

Review of compliance

Mr & Mrs A Seedheeyan Acorn Lodge - Blackpool	
Region:	North West
Location address:	183 Reads Avenue Blackpool Lancashire FY1 4HZ
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Acorn Lodge provides personal care for up to ten people with enduring mental health needs. Support is available through local community mental health services. It offers long term accommodation in a domestic dwelling. Access to the home requires people to be mobile without the need for mobility aids as there is no lift. Only one bedroom has en suite toilet facilities and there are shower facilities

	to both floors. It is situated close to the centre of Blackpool and local transport links.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Acorn Lodge - Blackpool was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People said that they enjoyed living at Acorn Lodge and it was their home, "I'm alright here, safe and at home". "A comfortable and pleasant place to live. There are only ten people here. I wouldn't like to live anywhere else"

People said they had access to voluntary work and life long learning and social activities outside of the home. "I attend a day centre each week and do voluntary work". "I'm starting an art group soon, the manager helped arrange this".

People said that they were supported to remain independent, be responsible for their bedrooms and had equipment provided to help them. "Social services provided me with these things. I'm able to get up and about by myself". "Staff are friendly and there to help. I don't need a lot of help as we are all independent. Staff are there when you need. I like to keep my bedroom tidy, brush and mop the floor and make my bed, but I get a bit of help with that".

People said that they enjoyed the meals provided and had access to facilities to make drinks and snacks. "The menu is changed each week and we don't have the same meals. We are asked what we want on the menu". "I make my own drinks and sandwiches".

People said they were involved in their care planning and deciding when they needed help and support. "We sat together and talked about my care and what I wanted. That was good for me as I agree with the care that I get".

"I'm independent and ask for help when I need it. Staff know me well and when I need help. The staff are like family we get on well together. I have everything I need".

What we found about the standards we reviewed and how well Acorn Lodge - Blackpool was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People Living at Acorn Lodge are supported to maintain their choice, privacy and receive dignified care which promotes their independence and respects them as individuals.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive safe and effective care that considers their individual needs and wishes.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People living in the home were kept safe and protected from abuse.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The service followed safe procedures for the recording, handling and use of medicines to protect people against the risks associated with the unsafe use and management of medication.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Safe recruitment procedures were not followed so people may have been supported and cared for by someone who was not suitable to work with vulnerable adults.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The staffing levels being deployed at the home were sufficient to meet the needs of the people being supported however there is no system in place to monitor working time directive and staff are working long shifts which may pose a risk to people if not monitored.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Appropriate systems were developing for monitoring the quality of service people received.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People said they had access to voluntary work and life long learning and social activities outside of the home. "I attend a day centre each week and do voluntary work". "I'm starting an art group soon, the manager helped arrange this".

People said they were involved in their care planning and deciding when they needed help and support. "We sat together and talked about my care and what I wanted. That was good for me as I agree with the care that I get".

"I'm independent and ask for help when I need it. Staff know me well and when I need help. The staff are like family we get on well together. I have everything I need".

Other evidence

The home's arrangements for gathering information about people were thorough enough to ensure people who stay there received the appropriate level of support to meet their needs. The people we spoke to confirmed they had been involved in the contributing to the new care plans that had recently been introduced and contained information about people's life histories, lifestyle choices and information to support them remaining safe and well. We could see that people agreed with the level of support provided.

We saw that their views about how they wished their support to be delivered had been listened to and was being respected. During our visit we observed examples of good relationships between people and staff related to people respectfully.

The people we spoke to during our visit told us they were happy with the care and support they were receiving and had been involved in their care planning.

The care practices we observed throughout our visit confirmed people were being encouraged to maintain their independence and undertake tasks by themselves were able. The people told us that the facilities provided by the home and routines in place were promoting and respecting their privacy.

People told us that they choose what time they wanted to get up and how they spent their day. People had opportunities to visit family members, social outings, day care facilities, life long learning and have a meal out.

The manager had also received funding through a social care organisation to provide Internet access and computers to the home so people living there could receive training in computer literacy and keep in touch with relatives or use the Internet for their own interest.

Our judgement

People Living at Acorn Lodge are supported to maintain their choice, privacy and receive dignified care which promotes their independence and respects them as individuals.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to people about their experiences living in the home and were told the staff provided flexible support and personal care when needed and they felt well cared for.

