

Countrywide Care Homes Limited

Acorn House Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 and 26 September 2018 and was unannounced.

Acorn House Care Centre 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.

Acorn House Care Centre is a residential home and is located in Blackburn, Lancashire within easy reach of the town centre. The service is registered to provide nursing or personal care for up to 32 people. Nursing care was not provided at this service. On the day of our inspection there were 30 people using the service.

The service did not have a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been identified and commenced their employment on the second day of our inspection. They would be applying to the Commission to register in due course.

We undertook a comprehensive inspection of Acorn House Care Centre on 31 January 2017. The overall rating from this inspection was Good, with requires improvement in responsive. This was due to concerns around the lack of activities and stimulation for people who used the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question, is the service responsive, to at least good. We checked the action plan had been met during this inspection and found no improvements had been made and the overall rating had deteriorated to requires improvement.

During this inspection we found breaches of the regulations in relation to meeting peoples nutritional and hydration needs, good governance, staffing and person centred care. We have also made recommendations in relation to deprivation of liberty safeguards (DoLS) applications, consent, dignity and respect, nurse call system, recruitment, medicines and care planning.

You can see what action we have told the provider to take at the back of the full version of the report.

We received information prior to our inspection that staffing levels were low within the service. Most of the staff we spoke with told us there was not enough staff on duty. People who used the service told us they regularly had to wait long periods of time for support. We found there was a lack of sufficient numbers of suitably qualified, competent, skilled and experienced persons employed to meet the needs of people using the service.

Recruitment systems and processes were not always robust. The required amount of adequate references were not always gained when recruiting staff. We have made a recommendation in relation to this.

Medicines were not always managed safely. The interim manager had highlighted a number of areas of concern and were making progress to address these. However, we found issues in relation to 'as required' medicines, storage of thickeners and the safety of medicines being returned to pharmacy. We have made a recommendation the service considers current best practice guidance.

Records had been kept in relation to accidents that had taken place at the service, including falls. We found that all accidents, including falls, were recorded and then analysed at the end of each month.

In the main, we observed the service to be clean and tidy. All the staff we spoke with told us they had undertaken training on infection control and knew their responsibilities. Infection control policies and procedures were in place.

Throughout the first day of our inspection we saw people were only offered a drink at certain times of the day, despite some people having had urinary tract infections. Records showed people had been losing weight, however, weight records showed this was not being monitored closely.

Whilst we saw the interim manager had made 15 DoLS applications, we found they lacked detail and some information had been copied/repeated on all of them. We have made a recommendation that best practice guidance is consulted for future applications.

Throughout our inspection we also observed staff gaining verbal consent from people. However, records we looked at had been signed by family members to consent to care and treatment. Family members did not always have the correct authority in place. We were assured this would be addressed as a matter of urgency.

Records we looked at showed that prior to moving to Acorn House Care Centre, a pre-admission assessment was undertaken. These assessments were detailed and would ascertain if the service could meet their needs.

Records we looked at showed the service involved other health care professionals, such as, GP's, dieticians, speech and language therapists and district nurses, as and when required.

All the people we spoke with told us staff were kind. During our inspection, in the main, we saw interactions with staff that were kind and caring. Whilst we had to speak to the interim manager about the conduct of one member of staff, we observed kind and caring interactions.

We saw care records which explored people's sexuality in order to meet their needs. There was equality, diversity and human rights policy and procedure which described the service aim to ensure equal opportunities for everyone.

There continued to be a lack of activities and stimulation for people who used the service. We saw people were asleep in their chairs for long periods of time, without any interaction or stimulation. The activities co-ordinator was relatively new in post.

Whilst we found care plans contained a lot of information about the person, we found care plans did not always reflect people's current healthcare needs and support. The interim manager was aware of this and was taking action to ensure these were updated.

There was a complaints policy and procedure within the service that was accessible to everyone. This was also available in easy read format. We saw complaints had been dealt with in line with policies and procedures.

Whilst we saw the interim manager had started to make some improvements within the service, we found the service was not always well led. Some of the records we looked at during our inspection were not contemporaneous. Staff felt they were not supported by management and discussed a low staff morale. Whilst audits highlighted most issues we had found on inspection, we did not see any evidence that these were being addressed within documented timescales.

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.

All the people we spoke with who used the service told us they felt safe. Staff had undertaken training in safeguarding and policies and procedures were in place.

Recruitment systems and processes were not always safe. We found adequate references were not always gained during the recruitment process.

People who used the service, staff and relatives did not feel there was always enough staff on duty. People spoke about having to wait long periods of time for support.

Processes were in place to help maintain a safe environment for people who used the service, staff and visitors.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were not being weighed on a regular basis, despite records highlighting they had lost weight. Drinks were only offered to people at set times during the day.

