

Acorn Lodge Limited

Acorn Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acorn Lodge Care Centre is a care home providing personal and nursing care to 97 older people who may have dementia and or a mental health condition, at the time of the inspection. The service can support up to 98 people in a purpose built four storey building.

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

People's needs were met by enough and suitable staff who safeguarded them from the risk of harm and abuse. People's healthcare associated risks were identified, assessed and mitigated. People received safe medicines support. People were protected from the risk of infection. Incidents were analysed, and lessons learnt to reduce recurrence.

People and relatives were happy with the service. People, relatives and staff told us the service was well-led and the registered manager was caring and approachable. Staff told us they felt well supported and worked well as a team.

People, relatives, staff and healthcare professionals' feedback was sought and their opinions considered to improve the quality of service. The registered manager worked in partnership with other agencies to improve outcomes of care.

The provider had quality assurance systems in place to assess, monitor and evaluate the service. However, these were not always effective. We have made a recommendation about reviewing and updating the filing and record-keeping system.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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 coronavirus and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 13 and 26 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement 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 Lodge Care Centre on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Acorn Lodge Care Centre

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.

This was a focused inspection to check whether the provider had met the requirements of the previous breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Inspection team

The inspection was carried out by two inspectors, a specialist nurse 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.

Service and service type

Acorn Lodge Care Centre 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. 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 four people who used the service and 10 relatives about their experience of the care provided. We spoke with 12 staff including the registered manager, the clinical lead, the administration manager, four registered nurses, two senior care workers, two care staff, and a domestic staff member. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at seven staff recruitment files and reviewed all staff training records. A variety of records relating to the management of the service, including quality assurance and health and safety were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care plans and quality assurance records.

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 has now improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received safe medicines support. One person said, "Yes, the nurse comes and gives you your medicines. With the [controlled drug] the nurse comes with someone else to sign for it." A relative commented, "No issues with the medication."
- The provider had met all action points as per their action plan. For example, the blood glucose monitors were now being calibrated correctly weekly. Staff were trained and were able to demonstrate how they calibrated them and actions they would take if there was a discrepancy.
- Medicine administration records (MAR) had been reviewed and were appropriately completed.
- Information about crushed medicines had been reviewed and nurses were able to describe how they crushed the tablets and avoided cross contamination.
- There were detailed 'as required' medicine protocols in place. However, these could only be accessed via the electronic system. Paper copies were not attached with MAR charts for a quick access. The registered manager told us they would attach them with MAR charts moving forward.
- Systems and processes around ordering, storing and returning medicines including 'as required' and controlled drugs were up-to-date and met legal requirements. Some prescription medicines are controlled under the Misuse of Drugs legislation and are known as controlled medicines or Controlled Drugs.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance on diabetes care plans and act to update their practice. The provider had made improvements.

- The provider along with healthcare professionals had reviewed the diabetes care plan. These were now comprehensive, and they detailed information about risks to people and the actions staff were required to take to provide safe and person-centred support.

- People's needs were met safely. A person said, "The care team and the nurses are absolutely fantastic, they encourage me continuously. I wouldn't be where I am now if it wasn't for them with my standing. I was in so much pain they kept talking to the doctor for me."
- Staff demonstrated a good understanding of risks to people and what actions they were required to take to reduce these risks to ensure people received safe care.
- People's risk assessments were individualised, and promoted and respected their freedom, and were regularly reviewed. They were for areas such as mobility, personal care, falls, epilepsy, diabetes, self-neglect, nutrition and hydration, and pressure sores.
- This meant staff were provided with enough and up-to-date information to enable them to safeguard people from risk of harm.
- There were appropriate health and safety checks in place including people's individual and premises fire risk assessments, water, gas and electric, and fire equipment records.

Learning lessons when things go wrong

- The provider had processes in place to learn lessons when things went wrong.
- There was a system in place to record accidents and incidents within the service, such as falls and injuries. Action was taken following incidents to ensure people remained safe.
- Incidents and accidents were analysed to identify trends and learn lessons which would help prevent re-occurrence.
- The provider had four services and learning was shared across all locations to avoid similar incidents from happening again.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- People told us they felt safe at home. A person said, "Yes [I feel safe]. I mean I did have an issue with [another person] here, but he is not here now."
- Relatives were assured of people's safety. Relatives' comments included, "Acorn was very good about locking down early. They were excellent, it stood them in good stead" and "I think so [the relative is safe] yes."
- Staff were trained in safeguarding and whistleblowing procedures. They demonstrated a good understanding of their responsibilities in identifying and reporting concerns about abuse, neglect and poor care without delay.
- The registered manager notified relevant parties about any concerns in a timely manner. There were clear records of safeguarding concerns. They showed suitable actions had been taken to ensure people's safety.

