Acorn Care & Nursing Limited

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 2, 3 and 23 December 2015. This was an announced inspection. At the previous inspection in April 2014 the service met the standards we inspected against at the time.

Acorn Care and Nursing Limited is a domiciliary care agency which provides personal care and support to people in their own homes who have a variety of needs. The service is managed from an office located in South Shields. At the time of this inspection 85 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have accurate records to support and evidence the safe

Summary of findings

administration of medicines. We found gaps and inaccuracies in medicines records. The registered provider did not have systems in place to identify and respond to issues with medicines records in a timely manner. The provider's checks on medicines records identified some inaccuracies but not all the issues we found on our inspection.

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

Analysis of accidents and incidents were not carried out, so appropriate action was not taken to help keep people safe.

People told us they were happy with the care they received. They told us care staff were caring and helpful. People were supported to be as independent as possible whilst retaining their privacy and dignity. A few people told us they did not always receive regular care staff, and sometimes they did not know which staff were coming.

Staff completed safeguarding adults training as part of their induction, and this was updated regularly. Staff knew how to report concerns and were able to describe various types of abuse. Staff said any concerns they had would be taken seriously.

There were thorough recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Staff told us they received appropriate training and opportunities to shadow established staff before providing care on their own. Staff received regular spot checks, supervisions and appraisals. This meant training needs could be identified and staff could be supported with their professional development.

Staff had access to detailed information to help them better understand the needs of people they cared for. This information included a person's life history, hobbies, preferences and daily routine. Care plans were specific to the needs of the individual and were reviewed regularly and whenever a person's needs changed.

People knew how to complain if they had a concern. People were frequently asked for their views about the service. Some people and relatives told us their complaints had been listened to, but not acted upon. Most people told us their complaints had been taken seriously and they were satisfied with the outcome. Feedback from the most recent consultation had been positive.

Staff told us there was positive, open culture at the service and they felt supported by management.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. The registered provider did not have accurate records to support and evidence the safe administration of medicines.

People told us they felt safe with their regular carers. Relatives said they felt their family members and their possessions were safe.

Staff had a good understanding of safeguarding adults and their role in preventing abuse. Staff did not raise any concerns with us about people's safety.

There were thorough recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Is the service effective?

Good

The service was effective.

People and relatives we spoke with said staff had the right skills to provide the care they needed.

New staff completed a structured induction programme before they provided care. Staff received training to help them provide the right care and support for people.

People were supported to access other healthcare services when required, and to meet their nutritional needs.

Management and staff understood the Mental Capacity Act 2005 and how to apply this to people in their care.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received.

People were supported to be as independent as possible whilst retaining their privacy and dignity.

People told us care staff were caring and helpful.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before care was provided. Detailed care plans were developed which were specific to the needs of individuals.

When people's needs changed this was discussed and care plans were updated to reflect this.

People were given clear information about how to make a complaint.

Summary of findings

Some people felt their complaints had been listened to but not acted upon, but most people felt us their complaints had been taken seriously and they were satisfied with the outcome.

Is the service well-led?

Requires improvement

The service was not always well-led. The provider did not have systems in place to identify and investigate issues with medicines records in a timely manner. Accidents and incidents were not regularly analysed to help keep people safe.

The service had a registered manager. Staff told us there was a positive, open culture and they felt supported.

Systems were in place to assess the quality of care people received. Where issues had been identified, these had been acted upon.

Acorn Care & Nursing Limited

Detailed findings

Background to this inspection

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

This inspection took place on 2, 3 and 23 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector, a specialist nurse advisor 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 service. The expert by experience supported the inspection by telephoning people in their own home to gather their experiences of care and support being provided.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

We spoke with eight people who used the service and four family members. We also spoke with the registered manager, the director, a supervisor, a co-ordinator, the administrator and four members of care staff. We looked at a range of care records which included the care records for 12 people who used the service, medicine records for 18 people, recruitment records for four staff, and other documents related to the management of the service.

Requires improvement

Is the service safe?

Our findings

Medicines were not always managed in a safe way. On the first day of this inspection we viewed the medicines administration records (MAR) for eight people who used the service. Five out of eight medicines records were incomplete for July to October 2015. This was because staff had not signed to confirm prescribed medicines had been given. Also, staff had failed to record a non-administration code for 'when required' medicines had not been given. In some cases the person's daily notes confirmed the medicines had been given, but the MAR and the daily notes did not correspond. This included prescribed creams and ointments. This meant people who used the service were at risk of medicine errors as the service did not have accurate records to support and evidence the safe administration of medicines. There was no clear record of whether people were at potential risk as another staff member may have re-administered their medicine as the MAR did not evidence administration

The service did not have a policy in place for 'when required' medicines. This would provide guidance to staff on their safe administration. Also, the 'prescribed for' section of the MAR was incomplete so staff did not always know why a person was taking a certain medicine.

