Care Quality Commission

Mrs Yoheswari Nithiyananthan & Mr Kanagaratnam Nithiyananthan

Acorn Residential

Inspection report

47 Mitcham Park
CR4 4EP
Tel: 020 8648 6612

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Ratings

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

Overall summary

This unannounced inspection took place on 3 November 2014. When we last visited the home on the 5 December 2013 we found the service was meeting the regulations we looked at.

Acorn Residential Home is a care home that provides accommodation and personal care for up to eight people who have a learning disability. At the time of our visit, there were seven people living at Acorn Residential Home.

The service has 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.

People using the service told us they felt safe and well cared for. The atmosphere was calm and, relaxed when we visited. We saw risks to people were identified and plans put in place to address these. Staff attended to people's needs promptly and showed patience and care. Relatives we spoke with were also happy with the care

Summary of findings

provided. However, the home was not up to date with processes and procedures for safeguarding adults at risk of abuse, so people who used the service may be at risk if correct procedures were not followed.

People's needs were assessed and plans put into place so their needs could be met. This included people's health needs and making sure they stayed well. People had access to relevant health professionals when they needed them. People were involved in writing their own plans and reviewing them so they were getting the care they wanted and the information was always kept up to date. People were encouraged to be as independent as possible. There were a range of activities for people to participate in, if they wanted to.

There were gaps in staff training so there were risks people might not receive safe and appropriate care at all times. This was a breach of the relevant legal requirement and you can see what action we told the provider to take at the back of the full version of the report.

Relatives and outside professionals said the manager listened to their views and acted on them. People who used the service told us if they had a problem or issue they would talk to the manager or other staff who were often at the home and available to speak to.

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?
The service was not always safe. People and their relatives told us they felt safe. Staff had not received training and may not know what to do if abuse was suspected.

There were appropriate staffing levels to meet the needs of people who used the service. People received their medicines when they needed them.

Assessments were undertaken of risk to people who used the service. Written plans were in place to manage these risks.

Requires Improvement

Is the service effective?
The service was not always effective. There were gaps in staff training which meant that people were at risk of not receiving the most appropriate care from skilled and competent staff.

People's health needs were met. Records showed people were referred to health professionals when required.

People received enough to eat and drink. We saw that people's fluid and food intake was monitored and action taken if people lost or gained significant weight.

Requires Improvement

Is the service caring?
The service was caring. People told us that staff were kind and caring and we observed this to be the case.

People were involved in making decisions about their care and the support they received.

Staff knew how to treat people with respect and dignity as well as promote their independence.

Good

Is the service responsive?
The service was responsive. People's needs were assessed. Staff responded to changes in people's needs.

Staff supported people to go out and this reduced the risk of people becoming isolated.

People who used the service and relatives felt the manager was approachable and that they could raise any concerns they had.

Good

Is the service well-led?
The service was well-led. Staff said they were supported by their manager who was approachable. People said they felt they could raise any issues or concerns with the manager who would listen and respond appropriately.

Good

Summary of findings

There were some systems in place to monitor the safety and quality of the service people received.

Care Quality Commission

Acorn Residential

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 checked 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 the 3 November 2014 and was unannounced. A single inspector undertook this inspection.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During the inspection we spoke with three people who used the service, care staff and the registered manager of the home. We looked at written information kept at the home. This included three care plans, two staff files and other records relating to the management of the home.

After the inspection, we also spoke with two relatives of people who used the service. We also spoke with professionals supporting people who used the service this included a day centre manager and a community nurse.

Is the service safe?

Our findings

People told us they felt safe living at the home. Relatives also considered their family members to be safe and happy at the home. One person said, “I like living here” and a relative told us, “They [person living at the service] loves it there. They look after him very well.” Another relative told us, “She’s safe and happy.”

However, our findings did not always match the positive feedback we received from people and their relatives. We found the provider had not taken proper steps to ensure people who used the service were protected from the risks of unsafe care. This was with regards to safeguarding adults at risk of abuse.

The service did not have up to date policies or training. The manager had completed a basic introduction to safeguarding adults in June 2009 which was validated for two years. The manager had not refreshed the course. The home did not have a copy of the Pan London’s “Multi Agencies Procedures on Safeguarding Adults from Abuse”. The home did have its own policy for protecting people at risk; however, it incorrectly stated the Care Quality Commission would investigate any allegations of abuse.

We spoke with staff and the manager and they did have knowledge about what abuse was and that they needed to take action. However, if they should have to make a referral to the local authority there could be delay as their own procedures were incorrect. We have asked the provider to make improvements in this area.