Records we looked at showed the service involved other health care professionals, such as, GP's, dieticians, speech and language therapists and district nurses, as and when required.

Staff had completed an induction when commencing employment. Training records we looked at showed that staff had completed training courses relevant to their roles.

Requires Improvement ●

Is the service caring?

The service was not always caring.

We looked at daily records that staff had completed and found these were not always respectful or dignified. Staff had described someone as 'demanding'.

Requires Improvement ●

We observed staff promoting people to be as independent as possible, for example when supporting them to move, walk or transfer.

Records relating to people who used the service and staff, were kept safely and securely. Only those with permission had access to them.

Is the service responsive?

The service was not always responsive.

People were not always supported to engage in activities within the local community or pursue their hobbies and interests. We saw people were asleep in their chairs for long periods of time.

People who used the service told us they were able to make their own choices, such as what they wanted to wear for the day. We observed throughout our inspection that staff gave people choices.

There was a complaints policy and procedure within the service that was accessible to everyone. This was also available in an easy read format. We saw complaints had been dealt with in line with policies and procedures.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was no registered manager in place within the service. There had been a number of changes in management. A new manager started on the second day of our inspection.

Staff we spoke with did not feel supported by management and spoke of a low staff morale due to changes in management and ways of working.

We found that the interim manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do.

Requires Improvement ●

Acorn House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 September 2018 and was unannounced on the first day. The second day the interim manager was aware we were returning. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in particular older people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We carried out observations in the public areas of the service and we undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us.

We spoke with four people who used the service and three relatives. We also spoke with the peripatetic (interim) manager, deputy manager, administrator, cook, kitchen assistant, housekeeper, activities co-ordinator and four care staff. We also spoke with one external healthcare professional who was visiting the service at the time of our inspection.

We looked at a sample of records including five people's care plans and other associated documentation, eight staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, eight medication records, maintenance certificates, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

Prior to our inspection we received information of concern in relation to low staffing levels within the service. During this inspection we reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs.

We asked people who used the service if they felt there was enough staff on duty. We received mixed views about this. Comments we received included, "For me yes. I am independent", "I missed the 'Proms' on television; they were supposed to bring me into my room, they didn't" and "I'd say it takes ten minutes at the most to answer my buzzer, you see they are always passing." During our inspection we approached a person who appeared upset and had been sat in their wheelchair for some time. They told us, "I am really fed up. I will walk out. I waited one day for 25 minutes. I feel stupid sat here like this. My son has reported them [staff] to head office." This person continued to inform us that they regularly had to wait long periods of time for their needs to be met. On the second day of our inspection we saw the same person waiting for staff so they could use the toilet; this resulted in the administrator and a care staff member assisting them to the bathroom.

Relatives we spoke with told us, "It looks ok, I can't get my head round how many are supposed to be here in the day. There seems enough staff but I get frustrated when they have those meetings. One meeting went on and on, I couldn't get any staff. Last week's meeting was an extra long one and I like to talk to staff", "[Relative] complains there is not enough staff at night", "There has been quite a turnover of staff recently. At a certain time of year they tend to get College kids on a placement, that confuses my Mum", "Just recently there has been a lot of staff changes. I don't know who to go to anymore to talk to" and "Two Saturdays ago he was in his room, in bed; he asked staff to put T.V. on for him so he could watch football as he couldn't reach to do it himself. I don't think he likes bothering them. Staff said, 'back in two minutes', and they never came back so he missed the football."

Most of the staff we spoke with told us there was not enough staff on duty. Comments we received included, "There just isn't enough staff on duty", "We need more staff", "When it is short staffed people come together as one and help out", "We don't get chance to sit down and chat with people" and "Staffing over the past two days has not been what is normal. There is normally less, usually three or four. Staff are stretched."

The interim manager told us staffing levels were determined by the use of a dependency tool, and these were five staff [including senior staff] during the day and three staff [including one senior] at night. Rotas we looked at showed times when staffing levels had been lower than what we were told. For example, on the 6 August 2018 there had been four staff on during the day and two staff on at night and on 28 August 2018, there had only been four staff on during the day.

We observed a number of occasions when call bells were not answered promptly. One inspector [accompanied by the administrator working at the service] set off the call bell in one bedroom and noted it took in excess of seven minutes for a staff member to attend.

Throughout both days of our inspection we noted a lack of staff presence in communal areas. We only observed one occasion, on our first day, when a staff sat chatting with a person for three minutes. We discussed this with the interim manager and on the second day of our inspection we observed one staff sitting with people in the afternoon to chat whilst watching a movie. All other interactions we observed were task orientated.

We looked at the minutes of resident/relative meetings and found that two different people had raised concerns about staffing levels and that they had to wait long periods of time for staff, or that staff never came back to them. We saw people who used the service had concerns that they had to wait for their meals, no staff presence in the lounge after tea and that staff never went back to them when they said they would. Minutes from a staff meeting also showed that assisting people to the toilet in the morning had been an issue.