On the last day of our inspection we viewed MARs for November 2015 for 10 people who used the service. Records for people taking prescribed medicines were complete with no inaccuracies, but gaps remained where 'when required' medicines were not administered. This meant the service was unable to monitor when medicines were not required and contact the person's GP for a review.

When we mentioned these issues to the registered manager and director they began to address them immediately. Some of the issues with MARs had already been identified by the registered manager, around incomplete recording. They had developed guidance for staff which explained what good practice was and what good practice was not in relation to record keeping on MARs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when regular carers who visited their home. Relatives also said they felt their relative and their possessions were safe.

We asked staff if people who used the service were safe. One staff member said, "People are safe because staff have had the correct training. We've all done safeguarding training." Another staff member told us, "It's our policy to complete a body map which is then sent to the office if a person develops a mark or bruise." The director told us, "Yes people are safe because we have systems in place to ensure people get their calls. We select our staff carefully and give them the training they need. Staff always approach us if they have any concerns about people."

Staff had a good understanding of safeguarding adults and their role in preventing abuse. Staff knew how to report concerns and were able to describe various types of abuse. They knew what signs to look out for such as changes in behaviour or bruises. Staff we spoke with said if they had any concerns they would raise them with the supervisor or registered manager immediately. One staff member told us, "I have confidence the management would deal with safeguarding issues properly."

A supervisor told us, "I've added safeguarding and whistle blowing to my spot checks, so I remind staff who they should go to. I'm confident staff can spot signs of potential abuse. Staff report any concerns straight to the office. I had to report suspected financial abuse before which resulted in us contacting the police. The managers were brilliant, spot on. I felt supported." Staff told us, and records confirmed, they had completed safeguarding vulnerable adults training as part of their induction training and this was updated regularly.

A safeguarding log was kept which showed the registered manager had taken appropriate action. For every case where a safeguarding incident had been recorded, a separate safeguarding file was created which contained the person's background, what agencies had been involved, daily notes, care plans and risk assessments. This was good practice as it was evident what action had been taken and if there had been any lessons learnt. For example, the registered manager and director responded quickly and changed its 'unable to gain access policy' (when staff are unable to get a response at a person's home) following a safeguarding incident. This made it clearer what staff should do to ensure people were safe in such situations. The director told us letters were also sent out with care staff to people who used the service, to update them on the change in policy.

Requires improvement

Is the service safe?

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Risks to people's health and safety were assessed, managed and reviewed regularly. There were clear risk assessments relating to a person's medicines, mobility and nutrition in care plans. Any accidents or incidents that occurred during the delivery of care were reported by care staff on their mobile phones via a secure application. Such incidents were then transferred to a person's care notes, logged on the service's computer system and dealt with. Accidents and incidents were reported and dealt with appropriately. A specific incident form was used for medicine errors.

The service provided support to people from 7am to 11pm seven days a week. Most people and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. One person said, "The girls are spot on." Another person told us, "I've had the same carer for a couple of years and she's great, she will do anything I ask."

A few people told us they did not always receive regular care staff, and sometimes they did not know what staff were coming. When we asked the director about this they said, "We always try and send the same care staff where possible because they know the individual". The director told us people have small teams of three or four staff to ensure consistency, and weekly rotas are available for anyone who wants one. Most people told us staff turn up on time. One person told us, "The carer arrives more or less when I expect her and I'm quite happy, the girls are very good."

When we asked the director if they had enough staff, they said, "I'm comfortable with our staffing levels. We're careful when we take more calls on, for example we look at where the person lives and how we can accommodate the frequency and timings of the calls they require. We have a commitment to our existing clients so we don't just take extra calls on without thinking it through first."

The director told us they used an electronic system linked to staff phones to monitor their location, and a system was in place to prevent missed calls. If a call was delayed the service contacted the person and sent another carer in the area or a supervisor. The director said, "We try to ensure minimum disruption."

Staff rotas were done in groups according to location to try and keep staff in the same area and reduce travelling time. The registered manager told us that groups of staff in an area usually cover sickness and leave, and they had never needed to use agency staff.

Good

Is the service effective?

Our findings

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed. They also told us staff sought permission before providing care or administering medicine.

