

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Acorn Care Home

83 Blythswood Road, Goomayes, Ilford, IG3 8SJ

Tel: 02085971793

Date of Inspection: 07 July 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mrs Sarbjit Soor
Overview of the service	Acorn Care Home is registered to provide accommodation for up to three older people who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:-

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found.

Is the service safe?

We met all three people who used the service and observed how they were supported by the staff. After the visit we spoke to three people's relatives. We saw that staff treated people with respect and dignity. Relatives told us that they were very happy with the service provided. They said people were safe and well cared for. One relative told us "I do indeed feel that it's a safe service."

Staff had received training to ensure that they supported people safely and appropriately. People's individual files indicated the risks to the person and how these could be minimised to ensure that they were supported as safely as possible.

Staff had received training in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was aware that in some circumstances decisions needed to be made in a person's best interest.

The building was appropriately maintained and serviced to ensure that people lived in a

safe environment.

The systems for the administration of medication were not robust and this placed people at risk of not receiving their prescribed medicines safely.

Is the service effective?

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that as part of a quality assurance questionnaire a relative had commented "staff take excellent care of [my relative]."

People were supported to receive the healthcare that they needed and a member of staff told us that they had good support from the local GP practice.

People's care needs were assessed and plans of care developed from these. Staff had a good understanding of how to meet people's individual and assessed needs and of individual preferences.

Is the service caring?

Relatives we spoke with were very positive about the care provided by the staff team. One relative told us "[my relative] is very well cared for." We saw that staff supported people in a gentle, respectful and kind way. They offered people choices and talked to them about what was happening or what they needed to do.

Is the service responsive?

Care staff we spoke with were knowledgeable about the needs of people they supported and how to meet them. The service was responsive to people's changing needs and wishes and changed the level of support provided accordingly. One relative told us "they are proactive. They assessed [my relative] in hospital and then arranged for the district nurse to visit as soon as [my relative] moved in." This was a three bed home for older people and all those we spoke with felt that people got a lot of individual attention that met their needs.

Is the service well led?

The provider was also the manager of the service. Staff we spoke with said they felt the home was well managed and that they received the support and guidance they needed to carry out their duties and to meet people's needs. In addition to working with people for most of the week the provider also carried out spot visits at different times to ensure that people received an appropriate service that met their needs.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 21 August 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. They were able to make choices with regard to their daily lives such as what they would like to wear or to eat or what they would like to do. A member of staff told us "we talk to them and ask them. If they don't want their lunch at twelve they have it later. It's their choice."

People who used the service and their relatives told us that people were treated kindly and with respect. Changes were made in line with peoples changing needs and wishes. One relative told us "staff have made a bond with [my relative]. They know [my relative] well and change what they do to cope with how [my relative] is at the time." People's privacy and dignity were respected and they were encouraged to do things for themselves as far as they were able. We were told that one person used to help with the drying up before they became too frail.

People's diversity, values and human rights were respected. Their religious, cultural and social needs were identified and addressed. For example, taking a person to the Sikh temple and preparing culturally appropriate food.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were supported to receive the healthcare that they needed. Records showed that people saw the GP, district nurse and chiropodist and were supported to attend any hospital or specialist appointments. One member of staff told us that when people were admitted to hospital a member of staff would visit each day if needed to support them to eat.

Relatives told us they were very happy with the care, including the healthcare that people received. One relative told us "staff take excellent care of her and her every need is taken care of. She is a very fortunate lady." Another said "she is very well looked after and would not get as much attention elsewhere."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at all three people's files. One person had only been staying at the home for a few days and their file contained a care management assessment, transfer notes and the assessment carried out by the manager. The other two people each had a care plan and we saw that these had been reviewed and updated to ensure that they contained the most up to date information about their needs and how to meet these safely. Files also included risk assessments relevant to each individual. They indicated the risks to the person and how these could be minimised to ensure that they were supported as safely as possible. For example, when using the stair lift.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Medicines were kept safely. Medicines were securely stored in a locked cabinet. Staff were responsible for the ordering, storage and administration of medicines and had received medicines training from a local pharmacist. As far as possible medicines were administered from specific medicines administration aids filled by the pharmacist to lessen the risk of an error being made. When this was not possible medicines were administered directly from original containers.

Appropriate arrangements were not in place in relation to the recording of medicine. We looked at the medication administration records (MAR) for all three people who used the service and found that they had not always been appropriately completed. One person was prescribed a medicine every other day but the MAR had not been signed for the previous week. The manager told us that she had given the person the medicine but had forgotten to sign the record. In addition another person was prescribed a variable dose (one or two tablets) of a medicine and the amount given was not recorded on the MAR. This meant that there was not an accurate record of medicines administered and we could not be confident that people had received all of their prescribed medicines.

For the person prescribed a variable dose (one or two tablets) of a medicine there were no guidelines to indicate how the decision as to how many tablets to administer should be reached. This medicine was prescribed 'as required' but there were no guidelines for staff as to how and when this should be administered or what the frequency or maximum dosage was. This meant that people were placed at risk of not receiving these medicines safely or appropriately.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were adequate recruitment and selection processes in place. We looked at the recruitment record for the newest member of staff as only one new staff had been recruited since the last inspection. The file contained an application form, proof of identification and details of Disclosure and Barring Service checks (to establish if person had any criminal convictions that would mean it was not appropriate for them to work with vulnerable people). There was also a medical questionnaire which had been signed by staff to indicate that they were fit to carry out their duties. The provider informed us that they had received verbal references but had not kept a record of this on file. Therefore the provider had carried out the necessary checks to ensure that staff were suitable to work with vulnerable adults. Appropriate checks were undertaken before staff began work. The provider told us, and records confirmed that new staff did not start working at the service until all of the necessary checks had been completed. Staff files contained details of people's induction, training and experience and showed that these were appropriate for the service provided.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider was also the manager of the service. They usually worked at the service from Monday to Friday providing direct care and support to people who used the service. Therefore they knew people well and had frequent opportunity to discuss the quality of the service provided. In addition they also had regular contact with their relatives. One relative told us "[X] is a very good manager."

Staff meetings were held monthly giving staff an opportunity to give and receive feedback about the service provided. The provider monitored the service on a day to day basis to ensure that people were receiving a safe service that met their needs. They also visited the service to do spot checks at different times of the day and night. One member of staff told us "the manager monitors and tells us if anything is needed. She does spot checks."

We also checked building maintenance and servicing records and found that most of the necessary checks and tests were carried out to ensure people's health and safety. For example smoke alarms were tested each month and gas safety was checked annually in line with safety requirements. However the provider may wish to note that water quality and temperatures were not monitored to ensure that people were safe from the risk of legionella and of scalding.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The provider did not have appropriate arrangements in place to manage medicines. Regulation 13.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 August 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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