Staffing and recruitment

- The provider deployed sufficient and suitable staff to ensure people's individual needs were met safely. Staff rotas confirmed this.
- People told us call bells were answered promptly. A person said, "Yes, we have a buzzer to hand and if you need help within seconds [staff] will come to your aid." Another person told us, "[Staff] are very helpful and if you ring the bell, they come directly to you."
- Relatives told us they were satisfied with staffing levels. A relative said, "Yes, there has been a few times when we have needed assistance, [staff] come in quickly and they have always done it."
- Staff told us they did feel not rushed and had enough staffing levels to meet people's individual needs at their preferred pace.
- Staff files had all the necessary recruitment related documents and checks to confirm staff were safe, skilled and of good character to support people at risk.

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.

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 now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to effectively operate auditing and monitoring systems to improve the quality and safety of the service in specific around medicines management and diabetes care plans. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the registered manager had reviewed and improved their monitoring and auditing checks to identify issues and gaps in medicine administration practices and diabetes care plans.
- There were systems in place to rectify any identified issues in a timely manner. The clinical manager carried out weekly checks to ensure the actions were completed.
- We were able to confirm this with the updated records in people's care folders. However, there was no record-keeping system to show that the checks by the clinical manager were carried out and that actions to update care plans had been taken.
- During the inspection, we also found that some information was being filed in different places and different formats. This made a quick access to information time consuming.

We recommend the provider seeks advice from a reputable source to implement a robust filing and record-keeping system and take action to update their practice accordingly.

- Staff were clear of what was expected from them in delivering care that met people's care outcomes. They told us they spoke with nurses, the clinical manager and the registered manager if they were not sure about something.
- The registered manager had a good understanding of their role in providing care and a service that met the legal requirements and the standards set by the provider.

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 had a good understanding of duty of candour and their responsibility to be transparent with people and all relevant parties. They told us that they kept family and healthcare professionals involved in people's care updated with all the necessary information.

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

- The registered manager told us they operated an open-door policy and spent time on the units with people and staff. This enabled people and staff to share ideas and thoughts with them which enabled them to achieve good outcomes for people.
- People told us they liked living at the home. One person said, "It is absolutely wonderful. The care and attention you get here, they go over and above." A second person told us, "It's a very nice place and nice room. [Staff] are really attentive and available if you need them."
- Relatives told us the registered manager was open and approachable. Relatives' comments included, "[Staff and the management] are open and transparent. I phone them and they are very forthcoming" and "Yes, we think [person] is comfortable and well looked after."
- Staff felt well supported. Comments included, "The support from [registered manager] and the whole management team has been fantastic", "[Registered manager] isn't a good leader, she is an excellent leader" and "[Registered manager] is very approachable so easy to talk to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- People, relatives, staff and healthcare professionals told us, and records confirmed that the provider engaged with them whilst considering their diversity needs to seek their views and feedback about the quality of care, the management of service, and service improvement.
- The last one to one feedback meeting with people in December 2020 showed that people were happy with the care delivery and service.
- The email records showed that the registered manager had been in regular contact with relatives to update them of any changes to the service, the vaccine programme and ways to safely continue visiting their loved ones.
- The registered manager carried out regular staff meetings to ask their views about the service. Staff found these meetings useful. A staff member said, "[Registered manager] updates us regularly, doesn't wait for staff meetings, which makes us feel confident in our jobs."
- This showed the registered manager proactively engaged their stakeholders and used their feedback to continuously learn and drive improvement.

Working in partnership with others

- The management team worked in collaboration with healthcare professionals, external agencies and community organisations to improve the care delivery and people's life experiences.
- During the inspection we spoke to a visiting nurse from the local hospice. They were positive about the service and said the staff were knowledgeable, responsive, kind and caring. They commented, "I always like coming here."
- Since the last inspection, the registered manager introduced a multi-disciplinary team (MDT) that meets monthly to discuss needs of new people, people on end of life care, any health concerns, medicine management.
- The MDT meetings were attended by the primary care network practice nurse, pharmacist, GP, registered manager and clinical manager.
- The registered manager told us that this was a great collaborative work that enabled them to improve

their service and outcomes for people.