We discussed all our concerns with the interim manager and new manager. They told us they would take action to look into our concerns as a matter of importance. For example, to look at how staff were utilising their time or if more staff were required. Soon after our inspection we received confirmation from the new manager that staffing was being monitored.

These concerns are a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as sufficient numbers of suitably qualified, competent, skilled and experienced persons were not employed to meet the needs of people using the service.

We checked if the staff recruitment procedures protected people who used the service. We looked at the recruitment records for eight members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw that all the files contained an application form and proof of identification. However, some files did not contain adequate references. For example, one person only had one reference in place from a friend and not from a previous employer and another person only had one character reference in place despite having previously worked in a care setting.

We discussed this with the interim manager who assured us they would take action to address this to ensure the necessary references were gained. These checks help to ensure that staff employed are suitable to provide care and support to people living at the home.

We recommend the provider and manager ensure they consult their own internal policies and procedures, follow best practice guidance and ensure the necessary checks are conducted when employing people.

Prior to our inspection we received notifications from the interim manager regarding errors with the administration of medicines. We also received information that medicines were not always managed safely. We looked at the way people were supported with the proper and safe use of medicines.

We asked people who used the service if they received their medicines when they should. One person told us, "Oh yes, they bring it up in a container they stay with me. To be honest they've got used to me so they don't always stay now, but they know I'll take it. If I need my medicine changing I send for the doctor." Another person told us, "I take one tablet at night, I'm diabetic. I receive them on time. I know what it's for, I don't argue with them I take it." One person did not think they had a medicines review.

Relatives we spoke with about medicines told us, "[Relative] has them mainly in the morning and often I'm here. She's had it this morning, they seem pretty good what they are doing. They wear a bib [an apron which informs people they are undertaking medicines and not to disturb] and give the medicine, seem to know what they are doing they watch them take it. I don't have any concerns", "I'm sure he gets it [medicine] when he should. I've been here when they've been giving them to him. He used to self-medicate for diabetes and inject and test his blood but they do it all now. Since he came here his blood sugars have improved"

Records we looked at showed extra audits/checks had been put in place to address some of the issues the interim manager had found and had notified us of. For example, a daily check that all medicines had been signed for was being undertaken. Records we looked at contained signatures when medicines had been administered.

Only staff who had undertaken the required training [as deemed necessary by the provider] could administer medicines. On the second day of our inspection we asked to look at training records; the interim manager told us, they had just identified one staff member had not completed part of the required training [they had undertaken some training and had been deemed as competent]. The interim manager took immediate action to address this.

We looked at the arrangements for the safe storage of medicines. Medicines were stored in a designated locked medicines room and only people who had been trained in administering medicines had access to these. The temperature of the room was monitored on a daily basis to ensure that medicines were being stored in accordance with manufacturer's guidelines.

We spoke with the deputy manager to ask how thickeners were stored in the service. Thickeners are prescribed to people who may have difficulty swallowing and must be stored in accordance with the relevant risk assessments and policies and procedures. The deputy manager told us thickeners were to be stored in the medicines room. However, we saw that one tin of thickener was in the kitchen. The interim manager told us this was due to it being required for food and fluids throughout the day. We recommend the service considers both the risks and internal policies and procedures so all staff are clear where this should be safely stored.

Medicines administration records (MARs) contained a photograph of the person [and the date it was taken] so they could be identified, any known allergies and details of the GP. We saw some handwritten MARs and found these did not contain two signatures. Handwritten MARs should contain two signatures to reduce the risk of errors in recording. We also saw some people were prescribed medicines 'as required' (PRN), however, there were no PRN protocols in place. PRN protocols should be in place to ensure these types of medicines are used effectively and correctly, whilst informing staff of any possible side effects.

At our inspection of 30 January 2017, we highlighted the medicines being returned to pharmacy should be done so in a tamper-proof container. The registered manager at the time of the previous inspection assured us they would address this. However, during this inspection the deputy manager told us medicines being returned to pharmacy were not sent back in tamper-proof containers.

We recommend the service considers current best practice guidance in relation to the safe management of medicines in care homes, to address all the issues we found during this inspection.

We checked to see that controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were safely managed. We found records relating to the administration of controlled drugs were

signed by two staff members to confirm these had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines. We checked the stock of one person's controlled medicines and found these matched the records within the service.