We looked at the accidents and incidents records and saw the manager monitored and analysed these so any patterns could be identified for action to be taken to prevent them from happening again. Care staff confirmed there were discussion at team meetings about any accidents and incidents, and in some cases there was an opportunity for care staff to talk through about a particularly incident so learning could take place. The service was therefore working towards minimising the repetition of challenging behaviours.

When people were at risk either as part of their daily living or as part of promoting their independence. There were clear risk management assessments and support plans for each person living at the home. The information we looked was detailed, up to date and had been reviewed at least on an annual basis. We saw that there was a formal annual meeting, known as a statutory review, held with people who use the service, family and representatives and the care manager. In this way the service could be sure the care they were providing reflected how people wanted to be cared for.

Relatives and people who used the service told us they thought there were enough staff on duty. We observed people who used the service were independent and often out during the day. We saw there was flexible approach to employing staff and often additional staff were on duty if people had specific tasks they wanted to undertake or had medical appointments. We saw from weekly staff rotas we choose at random there were sufficient staff on duty to meet people’s needs. People said they did not miss out on activities because of shortages of staff.

People received their medicines as prescribed. We saw that medicines were stored appropriately in a locked cabinet secured to the wall. We saw that medicines came into the service from a community pharmacist in blister packs to make administration easier and to minimise the risks of errors occurring. We found no recording errors in any of the medication administration records we looked at. The individual records for people using the service had a photograph of each person thereby further reducing the risks of possible errors.

Is the service effective?

Our findings

Staff were not appropriately trained or supported to undertake their roles within the organisation. For example, one member of staff who had responsibility for administering medicines last completed a medicines management training in 2006 and this had not been refreshed; Nor had their competency to administer medicines been formally reviewed. Another member of staff who had been in post since January 2014 had not completed any formal fire training, food and hygiene or first aid courses. The manager had undertaken Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training, but there was no evidence this had been cascaded to other staff.

The provider had not identified courses they expected their staff to attend as a minimum to ensure they were sufficiently skilled to meet people's needs. Nor was there any systematic way of identifying when these courses needed to be refreshed. The result of this was staff may not have suitably trained to care for and support people who used the service. This meant there had been a breach of Regulation 23 of the Health and Social Care Act 2008 and the action we have asked the provider to take can be found at the back of this report.

Whilst three was a shortfall in training, staff received other types of support to work at the home. Records showed staff regularly attended team meetings and had one to one meetings (supervision sessions) with their line manager once every two months. Staff told us they felt well supported by their manager and had regular meetings and daily shift handovers with other staff and their manager.

The manager had received training and knowledge with regards to the Mental Capacity Act and DoLS. We saw on one care plan that a DoLS authorisation had been granted. The manager told us that a further application was going to be made by hospital staff when someone was due to be admitted.

We were shown around the service by two people who use the service. We noted the home was clean and adequately maintained. However, the walls were stark with few pictures, photographs or personal items. This lack of personalisation meant people were not cared for in an environment that reflected their individuality and diverse needs.

We received positive feedback from people about the quality of food they were offered. One person told us, "they're all good cooks". Throughout our visit we saw people were regularly offered hot and cold drinks by staff and that people could also help themselves. People using the service told us they helped plan the food menus each week. We saw that care plans included information about people's food preferences and some people were actively able to choose what they wanted to eat. People's weight was monitored regularly as a way of making sure they stayed healthy and specialist advice was sought if people's weight fluctuated. A relative told us how the home had supported their family member whilst they were in hospital to eat, this was by staff going into the hospital and assisting at mealtimes. We also saw that a second person who had been in hospital for over three months and had lost a considerable amount of weight was being supported by the dietician. In this was the home was making sure that people's nutritional needs were being met.

People were supported to maintain good health and to access healthcare services when required. Care records we examined each contained a health plan and a health passport. The health plan holds information about each individual's health needs, the professionals who are involved to support those needs and information about relevant appointments. It was clear from the information contained in health action plans that people were in regular contact with a range of community based healthcare professionals such as GP's, opticians, dentists, psychologists and occupational therapists. We saw that all appointments with health care professionals and the outcomes were recorded so staff could monitor the support people require with their healthcare needs.

People also had a hospital passport which is used in the event of a person having to go to hospital to make sure healthcare professionals have relevant information on the person's needs, likes, dislikes and preferences especially when they cannot speak for themselves. We saw these were used when people were recently admitted to hospital.

Is the service caring?

Our findings

People using the service and their relatives told us they were happy with the level of care and support provided by the home. One relative told us, "I'm very grateful, they're just like a little family". They went onto to say, "You can always pop in and you're made to feel welcome".