Staff told us they received appropriate training and opportunities to shadow established care staff before doing calls on their own. One staff member told us, "Yes I've had enough training." Another said, "The training is really good here. We have face to face training and online training."

Training records confirmed new staff completed a week long comprehensive induction programme which included training on safeguarding adults, administration of medicines, fire safety and infection control. The induction programme also contained a presentation by the registered manager on the role of a domiciliary care worker and how important it was to maintain records "fully, accurately and completely." This was done through real examples of entries into people's daily notes. The presentation was detailed and informative, and was a good way of explaining to staff what the service expected of them. Records confirmed staff had also completed up to date training in dementia awareness, moving and positioning and nutrition.

Records confirmed staff received regular spot checks of the care they provided. They also received supervisions and appraisals. Supervisions are regular meetings between a staff member and their manager to discuss training needs and how their work is progressing. The service had recently worked with the local authority to improve the frequency and quality of these. For example, the registered manager had improved the record keeping for these processes. This meant future training and development needs were identified for each staff member, and staff were supported with their professional development. Supervisions also included a review of each person the staff member supported. One staff member told us, "I feel supported as the management team are ready to help with anything." Another staff member told us, "I feel supported. If I'm not sure about anything or have any concerns about a client I ring the office."

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

Staff told us most people they supported had capacity to make their own decisions, although they did support some people living with the early stages of dementia. Staff received training in MCA and understood the concept of ensuring people were encouraged to make choices where they had capacity to do so. Staff told us if there was a doubt over someone's capacity they would contact the office to refer the matter to the person's social worker and contact relatives. This meant staff knew how to seek appropriate support for people should they lack capacity in the future. There was an up to date MCA policy at the service.

Care workers completed daily notes which recorded what meals they had prepared and how much people had eaten. People's food and fluid intake was monitored and recorded for every call where food or drink was prepared for the person. This helped staff check whether people needed increased support in this area.

Records showed care staff involved the speech and language team (SALT) and people's social workers when necessary. People's care teams were small so changes in a person's eating habits were identified quickly. The registered manager told us, "SALT notify us of recommendations and they are implemented straight away."

Good

Is the service effective?

People told us care staff supported them to access a range of medical appointments and social activities such as GP, hospital and optician visits, going to the hairdressers and the day centre.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received. People told us care staff were caring, helpful and listened to them. People and relatives told us they had a positive relationship with care staff. One person said, “The care is spot on.” Another person told us, “They’re all very kind, very good.”

People told us staff treated them with dignity and respect. They also told us staff sought their permission before care and support was provided. In a recent provider survey conducted in November 2015 95% of people who responded said staff treated them with ‘dignity and respect at all times’. In the same survey 98% of people who responded said the service ‘promoted independence’.

We asked staff how they promoted dignity, respect and independence. A supervisor said, “The staff are caring. I do spot checks to ensure curtains are closed when staff are doing personal care, and people are given choices. I ensure people are spoken to with respect. We encourage people to be independent.” Another staff member told us, “People want to stay in their own homes and we’re there to help them do that.”

The director told us, “Our staff are very good. They are caring individuals. They really care about people, and are dedicated.” A staff member said, “I love helping people and I love my job. I’m happy to do extra shifts to help out." On one occasion care staff stayed with a person who was taken ill for several hours while they waited for an ambulance to arrive

The registered manager told us, “We listen to what our clients want and respond to what they say. If a client is unwell or upset we’ll cancel the carer’s next call and send someone else so they can stay with the person who needs support.”

The service had received thank you cards from family members. One family member wrote, ‘I want to express my sincere gratitude to you all for the care you gave to [relative]. I can’t tell you the peace of mind it gave me knowing the level of care, support and kindness you gave her. [Relative] spoke about you all with great affection.”

Each person who used the service had a copy of the service user guide and the provider’s statement of purpose in their care plan. These were kept in people’s homes so they could refer to them at any time, and were available in large print, braille and other languages should people need it. The service user guide contained information about all aspects of the service, including how to access independent advice and assistance such as an advocate. Although nobody at the service had an advocate, this facility was available.

Good

Is the service responsive?

Our findings

People and family members told us the person's individual needs were assessed before the service was provided. A supervisor told us they met with the person and their family and completed an assessment of the person's needs. This ensured the service was able to meet the needs of people they were planning to support.

People and family members had been fully included in their own care planning, where possible. A supervisor told us, "We always ask new clients if they want family involved in their care planning. We also speak to the person's social worker as they usually advise on this too."