We reviewed how people were protected from abuse, neglect and discrimination. We asked people who used the service if they felt safe and if they knew who to speak to if they did not. Comments we received included, "Oh yes marvellous for that, marvellous. I must be honest I could speak to any of them they are all approachable, they do their best to help you, you know" and "Oh yes safe. They are a good crowd, they are nice people, they really are. There's no reason not to be." All the relatives we spoke with felt their family member was safe. One person told us, "Oh yes. Definitely yes, but I can't say 100%, you would have to have a camera for that." All the relatives told us they knew who to speak with if they had concerns about the safety of their family member. Staff we spoke with understood their responsibilities in relation to safeguarding. One staff told us, "I would go to the manager if I was concerned about anything. It is better to say something." Records we looked at showed that all staff had received training in safeguarding. The service had safeguarding and whistleblowing policies and procedures in place.

Risks to people's individual safety and well-being were assessed and managed. Care records contained risk assessments in relation to areas such as falls, pressure ulcers, nutrition and hydration, mobility and choking. The assessments in place showed people could still do things they wanted to whilst steps to reduce risks were taken. Risks within the environment had also been considered.

Records had been kept in relation to accidents that had taken place at the service, including falls. We found that all accidents, including falls, were recorded and then analysed at the end of each month. The interim manager told us they had done this to spot trends and themes so that they could identify action to be taken. For example, the likely cause of some falls had been identified as urinary tract infections. The analysis also highlighted the times of the day or night when most accidents or incidents occurred.

We checked if processes were in place to help maintain a safe environment for people who used the service, staff and visitors. Prior to our inspection, we received concerns that people who used the service did not always have access to the nurse call (buzzer) system. We checked this on our inspection. We found two people who were in their bedrooms did not have access to their buzzer; both of these were down the side of beds. One relative told us, "The staff need to sit down with [family member] and have a very nice pleasant conversation and explain and say he's alright to use that buzzer. I feel that he needs to feel he can press that buzzer without getting into trouble."

We recommend the service takes action to ensure those people remaining in their rooms, have access at all times to the nurse call system, should they need to request assistance.

There were certificates available to show that all necessary work had been undertaken, for example, gas safety, electrical installations and portable appliance testing (PAT). All moving and handling equipment in place, such as hoists, had been serviced to ensure they remained safe to use. Hot water temperature checks were also completed on a monthly basis, to ensure that hot water outlets were within recommended safety guidelines.

There was a legionella certificate to show all the necessary checks had been undertaken and we saw evidence that shower heads were cleaned regularly. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

We looked at all the records relating to fire safety. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers and emergency lighting. We saw there was a detailed fire risk assessment in place. Regular fire drills were also undertaken which highlighted the name of the staff members which had attended.

Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility, support required and responsiveness in the event of a fire alarm. Processes were in place to help maintain a safe environment for people who used the service, staff and visitors.

We reviewed how people were protected by the prevention and control of infection. The service employed housekeeping staff. We asked people who used the service if they felt their room was clean. One person told us, "Yes they come in every day, I tidy up myself." Another person told us, "Oh yes. Especially the young lady who comes in every morning. She's very thorough, comes round here every morning with a mop."

We asked relatives if they felt the service was clean. Comments we received included, "[Relative] came here from hospital, with her own frame it is clean. Her room is clean, towels clean, fresh facecloth, bedding changed", "Think it could be better; sometimes I think it's a bit scruffy. There's bits all over. I can't expect it to be spotless. I think clean-wise they do maintain it. Sometimes his shirt's all wet from spilling food and drink, they should use more bibs [clothes protectors]. Look at this table [pointing to a table in the room] it needs a clean, it is horrible. Other than that it's fine."

In the main, we observed the service to be clean and tidy. All the staff we spoke with told us they had undertaken training on infection control and knew their responsibilities, including wearing personal protective equipment (PPE). We saw PPE was available throughout the service and observed times when staff were wearing this. The service had an infection control policy and procedure in place for staff to refer to.

We asked one person who used the service if their clothes were laundered regularly. They told us, "They do everything." They then pointed to a pile of dirty laundry on their bedroom floor and told us that it should have been collected at 6pm the previous evening. They told us, "They have changed their routine, they are short staffed." We asked relatives if their family member always had access to clean clothes. One relative told us, "Laundry works well. The laundry lady comes round with a trolley. I've never known anything go missing."

We checked the laundry during our inspection. We found two industrial washers and two industrial dryers were in place. Washing machines had a sluice facility. Staff we spoke with told us they had adequate equipment to ensure people always had clean clothes available. We saw there was a process of dirty laundry in and clean laundry out. The laundry was clean and tidy.

Is the service effective?

Our findings

We looked at the supervision and appraisal records for seven staff members and found no records to show supervisions and appraisals had taken place. Staff should receive regular supervision to ensure they are supported in their roles and to ensure their competence is maintained.

This is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as staff were not supported in their roles.

During our inspection we overheard staff discussing a person's weight loss. We looked at the care records for this person and found it had been documented that the person had been losing weight. However, weight records we looked at showed the person had only been weighed once, on the 21 August 2018, since December 2017 and there had been no further weight checks done since. Another person who was deemed as at risk of losing weight had not been weighed at all during the months of July 2018 and August 2018.

