

Acorn Luxury Care Limited

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Inspection report

76 Wimborne Road
Bournemouth
Dorset
BH3 7AS

Tel: 01202515713

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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

Care service description.

Acorn Luxury Care Limited provides accommodation, care and support for up to 13 older people, many of whom were living with dementia. At the time of this inspection 10 people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Rating at last inspection.

At the last inspection, the service was rated Good.

Staff were trained in safeguarding and understood how to respond to safeguarding concerns.

Risks in delivering care to people and in making sure the environment was safe had been assessed with plans put in place to mitigate any identified risks.

The registered provider had followed recruitment procedures and carried out all required checks to make sure suitable staff were employed at the service.

There were sufficient numbers of staff on duty to support people with their assessed needs.

Medicines were managed safely and systems were in place to make sure people were administered medicines as prescribed by their GP.

The registered provider had a robust training plan in place to ensure staff were appropriately trained to meet the needs of the people using the service.

Staff were supervised in their roles and received an annual appraisal to aid their personal development.

People's nutritional needs were met

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported by kind and attentive staff who were respectful of people's privacy and dignity. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people.

Care plans were individualised and person centred focussing on people's goals, skills and abilities. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date.

People had access to health care when necessary and were supported with health needs.

There were complaint systems in place and people were aware of how to complain.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well-led. There was a very positive, open culture in the home with staff proud of how they supported people.

There were systems in place to audit and monitor the quality of service provided to people.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 was 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 14 February 2017 and was unannounced. We met everyone living at the home and spoke with four people. However, due to their living with dementia, they were not us about their experience of living at the home.

We met with one of the directors of the organisation and the registered manager and deputy manager assisted us throughout the inspection. We also met and spoke with seven members of staff and two relatives.

We looked in depth at three people's care and support records, people's medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits, policies and quality assurance surveys.

Is the service safe?

Our findings

The relative we spoke who visited the home regularly felt the service was safe, commenting that, "The home was lovely".

People were protected from bullying, harassment and avoidable harm as staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. Staff were aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

The registered manager and provider had taken steps to ensure the premises were maintained safely. For example, records showed that water systems had been checked and complied with water regulations, the fire safety systems tested and inspected and risk assessments carried out on the premises to mitigate against any risks.

Systems were also in place to make sure care was delivered as safely as possible. Risk assessments had been and included assessments about malnutrition, prevention of falls, mobility and skin care. These had been reviewed and were up to date. Personal evacuation plans had been developed to make sure people could be safely evacuated in the event of a fire. The registered manager and provider had also emergency contingency plans for extreme events.

Accidents and incidents were monitored and reviewed to look for any trend where action could be taken to reduce the incidence of recurrence.

Recruitment procedures were thorough and all necessary checks carried out and recorded before new staff commenced employment. These included, full employment histories, proof of identity, a disclosure and barring service checks (DBS), and evidence of their conduct in previous employments. This ensured, as far as possible, people were protected from staff being employed who were not suitable.

Both the staff and the relative we spoke with felt staffing levels were appropriate to meet people's needs. Duty rosters confirmed the staffing levels witnessed on the day of the inspection corresponded to the roster.

The registered manager and provider had put systems in place for the safe management of medicines. Staff were trained and had their competency to administer medicines. Medicine administration records (MAR's) showed people had medicines administered as prescribed by their GP. Following a medication review by the home's pharmacist, a controlled drugs cabinet had been ordered in the event that these medicines were prescribed for people.

Is the service effective?

Our findings

Staff felt training was relevant and provided them with necessary skills and knowledge to look after people. Three members of staff had completed NVQ level 5 and two others were due to start this advanced training. Records showed staff received core training that included moving and assisting, infection control, first aid, dementia care training and safeguarding. Staff were also able to develop further skills in specialist area through attendance on courses such as 'Care of the Dying', 'Dysphagia Awareness' and 'Confusion'.

Staff were well supported in their role having an annual appraisal and regular supervision. A member of staff told us that they always had access to the registered manager or provider for support or advice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to the local authority had been made appropriately and the registered manager kept a record of all DoLS applications made along with copies of authorisations. No conditions had been made in respect of granted DoLS authorisations.