Care plans were quality checked by the registered manager before the care package started, and were reviewed and updated regularly. Care plans were person-centred and included clear guidance for staff about how to support people with their individual daily needs, such as getting up, getting washed and dressed and personal care or continence care. They also contained detailed background information about the person, such as their life history, family, hobbies, likes and dislikes. The service had recently worked with the local authority to improve the content of care plans, so even more detail was added about people's dietary preferences and end of life wishes. This meant staff had comprehensive information about a person's needs.

We asked staff what they would do if a person's needs changed. A supervisor said, "One person was using a mobility aid but then then they became ill so it wasn't suitable any more. I arranged for the occupational therapist to come out to assess them. Their calls were extended and new equipment was ordered as the old equipment was no longer suitable because it was unsafe." They also told us, "I always say to the staff if you think someone's needs have changed let the office know and we'll reassess them. I tell staff if you're any doubt at all to ask for advice. I've been doing the job for 30 years and I'm still learning."

There were clear examples of the provider responding to and acting on people's changes in needs. For example, staff noticed that a person's mobility had declined so they were given a wrist falls detector. The care plan was updated to reflect this and their calls were increased.

One relative we spoke with said they had recently been involved in changing their family member's care plan due to a change in their needs. The relative said, "[Family member] has Alzheimer's and their care needs have increased so I spoke to the office and we've upped the amount of care they get. They were very helpful in the office."

A staff member told us, "We listen to what people want. We all do our bit here. The staff are helpful and the company has evolved. They are good at taking feedback on board, in fact they welcome feedback."

We asked the director about changes in people's needs and they said, "If medicines need to be taken every four hours, for example if someone was on antibiotics we schedule their calls accordingly. Sometimes people ask us for certain carers so we do our best to accommodate them. One person prefers a male carer so we accommodate this."

The provider had a complaints procedure which was included in the service users' guide given to people at the start of their care package. This outlined how a complaint would be investigated and the timeframes for actions to be completed. Complaints could be made in person or over the phone to care staff, senior staff or the registered manager. Complaints were logged and actioned promptly, and the registered manager met with the person and family members where appropriate.

In a recent provider survey conducted in November 2015 97% of people who responded said they knew who to contact regarding complaints, compliments and concerns.

Some people and relatives we spoke with felt that when they had made a complaint it had been listened to, but not acted upon. Most people told us their complaints had been taken seriously and they were satisfied with the outcome.

Requires improvement

Is the service well-led?

Our findings

The systems in place to monitor the quality of medicines administration did not support the safe management of medicines. Whilst management checks identified some issues with MARs, they had not identified all of the issues we found on our inspection. This meant the registered provider's quality assurance processes had been ineffective in identifying and investigating errors on the MAR.

The provider's computer based management system was used to record events that could be used to monitor the quality and safety of the service, for example, missed calls, accidents and incidents. The registered manager told us they were starting to audit and analyse accidents and incidents, but previously this had not been done. This meant the provider was not regularly analysing accidents and incidents to look for trends and take appropriate action to help keep people safe.

The provider had a registered manager who, together with the director was responsible for the day to day management of the service. The registered manager was supported by a care co-ordinator and an administrator in the office, and a supervisor.

People were frequently asked for their views about the service they received. The service carried out regular quality assessments with people who used the service face to face. Annual assessments were completed by phone. The service had recently completed an annual survey of everyone who used the service. Feedback was recorded, analysed and acted upon, for example when people expressed preferences for certain care staff their rotas were changed and people were satisfied.

People told us the service was well organised and well managed, and they would recommend the service to others. Staff told us there was a positive, open culture and they felt supported. One staff member told us, "It's good working for Acorn, there are no problems with the management team."

The service had a number of quality assurance checks to make sure the service was safe and effective for people. 'Spot checks' of individual members of staff were carried out every three months to check care and support was being provided to people in the right way. The outcomes of these checks were recorded and any issues were raised with staff. Where further training needs were identified this was acted upon.

Safeguarding incidents and complaints were audited and analysed every three months. This meant the service looked for ways to improve in these areas. The registered manager told us they wanted to improve their quality assurance process by improving analysis of all areas and was working on this.

The director told us, "We're learning and moving forward all the time. The registered manager and I support each other. If something needs doing we roll our sleeves up and get stuck in. We're not afraid to try different things to make the service better for people, and we're not afraid to ask for advice. I know I've got good staff and a good manager here."

The registered manager said, "We pride ourselves on being client centred and are passionate about the care we deliver. I am pleased with the care we have been able to provide to our clients and hope to constantly monitor and improve wherever we can".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).