Other care records we looked at showed that some people within the service had been diagnosed with urinary tract infections. Throughout the first day of our inspection we saw people were only offered a drink at certain times of the day; meal times and one drinks round in the morning and one in the afternoon. Whilst there was a jug of water/juice on a table for people to help themselves to, at no point on the first day of our inspection did we see staff offering drinks, in particular to those who were not mobile and could not help themselves.

These concerns are a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as people's weight was not always monitored when deemed at risk and people did not always receive adequate fluids throughout the day.

We checked if people were supported to eat and drink enough to maintain a healthy and balanced diet. One person who used the service told us, "Drinks and snacks provided ad hoc. I drink now, it used to be a failing of mine, not drinking enough." Relatives we spoke with about meals told us, "[Relative] is a very light eater but she enjoys her food. Cook does all home-made cakes and scones, generally fresh home-made food", "They've just changed the menu, it's very nice. You can ask for whatever you want. They have drinks mid-morning and afternoon, can have a slice of toast."

One visiting healthcare professional told us, "They have proper home-cooked food, it smells like home."

We saw people had a choice of two hot meals at lunch time and a dessert. We spoke with the cook during our inspection, who had achieved a gold award for 'Recipe for Health Scheme'. They told us they were in the process of developing a winter menu and records we looked at showed people who used the service were asked what they would like on menus. Minutes from a residents meeting showed that people wanted to have warm plates when having their hot meals. We saw this had been actioned and plates were being warmed in the hot trolley prior to mealtimes. The cook told us, "People can have what they want, as long as they can have it [if there was no reason such as allergies]." The cook was aware of those people who

required special diets, such as pureed or fortified.

The service had received a 'Good' rating from the national food hygiene rating scheme which meant they generally followed safe food storage and preparation practices.

During the lunch time meal service on the first day of our inspection we undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. We saw tables were laid with cutlery, flowers, napkins and condiments. There was a calm and relaxed atmosphere in the dining room, people were chatting amongst themselves. However, music on the television was being played extremely loud, especially for those people who were sat near it and not in the dining area.

Observations during the lunchtime period showed people were supported to eat their meals if required. We saw plate guards were also available to support people to be as independent as possible. We observed one person was struggling to eat their meat, so a staff member cut this up for them; this supported the person to eat their meal independently.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

The service was working within the principles of the MCA and conditions or authorisations to deprive a person of their liberty were being met. We looked at a number of applications the service had made. The interim manager informed us they could not find evidence of previous applications or authorisations and had therefore submitted 15 appropriate applications as a matter of importance. When we looked at these we found they lacked a level of detail specific to each person and some information had been copied into each form. The interim manager had done these in bulk as they could not find previous authorisations. We recommend that future applications are completed using best practice guidance to ensure adequate information is included and person-specific.

People's consent to care and treatment was not always sought in line with legislation and guidance. Throughout our inspection, we observed staff gaining verbal consent from people. However, records we looked at had been signed by family members to consent to care and treatment. We asked the interim manager if the appropriate lasting power of attorney (LPA) was in place for these people, who was unsure. We were later informed that at least one of these relatives did not have an LPA in place in relation to health and welfare and therefore was not legally able to sign consent forms. The interim manager assured us they would address this and ensure the correct action was taken.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. One person who used the service told us, "I must be honest they have that many changes of staff, but the older ones know what they are doing."

We asked relatives if they felt staff were knowledgeable and skilled. Comments we received included, "I

don't know but I've no reason to doubt it in terms of how they look after my [family member]. I don't really know who is qualified and who is not. I know all the staff and I know they look after my [family member]. One thing I've noticed is there isn't a notice board with staff photographs on."

All the staff we spoke with, told us they had an induction when they commenced employment. One new staff member told us, "I am doing my first day of e-learning. I haven't worked in care before so will be doing the care certificate. The interview was hard, there were a lot of questions." The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.

One visiting professional we spoke with told us, "Some staff are absolutely outstanding, really, really good. They manage some complex needs." They also told us they were setting up some training in relation to diabetes, that the service had requested.

Staff we spoke with told us the training they had completed. One person told us, "I have done e-learning courses such as food hygiene, moving and handling, Mental Capacity Act and challenging behaviour." The training matrix we looked at showed other courses staff had completed, such as, manual handling, safeguarding, first aid, dementia awareness, fire awareness, food safety, health and safety and medication awareness.