Staff clearly understood the importance of empowering people to make as many of their own decisions and choices as possible and this was evidenced in our observations of care. Where people did not have capacity to make specific decisions, mental capacity assessments and best interest decisions were recorded.

We observed the lunchtime period and saw people were offered choice, a nutritious meal and were supported appropriately. People were supported with drinks and snacks throughout the day. Where people had nutritional needs these were assessed and plans were in place to support them. For example, one person had swallowing difficulties and a 'safe swallow' plan was being followed at the advice of the dietician.

Care records confirmed people had access to external health professionals when required. For example, the community mental health team was supporting the home with one person who experienced mental health needs. District nurses also were visiting to support people with dressings of wounds.

Since the last inspection the home had continued to make improvements to the physical environment. New profile beds had been bought and the garden landscaped and made more inviting and suitable for people.

Is the service caring?

Our findings

The relative we spoke with was positive about the care provided in the home, commenting, "The home is lovely". A GP said in a returned quality assurance survey, "The staff are always helpful and courteous. The residents are obviously well-looked after".

Staff interacted with people in a kind and compassionate manner. They responded promptly when people requested assistance and approached them in a kind and friendly way. Exchanges between staff and people were positive and indicated that there were good relationships between them.

People's privacy and dignity was respected, staff supported with personal care in the privacy of people's own rooms. Staff knocked on people's doors before entering their bedrooms. Some bedrooms did not have door locks, however; if people wanted a lock on their door this was provided. We visited one person in their room who had requested a lock and this had been fitted.

Visiting times were flexible and during the inspection we saw visitors were able to come and go freely.

People and their relatives were given support when making decisions about their preferences for end of life care and staff had received training in care of people at the end of their life.

Is the service responsive?

Our findings

The home provided personalised care. One relative reported in a quality assurance questionnaire, "Acorn is small, friendly and personalised". A member of staff told us, "Being a small home, we get to know everyone personally".

A preadmission procedure of an assessment of an individual's needs had been followed to make sure that these could be met before a person was accepted for a placement.

When people were admitted into the home further assessment tools and risk assessments had been completed and used to develop an individual care plan for each person, together with them or their representative. The care plans were up to date and reflected people's needs. They were also person centred in the way they were written, giving a good overall picture of each person's ability and how staff should assist people to maintain their independence.

Although the home did not have a dedicated activity coordinator, people were supported to maintain hobbies and interests with a range of activities being provided in the home. In the lounge area there were 'memory boxes' used to help stimulate people and engage with memories of their past. There were also a range of games and a juke box that was playing music from people's era.

People knew how to make a complaint if they needed as the procedure was well-publicised and available in the front reception area. The log of complaints showed that complaints had been taken seriously and investigated with a response to the complainant.

Is the service well-led?

Our findings

Staff spoke proudly of the home with comments such as, "I love it here; we are a good team and all support each other." Overall, they felt there was good morale and an open supportive style of management. A quality assurance survey completed by a GP informed, "This is a well-run home that does an excellent job supporting their residents".

The home was managed by a registered manager with support from the provider. There were well-developed quality assurance systems in place to monitor the quality of service being delivered and the running of the home. These included audits such as medication, accidents, incidents and care planning.

The staff knew how to whistle blow and raise concerns as the home had a policy to inform staff.

At residents' meetings, minutes showed that people were fully involved in day to day running of home, discussing what they wanted to eat, what activities they wanted to arrange and issues that effected them in the home. Team meetings minutes that showed staff were kept fully informed and had the opportunity of discussing how the home was managed and run.

People's records were up to date and organised in a way that made information easy to access.

Quality assurance surveys had been sent to people, staff, relatives and professionals affiliated with the home. The registered manager had analysed all returned surveys and collated the results, all of which were positive.

The registered manager had notified CQC of significant events, such as deaths, serious injuries and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

The provider had links and worked in partnership with other organisations to make sure they were aware of best practice and changes in care and support. For example, the home had joined the 'Research Ready Care Home Network', which brings together care home staff, residents and researchers to facilitate the design and delivery of research to improve the quality of life, treatments and care for all residents.