

Acorn Norfolk Limited

Acorn Park Adult Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Acorn Park Adult Services is a residential care home that was providing accommodation and personal care to eight adults at the time of the inspection. The accommodation was in four domestic type houses on a campus that provides several services including a school and a children's home.

People's experience of using this service:

- There was enough staff on duty to enable people to remain safe and receive care in a timely way.
- The risks to the quality and safety of the service were identified and acted on. The environment was safe and suitable for the needs of people living there. People had access to appropriate equipment where needed.
- People were supported to take their medicines in a safe way.
- All staff interacted inclusively and engagingly with people. The service worked flexibly and innovatively to ensure people who used the service felt at home.
- Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this.
- People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.
- Staff had received appropriate training and support to enable them to carry out their role safely. People's health was well managed and staff had positive links with professionals, which promoted well-being for them. Staff were motivated and enjoyed strong team work.

More information is in the full report.

Rating at last inspection: Good (July 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Acorn Park Adult Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Acorn Park Adult Services is a residential care home that provides personal care for up to nine people living with severe learning disabilities, autism spectrum disorder and behaviour that challenges. The home has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. The service is required to have 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 announced. We gave the service 24 hours' notice of our inspection so that people living at Acorn Park Adult Services knew to expect our arrival and to reduce the impact of our presence. Inspection site visit activity took place on Tuesday 26 March 2019.

What we did:

- ☐ We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.
- ☐ We spoke with two people who used the service.

- We spoke with relatives of two people who use the service.
- We also spoke with six members of staff including the registered manager.
- We observed how people received their care in communal areas of the service.
- We looked at records in relation to people who used the service.
- We also looked at records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.
- Some people living at the service could often need support to manage their anxieties or distress in some aspects of their daily lives. Staff had been trained extensively in de-escalation techniques and supporting people to remain safe during these periods. These incidents and any interventions were reviewed in detail by the multi-disciplinary team to ensure people were supported safely.
- People told us they felt safe living at the service. Relative's we spoke with confirmed this. One relative told us, "He feels safe there, because he feels staff care for him."

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed and measures were in place to mitigate risks. Staff were familiar with the plans in place to manage the risks. This included risks associated with behaviours that may challenge others, health conditions and nutrition.
- Risk assessments allowed for positive risk taking and enabled people to stay independent. This included supporting people to access community resources which they had not done before which, with out the correct planning, could result in a negative experience for the person.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Due to the very high level of support needed by people, they were supported by at least one member of staff during the waking day. Additional staff were available to support people when accessing the community.
- Retention of staff was high; the registered manager saw consistent and familiar staffing as a vital part of supporting people safely.
- People and their relatives felt there were enough staff to meet people`s needs in a timely way. On the day of the inspection we saw that staff were quick to respond to people`s needs. Staff had time to spend with people and did not need to rush their care or support.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.
- Where people were able to manage their own medicines, or elements of this, they were supported to do this safely.
- Relatives told us that the service worked hard to reduce the use of medicines used to affect people's behaviour. One told us, "Staff want him to have a happy life, they don't rely on drugs to manage his behaviour."

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the service. The service was clean and there were no lingering malodours.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. This process was a cornerstone of the service and helped to ensure that people's changing needs or routines continued to be met by staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective and enhanced people's well-being.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the service. This including assessing whether the persons needs could be met without negatively impacting on other people's needs, and which of the services homes would be the most suitable for them. One relative told us, "The transition period when [family member] was moving in was fabulous."
- Care plans were detailed for each identified need people had. Staff had clear guidance on how to meet those needs.
- Care and support plans were regularly reviewed, this helped ensure that staff could continue to meet peoples changing needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. One person told us, "The staff are well trained, they are really good at their jobs." Staff were able to complete qualifications, including diplomas in supporting people with learning disabilities.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
- Staff told us they felt well-supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development. The service had put together video recordings of training scenarios for topics such as medication and safeguarding, using senior staff as 'actors'. This was to expand the range of formats used to train staff, making them more realistic and relevant to Acorn Park Adult Services.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a good choice of food and drinks provided. Specialist diets were catered for. People could put together their own menus and cook for themselves with support.
- Staff monitored people's intake where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff working at the service were long standing and knew people well. Staff could promptly identify when people's needs changed and seek professional advice. Detailed records and monitoring of people's welfare was used to inform community healthcare professionals so timely and effective action could be taken.
- Staff worked in partnership with health and social care organisations appropriately sharing information

about people to ensure that the care and support provided was effective and in people`s best interest.