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. Records we looked at showed that prior to moving to Acorn House Care Centre, a pre-admission assessment was undertaken. These looked at areas such as, nutrition, hydration, weight, mobility, personal hygiene, dressing, sexuality, communication, mental health needs, and skin integrity. A score would be given dependent upon needs which would show if the service could meet their needs or if nursing support was required.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People who used the service told us, "If I've trouble with my legs they send for district nurses" and "If I need help I get help, I keep healthy. I've been very lucky. They took blood, the District Nurse, they haven't done that in a long while." Relatives we spoke with told us, "A nurse came in from the surgery and they applied cream for her when she had a sprained shoulder. Outside people come in like [name of an optician] and test her eyes", "[Relative] has district nurses coming in morning and night for his diabetic injection. Optician and Chiropractor come here" and "They are bob on with getting people in, staff rang and she was on antibiotics that afternoon."

Records we looked at showed the service involved many healthcare professionals to meet the needs of people who used the service such as tissue viability nurses, district nurses, dieticians, speech and language therapists and GP's. On both days of our inspection we observed external healthcare professionals visiting the service.

We reviewed how are people's individual needs were met by the adaptation, design and decoration of premises. We saw corridors and doors were wide enough to accommodate wheelchairs, bedrooms doors were made to look like front doors, some people had memory boxes outside their rooms, there was a lounge and dining room on both floors with enough seating for people and people could access outdoor space. On the first floor there was an indoor garden room. The interim manager told us they were currently considering making this room into a tea room as it was not used in its current design. The garden area was in need of attention to make it more appealing to people; on the day of our inspection there was limited seating to encourage people to sit out in nice weather.

Is the service caring?

Our findings

We checked how people's privacy and dignity was promoted. People who used the service told us their privacy and dignity was respected by staff. One person told us, "They knock on the door in the evening and check I am alright. I don't know if it is because of my age." All the relatives we spoke with confirmed their family members privacy and dignity was respected.

Throughout our inspection we saw those people who wanted to, had their bedroom doors left open, staff knock on people's doors before entering their bedrooms and used people's preferred names. We looked at daily records that staff had completed and found these were not always respectful or dignified. For example, we saw one entry a staff member had written which stated, "[Name of person] wanted a xmas dinner, there was no telling him that it was late and not xmas. He got verbally abusive, settled down at midnight and went to bed." This person had a diagnosis of dementia, which can often mean they get times of day and year confused. Another person's daily notes described them as being 'demanding' during the day. We discussed this with the interim manager as these examples did not promote dignity and respect. They assured us they would address this. We recommend the provider takes action to address these issues and ensures staff receive adequate training to ensure this practice does not continue.

We asked people who used the service if staff were kind and caring. They told us, "Oh yes they daren't do any different" and "Oh yes they are very, very good indeed really." One relative we spoke with told us, "Yes staff are kind. I get on with all the staff. I don't have any issues, I don't think anyone neglects anything. Sometimes someone is a lower priority, because someone is a higher priority, but that's how it should be." When asking a relative if staff were approachable, they told us, "Yes I would say so, some members of staff there is minimal involvement from them."

We asked one relative if they felt staff made the effort to get to know their relative. They told us, "I don't know. I don't know if any of them have ever sat down with him. I think there's a lot of staff changes recently, I think too many."

During our inspection, in the main, we saw interactions with staff that were kind and caring. On the first day of our inspection, the interim manager dealt with a concern we raised with them about staff. All the staff we spoke with during our inspection spoke positively about people who used the service and told us of their desire to make people happy and comfortable. In addition, all the people who used the service and their relatives spoke very highly of the administrator who worked at the service. They told us of her going above and beyond her role for people who used the service. We observed this during our inspection. One relative told us, "I find the receptionist to be very helpful."

Communication between staff and people who lived at the home was task orientated. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. However, the majority of interactions we observed were when people required support. One relative told us, "I think that a conversation needs to happen. [Relative] needs to use that buzzer as a voice, if a nurse or doctor told him he'd do it."

We saw a notice board in the entrance area which informed people who used the service and their relatives what activities were on throughout the week. There was also information easily accessible relating to the service, latest CQC report, health and safety and the complaints procedure.

We checked how the service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. We asked people who used the service and their relatives if they had been involved in the development and review of care plans. One person who used the service told us, "They ask now and again. They ask me if anything is wrong." One relative told us, "I have seen his care plan. One day it was left here in the bedroom I had a look through, I've no concerns." Another relative told us, "I'm not involved in discussions."

We reviewed how the service empowered and enabled people to be independent. All the people we spoke with felt they were supported to remain independent. One person told us, "I am independent, I am alright. I only have to use this buzzer and they are in."

One relative we spoke with told us, "[Relative] remains mobile and independent. On a day to day basis she does her personal care herself. On a Sunday afternoon she has assisted care for a shower they help her undress. They check in a morning that she's awake and they leave her to it. She gets ready and comes down before breakfast."

We observed staff promoting people to be as independent as possible, for example when supporting them to move, walk or transfer.

