

Acorn Health Care Limited

# Acorn Lodge

## Inspection report

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Date of inspection visit:  
13 August 2020

Date of publication:  
14 September 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Acorn Lodge is a residential care home providing personal and nursing care for up to 40 older people, the majority of whom were living with dementia. At the time of the inspection, 23 people were living at the home. The home accommodates people in one adapted building.

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

Additional staff were required to support people with activities. All other aspects of care were provided when people needed. We found that paperwork was not always up to date or accurate and analysis of accidents and incidents was required. We have made recommendations around this.

Relatives felt their family members were safe at the service and that staff treated people well. Staff were knowledgeable around the risks associated with people's care and any clinical concerns were addressed appropriately.

The service was clean, and staff adhered to appropriate infection control measures. Relatives felt involved in their family members care and were complimentary about the communication from staff about their loved ones.

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

### Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 21 October 2019). At this inspection we found concerns that related to the robustness of records, the deployment of staff and the requirement to have a registered manager.

### Why we inspected

We received concerns in relation to risks associated with people's care and the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

#### 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.

#### Follow up

We will request an action plan from 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Acorn 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.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

Acorn Lodge 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 did not have a manager registered with the Care Quality Commission. A registered manager 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

We gave a short notice period of the inspection to ensure safety of all involved and assess risks around Covid-19.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the provider, the interim manager, a nurse and care staff.

We reviewed a range of records. This included six people's care records and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with three relatives by telephone.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service required improvement around the deployment of staff.

### Staffing and recruitment

- People and relatives fed back there were enough staff. One relative said, "When I visit all the staff are there. I have never had concerns with staff levels." Another said, "In the main they are quite well staffed."
- Despite this feedback, although we saw that when people needed support it was provided by staff straight away, there were times where staff were busy and were not able to spend as much meaningful time with people as they would have liked. One member of staff said, "I think interactions are lacking and ensuring we are making people happy."
- The provider advised us the activities coordinator was currently only working three days a week. On the remaining days a carer would support people with activities. However, on the day of the inspection activities were lacking as staff were busy providing support to people. We overheard one person say, "I'm fed up of just sitting here." A member of staff told us, "It has an impact, no activities coordinator."
- We were told by the interim manager and the provider that two nurses were required on duty each day. However, the acting manager was also being rotated on as the nurse. They told us "I don't have time to do everything. My focus is on the residents to be safe, to help them and support."

We recommend the provider ensures suitable number of staff deployed at the service.

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

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

- People told us that they felt safe at the service. One relative said, "I feel mum is safe, she has never once asked to come home. She is very settled and very happy." Another said, "I have peace of mind, she always seems happy."
- Staff understood what they needed to do if they suspected abuse. One member of staff said, "I will report it straight away to the nurse in charge and the second option, I will report to the manager or to the director or social services."
- Staff received safeguarding training and there was a whistleblowing policy staff could access. Staff told us that they would not hesitate to raise concerns. Where referrals needed to be made by staff to the local authority this was always done.

## Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to not being able to use a call bell, skin integrity, mobility, nutrition and choking.
- The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, one person's care plan stated they required to have regular checks by staff to prevent risk of falling. We saw that this was done. A member of staff told us, "I report concerns and issues to the nurse in charge or the manager."
- Staff were knowledgeable about reducing risks to people when giving care, particularly around good hydration and the recent heatwave. A relative said, "During the heatwave they (staff) always made sure mum had appropriate clothing on. She had a fan in her room." Another told us, "They always make sure mum has a drink with her and encourage her to sip it." A member of staff told us, "We have to make sure people are given enough to drink all day long. We have a food and fluid chart. At handover if anyone is not eating or drinking properly, we will share this." We saw that people were being offered drinks throughout the day and people always had a drink with them.
- Equipment was available to assist in the evacuation of people. Fire exits were clearly marked and free from obstruction and fire evacuation plans were displayed throughout. Staff understood what to do in the event of a fire. Each person had a Personal Emergency Evacuation Plan (PEEP) which outlined how the person could be evacuated or kept safe in the event of an emergency.
- Where clinical risks were identified, appropriate management plans were developed to reduce them, including around wound care, diabetes care and other health care concerns. Where wounds had been identified, regular photos were taken of the wound to track the progress of the treatment plan. We identified pressure ulcers were healing as a result of the intervention from the staff. One relative said, "They make sure mum is sat in a cushioned chair to help prevent pressure sores."