People said that they were supported to remain independent, be responsible for their bedrooms and had equipment provided to help them. "Social services provided me with these things. I'm able to get up and about by myself". "Staff are friendly and there to help. I don't need a lot of help as we are all independent. Staff are there when you need. I like to keep my bedroom tidy, brush and mop the floor and make my bed, but I get a bit of help with that".

People said that they enjoyed the meals provided and had access to facilities to make drinks and snacks. "The menu is changed each week and we don't have the same meals. We are asked what we want on the menu". "I make my own drinks and sandwiches".

Other evidence

Care and support plans had been revised and new documents were being used. People said they had been involved in and agreed with their care plans in place. We could see that care and support plans were personalised advised staff on the level of help and support needed for each individual. The manager said that more work needed to be done on care and support plans and he had recently revised key worker responsibilities so the key workers would work with individuals living at the home to ensure plans were more person centred.

Care and support plans gave staff information on the physical and mental health needs of people and identified how they were supported by the community mental health team who was responsible for monitoring their mental health.

Where people's mental health was monitored more closely to ensure they received the right level of support from the community mental health team the home retained copies of the care reviews that had taken place.

People were monitored by the Care Programme Approach which is a framework used by all mental health services to ensure people receive the right level of support, monitoring and treatment from the mental health services. The manager had incorporated information from these community reviews into the individual care plans reviews done with people living at the home. Ongoing reviews of care at the home had been done monthly.

As people's mental health was stable the manager was going to consult with people about reviews of their care being arranged at a frequency that was acceptable to them and their care coordinators in the community mental health team so they could ensure their physical and mental health needs were monitored and information shared with health and social care professionals as their needs changed.

The manager was also in the process of including information in care and support plans with information from the Care Programme Approach review document on indicators that people's mental health was relapsing. This information was now included in the contingency plan section of the review document of the Care Programme Approach. The manager was incorporating this information into the care plans so staff could recognise these indicators and inform the community mental health team.

Risk assessments had been completed to identify the potential risk of accidents or harm to the people in an outside of the home. Examples of this were people making drinks in their bedrooms or kitchen as well as making snacks in the kitchen.

Meals were prepared on site and varied choices of meals were available. People said they enjoyed the meals served. The main meal was served at lunch and there was an optional choice available at meal times. People said they were able to contribute to the menu and the manager said the menu was discussed in meetings held with people to discuss the quality of care.

Our judgement

People receive safe and effective care that considers their individual needs and wishes.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service told us the staff were very kind and treated them well. They told us they felt safe and liked living at the home.

Other evidence

The home had procedures in place for dealing with allegations of abuse. The home used Blackpool Council's safeguarding adults' procedure. The manager was aware that the Council's policies they had dates back to 2005 and needed to get the most up to date policy. The manager said they were also in the process of writing a new policy for the provider which would link into the Council's safeguarding policy.

We spoke to the manager and support worker on duty about their understanding of the safeguarding process. The support worker on duty was also one of the partners in the provider organisation which operates Acorn Lodge. They showed a good understanding of the procedures to be followed in the event of any allegations or suspicions of abuse or neglect.

We saw that staff employed as support workers had recently undertaken training on safeguarding adults' with Blackpool Council and there was information about safeguarding available to people living at the home. We did not have access to some training records for the partners of the provider organisation and their family members who were also staff working at the home when we visited as these were not held on site so could not confirm they had completed the necessary training.

At the time of this visit the Care Quality Commission had not received any safeguarding referrals about staff working at the home.

Our judgement

People living in the home were kept safe and protected from abuse.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People said that they had agreed to staff administering their oral medicines but were able to keep their own prescribed creams and inhalers. "I take a lot tablets a day so have asked staff to give them to me as that's too much to remember. I keep my own inhalers".

Other evidence

We saw that medicines management was organised and had safe storage facilities. There were no controlled drugs facilities on site but the manager had identified this as well as the need for a drugs fridge as part of the audit of medicines and said these facilities would be provided if required. The home had never held controlled drugs on site.

We saw that were people managed some of their medicines there were risk assessments completed and this was also recorded on the medicine administration records.

There was a medicines policy on site and all medicine administration records had a photograph on it of the person for whom medicines had been prescribed.