We looked at how the service promoted equality and diversity throughout the service. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. We saw care records which explored people's sexuality in order to meet their needs. There was equality, diversity and human rights policy and procedure which described the service aim to ensure equal opportunities for everyone.

Records relating to people who used the service and staff were kept in the manager's office or the team leader's office, which were locked and only those with permission could access them.

Is the service responsive?

Our findings

At our inspection of January 2017 we made a requirement that the service took action to ensure that people who used the service had access to activities. They sent us an action plan, highlighting the action they would take. This included, recruitment of staff so the activities co-ordinator was not included in the care staff numbers. We checked if improvements had been made during this inspection and found improvements were still required.

People were not always supported to engage in activities within the local community or pursue their hobbies and interests. One person who used the service told us there was an upcoming trip [on the second day of our inspection]. We also spoke with one person who spent most of their time in their bedroom. They told us, "I like looking at the railway line there [pointed out of their window]. I would like the trees cut down to see the railway. It would mean everything to an old man." One relative we spoke with told us, "They have not been out since the previous manager finished. They used to go out once a fortnight." Another relative told us, "[Relative's] lack of mobility does restrict him, like when they play skittles. He has problems with his eyesight and he cant read."

The service had an activities co-ordinator that had recently been employed. However, there had been a period of time when they had not been working. It appeared during times when the activities co-ordinator was not on duty, activities were not undertaken. We did not see any specific sensory activities that had been tailored for those people living with dementia to prevent boredom and keep them stimulated. For example we did not see any 'twiddle mits' or 'therapy dolls'.

On the first day of our inspection we saw dominoes was played for the morning with two people who used the service; in the afternoon a game of soft darts was offered to people in communal areas and those in their bedrooms. However, we observed people sleeping in wheelchairs and chairs for long periods of time. On the second day of our inspection there was a trip out to a local town, which people appeared to enjoy. We asked to look at the record of activities offered and accepted by all the people who used the service. We found those who stayed in their rooms or were being nursed in bed had very little interaction. For example, records showed one person had received two sessions with the activities co-ordinator in two months. Another person's records showed they had received three sessions in two months.

The lack of activities available for people to prevent boredom and provide stimulation is a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at how people received personalised care that was responsive to their needs. We reviewed the care records for five people who used the service. Whilst we found care plans contained a lot of information about the person, we found care plans did not always reflect people's current healthcare needs and support. For example, a speech and language therapist (SALT) form showed one person required thickener in their drinks at syrup consistency, and an open cup with no straw was to be used when supporting the person. However, the care plan did not mention the consistency the fluid had to be and stated a 'feeder cup with a straw' had to be used. This contradicted what the SALT had recommended. We spoke with the

interim manager regarding this, who told us, whilst the information in the care plan was incorrect the staff knew how the fluids needed to be thickened and that the correct cup was used. They were aware of issues with some care plans and that they needed updating/re-writing and this was on-going.

We evaluated how people were supported at the end of their life to have a comfortable, dignified and pain-free death. We asked people who used the service if anyone had discussed their wishes at the end of their life. One person told us, "I have booked my funeral." Two other people told us no one had discussed their wishes with them. One of them went on to state the exact details of what they wanted, which were very specific. They were concerned that this had not been discussed and documented.

We saw some end of life care plans were in place. One person's end of life plan showed their chosen faith and specific details of what they wanted to happen at the end of their life. They had also disclosed which funeral directors they wanted to be used.

We discussed these issues we found with the interim manager who told us they would ensure end of life wishes were discussed with everyone using the service.

People who used the service told us they were able to make their own choices, such as what they wanted to wear for the day. We observed throughout our inspection that staff gave people choices such as, what they wanted to eat and drink, where they wanted to sit or if they wanted to go to their bedrooms.

We reviewed how people's concerns and complaints were listened to and responded to and used to improve the quality of care. None of the people we spoke with had needed to make a complaint. We asked one person if they knew how to complain if they needed to. They told us, "Well I don't know the official procedure, but I'd ask the receptionist." Relatives we spoke to told us, "I have not had to raise a concern about care" and "I haven't had to complain but I know how to. When we arrived we were given a handbook."

There was a complaints policy and procedure within the service that was accessible to everyone. Records we looked at showed that two complaints had been received in August 2018 and one in September 2018. We saw that these had been dealt with in line with policies and procedures.

We checked how the service used technology to respond to people's needs and choices. We looked at how technology was used to support people living at the service. We found that where people were at risk of falling, sensor mats were in place to monitor their movements and keep them safe. Pressure relieving equipment was used to support people at risk of pressure sores and skin damage. A nurse call system was also in place, however, we found two rooms where the buzzer was not working correctly. We made the interim manager aware of this, who told us action would be taken to fix them.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

During our inspection we noted a notice board which gave people information about the date, time, weather and season; pictures were also used so people could easily identify them. The activities board in the main entrance was also done in a picture format. We saw the complaints procedure was also in an easy read format.