## Learning lessons when things go wrong

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had behaviours that challenged or where people had fallen. One member of staff said, "I respond to resident's falls by checking if they hurt or are in pain, I alert the nurse. I write time, witnesses and injury and observations. I'm not moving people when they fall."
- The nurses had regular reflective practice discussions to review any clinical care and see where improvements could be made. One nurse told us, "We also have clinical meetings with all the nurses and (the provider) once a month to review care."
- All accidents and incidents were reviewed by the interim manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person had fallen a sensor mat had been put into place and they had been referred to the falls team.

## Using medicines safely

- Medicines were managed in a safe way and relatives told us their loved ones received their medicines when needed.
- People's medicines were recorded in the Medicine Administration Records (MARS) and reflected people's current medical treatment. There was evidence that 'the use when required' (PRN) medicines were being given appropriately, for example when people were in pain.
- The medicine room was securely locked, and the fridge temperature was checked daily to ensure it was at a safe level.

## Preventing and controlling infection

- The service was clean and well maintained. Throughout the day we saw staff cleaning bedrooms and communal areas. One relative said, "They (staff) have been brilliant with cleaning." Another said, "They



(staff) are very good, they wear masks and are very conscious of mum's cleanliness."

- The laundry room was set up to reduce the risk of infections spreading. Staff undertook hand cleaning audits and ensured the environment was clean and tidy.
- Staff received infection control training and there was a policy in place. One member of staff said, "I have everything I need for cleaning. I'm cleaning all surfaces, carpet and toilets, emptying bins, cleaning sinks, and everything that people touch." Another told us, "We have all the PPE (Personal Protective Equipment) we could wish for and additional if necessary."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained at requires improvement. This meant the service management and leadership was inconsistent.

At the previous inspection we found that robust audit processes were not established or operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 17. However, we did find improvements were required around the recording of information. The provider also needed to recruit a registered manager.

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

- At the time of the inspection the provider was still trying to recruit a registered manager. The interim manager was currently managing the home but had also been rotated to work as a nurse. The manager told us this had an impact on them not being able to complete audits of records appropriately. One member of staff said, "I have great respect for (the manager) but it's a huge responsibility (undertaking two roles). We need a manager to draw things together." Another told us, "It would be better to have a manager as she is doing two roles."
- The records at the service required some improvements to ensure that they were accurate and up to date. The care plans contained a large amount of information. It was not always easy for staff to navigate to the most up to date and accurate care plan. The manager told us, "In general we need a better system of recording, we've discussed this with the provider, and we are looking to do this electronically."
- Although there was some analysis of accidents and incidents, there was no record around themes and trends to determine whether accidents could be avoided. The manager told us they had not had the opportunity to do a full analysis of accidents and incidents but was looking at this as a priority.
- There were elements to the quality assurance that were effective. This was an improvement from the previous inspection. Regular infection control, medicines and health and safety checks of the environment were undertaken. Where shortfalls were identified actions were taken to address this.

We recommend the provider accurately maintains and reviews records relating to people's care.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

- People's relatives had been contacted where there had been an incident with their family member. One relative us, "Any slight change they always ring me." Another told us, "They will always ring me when something happens." Records we reviewed confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives were positive about the management of the service. One told us, "The manager is very good at motivating the staff. They are good at overseeing mum's care."

- The COVID-19 pandemic meant that care homes were mandated by the government to restrict visitors from outside. The provider regularly updated the families on how their loved ones were being cared for and had implemented garden visits for them to see their relatives. A relative said, "Prior to COVID we had regular meetings. We now get letters to give a general overview of how things are going." Another said, "We get asked if we have any feedback, it's right that we are asked." A member of staff said, "I feel I understand family feelings. It was sad when family couldn't visit but now, they can come and sit and talk together outside."

- People and relatives were asked to complete surveys to give feedback. An action plan was developed based on the feedback. Improvements were made as a result including updating the décor and ensuring additional measures were put in place to prevent people's clothing going missing.

- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "We have good communication, we get the opportunity to go to meetings and talk about things and we get good training. (There is) good team work."

- Staff told us they felt supported and valued. Comments included, "I work with some extremely nice people, there is a level of camaraderie", "I feel really supported, that's why I continue to be here", and "(The provider) has been very understanding, very supportive."

- The provider and the interim manager worked with external organisations which regularly supported the service. The interim manager told us the Clinical Commissioning Group (CCG) had assisted the service with implementing new documentation relating to food and fluid monitoring for people.