We saw a hand written medicine administration record for medicines received directly from the community mental health team and the quantities of the medicines received were recorded as were all quantities of other medicines received. All people living at the home had a medicines review done by the community pharmacist in July 2011. The

manager did a medicines audit of the home in October 2011 and highlighted the need for lockable storage facilities for people who self administered some of their medicines, the need for a controlled drugs cupboard and drugs fridge and further training for staff on medicines management. The manager said he had spoken to the community pharmacist about ordering the storage facilities and clarified he would order these and have them fitted.

Training for staff had been arranged for all staff for December 2011. The community pharmacist did an audit of medicine management in the home recently and the manager was waiting for the report from this visit.

Our judgement

The service followed safe procedures for the recording, handling and use of medicines to protect people against the risks associated with the unsafe use and management of medication.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are moderate concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

There were no specific comments made by people who use the service with regards to this outcome.

Other evidence

We saw that the home had recruited one support worker in the last 12 months. The person had been transferred from another service registered under The Health and Social Care Act 2008. This is a business owned by one of the partners of Acorn Lodge and is a different company.

Staff should not transfer from one registered provider to another without all the required employment checks being completed beforehand.

We understood that the staff member was known to this service but a current Independent Safeguarding Authority First (ISA) check should have been completed prior to the staff member being employed, so people living at the home could be assured they would be supported by someone who was suitable to work with vulnerable adults.

Our judgement

Safe recruitment procedures were not followed so people may have been supported and cared for by someone who was not suitable to work with vulnerable adults.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People that use services told us that staff were kind, helpful and available to support them when needed.

Other evidence

We looked at the staff rosters; spoke to staff and the manager. We found that staff were working long shifts of up to 14 hours. We discussed the long hours that staff were working with the manager and he said that staff worked long hours only at their request and with their agreement. We advised the manager to seek advice from the provider's employment advisors to ensure that staff are not working hours in addition to the working time directive, which is a law about safe working hours. We have informed commissioners who place people at this home about this matter.

We saw that training had been arranged for staff for safeguarding adults', moving and handling and medicines management. The manager confirmed that the provider had engaged another training organisation to provide staff with the required training as the previous training organisation used went out of business.

We saw that the manager had completed supervision with staff in the last two months and had introduced a new supervision format which aims to ensure that staff have supervision sessions at least every two months and an annual appraisal. We could not see the previous supervision session recording as this information had been archived by the manager.

Our judgement

The staffing levels being deployed at the home were sufficient to meet the needs of the people being supported however there is no system in place to monitor working time directive and staff are working long shifts which may pose a risk to people if not monitored.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People said that they had been supported to access lifelong learning, contribute to their care and to the menu available at the home.

Other evidence

The manager had recently introduced a new quality assurance system into the home and said he had been responsible for the development of this and the new support and care plan being used. He said these developments came out of work he had done for the Investors In People award. This is a management standard for organisations to develop their business through their people for which they receive this nationally recognised award. The home was awarded this standard in 2009 and it is to be reviewed in 2012 so the manager has been updating policies and procedures in readiness.

The new quality assurance tool commenced in October 2011 and is used to look at the internal and external fabric of the building, which identified that some bedrooms needed redecoration and some routine maintenance completing, flooring in the kitchen and dining room needed to be replaced and external wall repairing. People that live at the home were also spoken to as part of the process and they said they were happy with the environment. There had also been an environmental health officer visit which identified improvements needed in the kitchen and dining room floor.

The new support and care plan included all the people living at the home being involved in there development and monthly reviews had taken place with their key workers. All

risk assessments were up to date.

The quality assurance process also looked at staff training, with two staff commencing nationally recognised vocational qualifications or NVQ's. Discussions had taken place with people living at the home and their relatives and changes to the menu requested. We saw minutes of staff meetings and that findings of the quality assurance process were discussed. This included the key worker system being revised and fire training. The quality assurance process also identified actions that needed to be taken to improve fire safety and the manager has identified that fire doors need devices fitted to them so they can be held open independently but will close when the fire alarm is activated. The manager confirmed these will be fitted in December 2011.

Our judgement

Appropriate systems were developing for monitoring the quality of service people received.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>The staffing levels being deployed at the home were sufficient to meet the needs of the people being supported however there is no system in place to monitor working time directive and staff are working long shifts which may pose a risk to people if not monitored.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met: Safe recruitment procedures were not followed so people may have been supported and cared for by someone who was not suitable to work with vulnerable adults.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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