Staff knew about people's likes and dislikes and responded accordingly. For example, one person who arrived from hospital was offered hot chocolate to drink as care staff knew this was likely to be what they would accept. Staff communicated with people in a way they would understand, sometimes repeating information. We saw staff talked with people informally during the day as they passed; This was spontaneous and not always task orientated. We saw staff and people who used the service in a relaxed and friendly atmosphere often sharing jokes and laughing together.

We saw two people who used the service were involved an advocacy group for people with learning disabilities. They told us they attended monthly meetings and represented other people with learning disabilities. They also told us they had also represented people with learning disabilities at a political level and been involved in taking a case to High Court.

Staff respected people's privacy and dignity. Staff we talked with told us what actions they undertook to make sure people's privacy was maintained. This included keeping doors and curtains closed whilst people received care, telling people what personal care they were providing and telling people what they were doing throughout. We also observed staff always knocked on bedroom doors and sought people's permission before entering. During our tour of the home we saw that people could lock their rooms if they wished to maintain their privacy and two people used their bedroom keys.

Care plans we looked at demonstrated that discussions had taken place about individuals' wishes and were either recorded, or recorded as not wishing to be discussed, depending on each individual. They were comprehensive and detailed people's preferences for people's support and care, where relevant and end of life wishes. We saw that care plans were centred on people as individuals and contained detailed information about people's diverse needs.

Is the service responsive?

Our findings

People could take part in a number of social, recreational and leisure activities and were supported to do so. People attended a day centre two and three times a week. On the day of our visit a number of people went to the local pub for lunch. Each person had an activity's timetable which outlined what they would be doing each week which included time for shopping for personal items and for some people attending their church.

People were also involved in the day to day running of the home and were encouraged to be as independent as they could. We observed one person spent time ironing their own clothes. People told us they dried dishes and sometimes helped with the cooking. One person told us, "I like living here, go to the seaside and gardening. My jobs are hanging up clothes and dusting in the corners." People told us about their summer holiday and how they had decided where to go and what they would do when they arrived.

Information held about people was being reviewed. Relatives told us they were invited to care plan reviews and were informed of any significant changes or events. One relative told us, "The home is good they responded quickly when [my family member] was unwell." Annual reviews led by social services had been completed. In this way, care plans reflected all the changes in support and act as a working document for everyone involved in the person's care. Care plans were reviewed in July 2014, but the manager said that if any changes were necessary then these would be made immediately. Assessments were undertaken of risk to people who used the service. Written plans were in place to manage these risks.

People's views of the service were actively sought. Questionnaires had been completed by people using the service. One person living at the home was given responsibility for helping others to complete the questionnaires. Other records showed that people could express their views through regular meetings with their key worker, residents meetings and care plans reviews.

People and relatives told us they had not made a formal complaint about the service, although relatives stated that if they did have to make a complaint then they felt it would be taken seriously. The home had a complaints policy which outlined the process and timescales for dealing with complaints. There was also a complaints log in pictorial and easy to read format for people who used the service. The service kept a log which showed that complaints were dealt with in timely manner and appropriate manner.

Is the service well-led?

Our findings

Relatives of people who used the service, commented on how 'open and approachable the manager was' and if they had to raise any concerns or comments they would feel comfortable doing so. A relative told us, "manager very helpful and welcoming, tells me everything".

We spoke with external professionals who supported people using the service. They told us the manager worked alongside them to promote best practice and where professionals identified issues the manager would address these. One professional told us the manager liaised with professionals appropriately and "fights to get a service for them". Another professional gave an example where someone had needed some items and they responded quickly.

There was a clear management structure within the service which consisted of a registered manager who was also the provider, two of their family members employed as care staff and other care workers. The manager and staff we spoke with understood the structure and the roles and responsibilities they held within the organisation, and there were clear lines of accountability. We discussed with the manager the need to have an independent arbitrator if anyone wished to make a complaint about the registered manager or care staff that were also family members. The manager agreed to look into this.

Staff said they felt valued and included in decisions about people's care. They said the manager was approachable at any time and was often visible in the service. Care staff also told us if any issues arose they felt comfortable in talking to the manager. This transparent management style promoted a culture of openness and honesty within the home.

There were systems in place to monitor the quality and safety of the service for people living at the home. For example, there was a daily environmental check undertaken by the manager. The manager also told us they very regularly undertook out of hours visits to the home to make sure the quality of the service was maintained throughout the week. However, these could not be evidenced as they were not recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not take proper steps to ensure that staff had not received appropriate training.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.