

Acorn House Residential Home Limited

# Acorn House Residential Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Acorn House Residential Home Limited provides accommodation and personal care for up to 20 older people. Some people were living with dementia. Accommodation is arranged over two floors. There were 18 people living at the home on the day of our inspection.

### People's experience of using this service

People were interacting with one another and staff were engaging with people. One person said, "The staff are really good and kind, they listen to you, and I feel safe here". A relative told us, "The staff couldn't be more pleasant, we couldn't sing their praises more".

At the last inspection we found that risk assessments were not updated and there were not always risk management plans in place. At this inspection we found that improvements had been made. Risks to people had been identified. Risk assessments contained all the information needed to ensure risks were kept to a minimum and detailed action/s staff needed to take, if risk did occur.

At the last inspection we found that medicines were not always safely managed. Since the last inspection the provider had introduced new medicine dispensing technology and auditing procedures. This had addressed previous shortfalls in safe management of medicines.

At the last inspection we found that people were not always recruited safely. At this inspection we found that people were recruited safely. Recruitment procedures checks had been carried out to ensure that staff were of good character and had the skills and experience necessary to provide care.

The management had a clear understanding of their roles and responsibilities. The registered manager had implemented audits to assess, monitor and improve the quality and safety of the service. This had addressed previous shortfalls in this area.

Staff understood how to recognise signs of abuse and actions needed if abuse was suspected. There were enough staff to provide safe care. Safe recruitment checks were completed to ensure staff were suitable to work with people.

The registered manager and staff knew people well and quickly identified when people's needs changed. People who were unwell or needed extra support, were referred to health care professionals and other external agencies appropriately.

Care plans were held on an electronic database and accessed by tablets. The database contained up-to-date and relevant information to ensure people were safe and their choices recorded. This enabled staff to safely support people and understand how people wished to be supported.

People received care and support that was personalised to their individual needs. Staff had training to meet these needs and identify areas of concern.

Infection Prevention and Control policies and procedures were being followed. The premises looked clean and tidy and we were assured that the service had controls in place to minimise the risks posed by COVID-19.

Regular activities took place to keep people stimulated and facilitate interaction between people and staff.

People's independence was promoted. The provider worked in partnership with other organisations to ensure people's individual needs were planned and met.

#### Rating at last inspection

The last rating for this service was requires improvement (published 29 January 2020). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook a focused inspection to look at the key questions of safe, responsive and well-led only, following up on three previous breaches in regulation and areas identified for improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. Therefore, we did not inspect them.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn House Residential Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Good** ●

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

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Acorn House Residential Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The 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 and sought feedback from the local authority.

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.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, shift leader, carer and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records at the service, including; four care plans, quality audits, accident and incidents, medicine administration, rotas and policies and procedures. We asked the registered manager to send further records by email to support the inspection

After the inspection

We sought feedback from relatives. We reviewed a range of records including; safety checks, staff training and infection control procedures.

# 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 requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection, the registered persons had failed to ensure that behaviour charts, risk assessments and management plans were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

At this inspection we found the registered manager had made improvements and were no longer in breach of regulation 12, risks were safely assessed and mitigated.

- Following the last inspection, the registered manager sent us documentation to show that risk assessments and care plans had been updated. At this inspection we found that risk assessments were in place and records about support people received reflected actions taken to reduce risk. These were uploaded onto an electronic database and highlighted when reviews were due.
- At the last inspection two people were identified as displaying behaviour which could be challenging to staff and others. We found behaviour monitoring charts were in place but not completed by staff. At this inspection no people were identified as displaying challenging behaviour, therefore, behaviour charts were not in use by the service.
- Behaviour support plans were in place. These detailed people's current situation, the support they required, actions for staff and the desired outcomes for people. These had been updated in the care plans we inspected.
- Referrals had been made to relevant health care professionals, such as the district nurse, where people were at risk. Peoples risk assessments and care plans had been updated with guidance provided and was being followed by staff.
- Equipment checks were performed regularly to ensure safety. This included call point alarm, firefighting equipment, hoist, gas safety and electrical checks.

### Using medicines safely

At the last inspection, we found that the registered persons had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

At this inspection we found the registered manager had made improvements and were no longer in breach of regulation 12, medicines were managed safely.

- The provider had implemented an electronic medicine system to administer and audit medicines. Staff were able to dispense specific medicines using a handheld device. We looked at specific medicines, and all medicines tallied with medicine records.
- Controlled medicines were stored in a separate controlled medicines cabinet. The administration records

were complete, and the totals tallied with the records.

- The nominated individual performed medicines audits to ensure that the electronic system was correct, and the medicines protocol was being followed by staff. If any shortfalls were identified, then action was taken to address the issues and prevent re-occurrence.
- Medicines were being administered at the correct time. This meant people were receiving medicines as prescribed.
- Medicines were stored safely in a secured trolley and temperature checks were performed to ensure medication effectiveness.

### Staffing and recruitment

At the last inspection, we found that the registered persons had failed to ensure Recruitment procedures had been fully completed to ensure that staff were of good character or have the skills and experience necessary to provide care. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered manager had made improvements and were no longer in breach of regulation 19, staff were recruited safely.

- Disclosure and Barring Service checks had been completed before new staff members started their employment. This helped prevent unsuitable staff from working with people.
- Application forms had been completed by new staff with any gaps in employment explored. References were checked and records kept.
- There was enough staff to meet people's needs. The service used a dependency tool to assess staffing needs and the registered manager performed audits to ensure that safe staffing levels were maintained.
- We asked people if they thought there were enough staff. One person said, "Yes lots", another person said, "Oh yes, they are helpful and have a chat". A member of staff told us they thought there were enough staff on shift to meet people's needs.

