: At the last inspection we rated the Acorn Retirement Home as 'Requires Improvement' (report published 09 November 2018).

Why we inspected: In the previous Inspection, we found a breach of regulations and we issued a warning notice. This was a focused inspection to check the provider's progress and whether they had met the regulations.

Enforcement:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service improved to effective.

Details are in our Effective findings below.

Is the service well-led?

Requires Improvement ●

The service is not consistently well-led.

Details are in our Well-Led findings below.

Acorn Retirement Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

Inspection team: The inspection team consisted of two inspectors.

Service and service type: Acorn retirement Home 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.

Notice of inspection

This inspection was unannounced and took place on 14 February 2019.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority.

During the inspection, we spoke with four people using the service to ask about their experience of care. We spoke with the registered manager, who is also the provider, the deputy manager and two health care assistants.

We looked at the care records for six people and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service effective?

Our findings

At our last inspection in June 2017 in the key question of "Effective" we rated it as "Requires Improvement." Following this inspection and the improvements we found, we have changed the rating to "Good."

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- Staff told us, and records confirmed, they were supported through training to provide effective care for people.
- Staff said they were well supported in their roles. They said they were able to discuss any concerns, progress or changing needs with the management team.

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 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.

- At the last inspection we found the correct process had not been followed for some people receiving their medication covertly. The provider had taken immediate action following the inspection and the correct process had been followed. At this inspection the provider and staff confirmed that no one was assessed as potentially receiving care that restricted their liberty, therefore no new applications had been required.

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

- People were supported by staff who had received training in the MCA and recognised the importance of people consenting to their care.
- We observed staff sought people's consent before providing care and people told us that staff respected their choices.

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

- People were supported to receive meals which met their dietary requirements. People told us they enjoyed a choice of menus and a healthy diet. One person commented, "The food is excellent; I am pleased about the amount of fresh fruit and vegetables."

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

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside healthcare agencies. We saw records that showed when healthcare professionals had been

contacted in support of people's health. For example, a referral to the falls clinic for one person and ongoing contact with district nurses and the GP.

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

- We looked at how people's individual needs were met by the design and decoration of the home. Acorn Retirement Home is a small homely service and people's rooms were personalised and reflected their life histories and interests. There were communal areas for people to spend time in and people told us they enjoyed spending time in the garden during warmer weather

Is the service well-led?

Our findings

At our last inspection in 20 June 2018 in the key question of "Well led" we rated it as "Requires Improvement." This was the third time this question had been rated as 'requires improvement' and we issued a warning notice, requiring the provider make the required improvements. At this inspection and we found some improvements and the regulations were met. However, some further improvements were still required, and the rating remains "Requires Improvement."

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care:

- Improvements had been made and risk assessments were in place and were reviewed monthly to reflect changes in the people's level of risk. The provider had also developed the care plans since our last inspection.
- However, we found further improvements were required. For example, one person had experienced two separate falls during January 2019. The risk assessment showed it had been reviewed January 2019 but did not reflect the falls which had occurred after the review. The registered manager said the falls would be reflected in the next monthly review. Improvement was needed to record the actual date of reviews rather than the month; in addition, some reviews had not been evaluated so that an accurate assessment of risk was showing.
- The provider told us a medication audit was completed but the record of this did not show the areas the audit covered, therefore we could not be assured a full audit covered areas such as the safe storage and disposal of medication was in place.
- We found comprehensive information and guidance was not always available to staff because information was not consolidated into one main care plan. Although we did note that as a small service communication between the staff team was good and staff had a good knowledge of the people they supported and their risks.
- The registered manager told us further improvements were planned and care plans were being reviewed and further developed and new documentation introduced, for example, a separate record of healthcare professional's visits.
- The registered manager had not proactively sought opportunities to keep their MCA and DoL's knowledge updated. Whilst currently there was no one at the home requiring this support, the registered manager is required to maintain up-to-date knowledge to ensure the service is developed in line with guidance and best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff told us they felt listened to and registered manager and deputy manager were approachable and

supportive.

- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home and took time to re-assure people when they raised any queries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care plans included their signed agreement to their care and we saw a survey of people's feedback on the service had been completed in December 2018. We saw that people had given positive feedback. One person told us, "I've got nothing to complain about here, staff are friendly enough."
- As a small service people had immediate access to the registered manager if they needed to raise concerns or give feedback.
- Staff told us they could approach the registered manager with any suggestions or ideas and these would be listened to. One member of staff said, "We give suggestions and [registered manager's name] does listen."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular meetings.
- Records showed the provider had submitted a notification as required for the one significant event that had occurred since the last inspection.
- The latest CQC inspection report rating was on display at the office. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. We noted the service's website was not in use as it was under development.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision. For example, working with district nurses and the local GP practice.
- There were links with the local church for a service within the home which people told us they could attend if they chose.