Is the service well-led?

Our findings

The previous registered manager had left the service on 8 January 2018. Another manager had been commenced and had applied to register with us, however, this was withdrawn and the manager had left. An interim manager had been put in place from the 31 August 2018 and was on duty throughout our inspection. On the second day of our inspection a new manager commenced employment, who would be applying to register with us in the near future.

Whilst we saw the interim manager had started to make some improvements within the service, we found the service was not always well led.

We asked one person who used the service if they felt management were approachable. They told us, "I have only spoken to a manager once." We asked a relative the same question. They told us, "I am alright with [Name of administrator]. I am sure once I get to know her [new manager] it will be fine. [Name of administrator] sorts things out for me and points me in the right direction."

We spoke with staff to ask them what the culture of the service was like and if they felt supported in their roles; we received mixed views. Comments we received included, "I feel very undervalued by the management. There is no open door policy, her door is always shut. We are short of staff and we run around all the time with no support from management. Staff morale is low", "We can raise concerns, the management are approachable" and "I don't feel supported by management at all." One staff we spoke with described how the changes in management had effected morale amongst staff; they reported each manager wanted things doing differently and there was constant change over a short period of time. This was creating low staff morale.

We looked at how are people who used the service, staff and others were consulted on their experiences and shaping future developments. One person we spoke with told us, "We have resident's meetings. As far as I am concerned I am happy." One relative we spoke with told us, "It would be good to have a relative's meeting so we could raise questions." Another relative we spoke with told us they had not attended any meetings as they had seen one meeting in the service previously and it appeared to be all about 'chips and biscuits'.

Records we looked at showed there had been three residents/relatives meetings in the current year; 17 January 2018, 16 May 2018 and 7 September 2018. It was unclear from the minutes of these meetings if any relatives had attended any of these meetings. We saw discussions within these meetings reflected some of the concerns highlighted to us during the inspections, such lack of staff.

We saw minutes of staff meetings that had been held on 18 April 2018 and 26 July 2018. Again, from discussions within the meeting, it was clear that the issues being raised related to some of those we found on inspection such as, care plans needing updating, dirty laundry left in rooms, staff shortages and medicine errors.

One relative we spoke with about surveys told us, "Yes I have done a survey. There are improvements in the surroundings rather than the service. Re-decorated, done the garden." The service used an external company for surveys. The interim manager told us they felt using an external company would encourage people to be more open and honest in their responses. We looked at the results for the survey completed 2017/18. We noted 20 people who used the service had responded and 10 relatives. The results of the survey were, in the main, positive. Again we saw the results reflected some of the issues we found on inspection.

Despite the results of meetings and surveys highlighting issues and concerns, we did not see evidence that any action had been taken as a result. This was evident as we found similar concerns during our inspection.

Some of the records we looked at during our inspection were not contemporaneous. For example, positional change charts we looked at showed that positional changes always took place on the hour, every two hours, with no variation. Positional changes should be documented at the exact time they are being undertaken. Daily notes we looked at did not always identify the time they were written, as directed.

We checked if the monitoring systems ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. We saw a number of audits were in place within the service. We saw an audit had been undertaken in September 2018 in relation to medicines. This audit highlighted concerns which the interim manager had taken action to address, such as the introduction of regular checks for signatures.

We saw audits were undertaken on care records. We looked at one audit that had been completed on care records where we had identified issues/concerns. We saw the audit had highlighted some of the issues we had found, such as, the care plan not reflecting current needs and a query if a relative had correct lasting power of attorney in place to sign consent. However, we noted this was identified on the 24 July 2018 and was to be actioned by the 24 August 2018. However, no action had been taken as we found the same issues during our inspection.

Provider audits were also completed. We looked at the audit dated September 2018. These looked at a number of areas such as, health and safety, complaints, minutes of meetings, environment, resident's opinions and care plans. These also highlighted some of the issues we had found on inspection.

Quality audits should be an integral part of managing the service to be able to form a view about the quality and safety of the service being provided. They also ensure identification of issues and consider the improvements that need to be made. Whilst the audits in place had highlighted some of the same issues we had identified during our inspection, they were not effective in driving improvements or ensuring any action was taken to address concerns. This demonstrates why we found a number of concerning issues during our inspection.

The above issues are a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as systems were not effective in improving the service, accurate and contemporaneous records were not maintained and action was not always taken when feedback was received.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

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 9 HSCA RA Regulations 2014 Person-centred care There was a continued lack of activities available for people to prevent boredom and provide stimulation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People's weight was not always monitored when deemed at risk and people did not always receive adequate fluids throughout the day.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effective in improving the service, accurate and contemporaneous records were not maintained and action was not always taken when feedback was received.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not employed to meet the needs of people using the service.