Adapting service, design, decoration to meet people's needs

- There were large comfortable communal spaces with ample seating for everyone to use. People could choose whether they wished to spend time alone or with others.
- The service had been regularly updated and modernised and kept in good decorative order. Any damage or wear and tear had been quickly repaired. The service had been adapted to meet the needs of people living there, included areas where people could use sensory equipment, and outdoor garden space to relax or exercise. This promoted people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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 take 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in peoples care plans.
- We saw staff asking for people`s consent before providing them with support. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of drinks and asked where they wanted to spend their time and what they wanted to wear. Staff gave us examples of how they offered choices to people who could not hear or speak. We observed staff using sign language or objects to promote better understanding.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw caring interactions between care staff and people in the service. Staff greeted people when they saw them, offering support and reassurance where necessary. One person told us, "All the staff are nice and caring, my keyworker is really nice, we get along, she's really funny and we sing and dance together. My house mate seems happy too."
- Relatives told us that staff were kind and caring. The service provided accommodation for relatives to use if visiting their family member, relatives told us that this was an important aspect of the service which promoted maintaining relationships and emotional wellbeing.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff ensured that people were involved in making decisions about their care where they could. This was recorded and noted as such in daily records and care plans.
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff knew how to understand a person's mood by observing body language or facial expressions. People were supported to use alternative communication aids, such as symbol boards, staff had detailed knowledge in how to use this for each individual.
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. One person told us, "Staff always treat me with respect. I am as independent as I can be, and I always get my privacy."
- Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- Staff encouraged people to maintain their independence. Staff knew what people could do for themselves, we observed staff being patient and supportive in helping them to do this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: ☐ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People living at Acorn Park Adult Services had a wide range of complex needs. However, they were all supported to live their life how they wanted and their care and support was designed to support this. This care was regularly reviewed and the registered manager ensured there was a flexible approach and constant culture of reviewing and learning.
- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. People were supported by staff to use their own vehicles which enabled them to access their community individually and regularly, and not having to rely on activities in groups. This including accessing volunteer job placements and short break holidays. One relative told us, "Staff actively think 'what can we do with [family member]?'"
- People's communication needs were well known and understood by staff and this was enhanced using intensive interaction. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. This included a description of signs and gestures and their known meanings. We saw that for one person, staff supported them to create a comic strip style short story, to express their feelings and emotions after they had experienced a period of distress. This helped the person reflect and communicate their feelings for staff to understand.
- People received personalised care and support specific to their needs and preferences. We observed that staff knew people very well, with comprehensive knowledge about how a person wished to receive interaction.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. They were comprehensive and contained clear information about people's specific needs, their personal preferences, routines, likes and dislikes.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.

Improving care quality in response to complaints or concerns

- There had not been any complaints. A concerns, complaints and compliments procedure was in place for relatives and visitors. This detailed how people could make a complaint or raise a concern and how this would be responded to. This was available in alternative formats, such as pictures and symbols, for people who needed this. Where people would not be able to make a complaint following a process, staff were observant and used interactions with people to identify if they were happy with their care and support. The registered manager told us that they would involve advocates if needed.
- Relatives told us they felt able to speak to the registered manager at any time. One relative told us, "The staff listen and take on board our views, we have a great relationship and are in constant touch with the

team leaders and managers."

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were available to people and their families for completion should they chose to do so.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager told us they were supported well by the provider and completely understood their responsibilities. This included regular visits to the service from the provider's quality assurance director. They also told us that they ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.
- The service had a clear vision to deliver high quality care and support and achieved positive outcomes for people. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.
- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received. The registered manager was continually reviewing and learning where possible. For example, they tracked and analysed behaviour records to reduce incidents.
- The registered manager ensured CQC's registration requirements were met and complied with.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was an experienced, consistent staff team, many of which had work at the service for several years. Staff were knowledgeable in all aspects of their role and responsibilities and were well supported by the registered manager to continually develop.
- Staff told us of the strong team work and positive dynamic between colleagues. They told us this was needed as part of ensuring that staff could perform to the highest standards in supporting people living at the service. Staff regularly partook in social team building activities outside of work and felt this contributed to building a positive and trusting atmosphere when working.
- The services quality assurance systems enabled the registered manager to monitor and identify any shortfalls in the quality of the service people received. They continued to audit all aspects of care such as medication, finances and health and safety.

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Relatives told us team leaders and the registered manager was available to talk with them whenever they wished. Surveys were sent out annually to people and their

relatives, to gather feedback about the quality of the service provided.

- The registered manager and staff continued to work in partnership with other services, for example their GP, community pharmacists, and dieticians, to ensure people's needs were met in a timely way.