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

- Staff had received up-to-date training in safeguarding adults. This provided staff with an understanding of the different types of abuse and what to do if they suspect abuse.
- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse. They were assured that allegations of abuse would be dealt with appropriately. One member of staff told us, "If I saw another carer doing something that wasn't right. I would report to the team leader or management."
- The registered manager knew how to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.

### Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.



### Learning lessons when things go wrong

- Accidents and incidents were recorded, and monthly audits performed by the registered manager. This was so any trends or patterns could be identified and action taken to reduce the chance of reoccurrence.

# 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 requires improvement. At this inspection this key question has improved to Good.

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

- People's care plans included personal profile summaries and highlighted areas where people were able to do things for themselves, needed prompting or required support. When support was required the plans provided guidance for staff to meet people's needs.
- Care plans included information on all areas of people's needs. They were regularly updated and reviewed in order to meet people's changing needs. The registered manager performed regular audits to check they were updated.
- Support was put in place to reduce the negative effects of the pandemic on people. Individual COVID-19 support plans assessed; social impact, access to services, hair and vaccination. One person said that throughout the pandemic they were 'supported to get access to books from a mobile library, as they were unable to travel', due to restrictions.
- People and their relatives told us their needs were met. One person said, "I decide what goes into my care plan. I go through it every month." A relative said, "I am fully involved in (loved one's) care plan, once a year a social worker attends as well."

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

- A range of activities were delivered to people on a regular basis. On the day of our inspection people were able to participate in bingo. People were encouraged to take part, but their choice was respected if they declined.
- People were encouraged to maintain social relationships. One person said they would 'regularly read short stories to another resident' and another person said "I brought my piano [to the home] and would like to teach others how to play it".

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.

- People's care plans contained appropriate guidance for staff on how to effectively communicate with the people they supported.
- Dementia friendly signage was used to highlight communal areas and facilities, such as the lounge, dining room and toilets. Staff had received dementia care training to support and communicate effectively with people with dementia.

End of life care and support

- The home did not currently support people who were considered end of their life. However, people's end of life wishes were documented in care plans. The registered manager had previously demonstrated that they were aware of best practice guidelines and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One person showed us a copy of a complaints form and told us "We have a complaints file in our room." A relative told us, "I have no concerns, [my relative] would raise them if they had them."
- The provider had a complaints procedure in place, information was available around the home and in people's rooms. Complaints had been recorded and investigated in a timely manner.
- The registered manager performed a monthly audit on incidents. The audit provided a section for learning. In the February [2021] audit a person's care plan was reviewed due to a fall and additional mitigations were put in place to minimise risk and improve care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service management and leadership was consistently effective.

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

At the last inspection, the registered persons had failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

At this inspection we found the registered manager had made improvements and were no longer in breach of regulation 17, systems were in place to assess, monitor and improve the quality and safety of the service.

- The governance of the service was effective and robust. This was evidenced by the improvements the service had made since the last inspection. The service had completed an action plan to address our concerns and was no longer in breach of regulations.
- The registered manager and staff were clear about their roles and had a good understanding of quality performance, risks and regulatory requirements. The registered manager had notified the Care Quality Commission (CQC) about events and incidents, such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths.
- There were systems of daily, weekly and monthly quality assurance checks and audits. These were effective in ensuring that processes designed to protect people were being adhered to and risks minimised.
- The provider displayed the latest CQC inspection report rating at the service. Enabling people, visitors and those seeking information about the service to be informed of our judgments.
- The provider had implemented a new electronic medicines administration system to improve medicines administration and auditing. The nominated individual performed weekly audits and a member of staff we spoke with said they were confident using the new system and had received training.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. The registered manager was in regular contact with relatives and informed them of accidents or incidents involving their family members.
- Good relationships had been developed between the registered manager and the staff team. One member of staff told us the management, "Always listen and take on board things we say".

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

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

- People were positive about the registered manager and nominated individual. One person said, "When you can call the boss your pal you are all right aren't you". A member of staff told us, "The manager and owners are very approachable and good people to work for".
- There were systems in place to engage with people, their relatives and staff in the development of the service. People knew how to raise complaints/suggestions and were encouraged to participate. Letters had been sent to relatives, updating them about the COVID-19 pandemic, its effects on the service and visiting arrangements. Staff had received regular supervision and training.
- Staff ensured people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why Personal Protective Equipment (PPE) was in use. People seemed relaxed being supported by staff wearing PPE.
- Relatives said they felt listened to. One relative told us, "We have long conversations with staff and management, they don't brush you off".
- The culture of the service was person centred. Staff were observed asking about people's welfare, asking them where they would like their lunch and whether they would like to attend an activity. Staff knew what people's interests were and these were catered for.

Working in partnership with others

- Referrals had been made when people needed support from other health care professionals. These included, GPs, district nurses, and physiotherapists. This had continued throughout the pandemic using phone and video calls if professionals could not visit.
- The service worked with the local community to provide support to people living there. The service had facilitated mobile library services for people during the pandemic and staff had received COVID-19 training from the local authority.

Continuous learning and improving care

- The registered manager had implemented auditing for different areas of the service. This enabled them to ensure quality and safety checks were being undertaken by designated members of staff. These checks were monitored to ensure people's safety.
- The service worked closely with a range of different professionals and agencies to improve outcomes for people living at the service.
- Areas for improvement identified at the last CQC inspection had been actioned and improvements made.