

Community Care Solutions Limited

# Acacia House - Peterborough

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Acacia House - Peterborough is a residential care home providing personal care to five younger adults at the time of the inspection with autism, physical and learning disabilities. The service can support up to five people in one adapted building.

Although the service has been running for many years prior to the Registering the Right Support best practice guidance; we saw the service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service did support people effectively in line with positive behaviour support principles. Staff were trained to support people using positive behaviour support.

People's experience of using this service and what we found  
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and a relative felt reassured by having their, or their family member's, care provided by staff at the service. Staff understood their duty to report any concerns they had about poor care and potential harm to

people. However, the registered manager had not notified one safeguarding incident to the CQC that they were legally obliged to. Individualised risk assessments were in place to identify possible risks to people. Staff had information available to them to refer to on how to monitor and reduce risks to people. Staff worked in conjunction with guidance from external health care professionals to help support and maintain people's well-being.

Staffing levels were looked at and determined to make sure they met the needs of the people using the service for example people who required one-to-one support at the service and within the community. Trained staff safely managed medicines. However, completed medicine administration records were not kept on file.

To develop their skills and knowledge, staff received training, competency checks, supervisions and appraisals. People were supported to maintain their independence where appropriate. Staff promoted people's food and drink intake.

Staff respected and promoted people's privacy and dignity. Staff knew the people they supported well. People had developed good relationships with staff who understood their individual and sometimes complex care and support needs and wishes.

People and a relative said staff were kind. People's personal information was kept confidential in the services office. People, where possible, and their relatives were involved in discussions and reviews of their, or their family member's, care. The registered manager told us there had been no complaints; a guide on how to complain was available in a pictorial easy read format. This helped aid people's understanding.

Staff felt well-supported. Audits were carried out to monitor the service and address any improvements required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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.

# Acacia House - Peterborough

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

Acacia House - Peterborough is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had 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 unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and a relative about their experience of the care provided. We spoke with three members of staff including the registered manager, and two senior care workers. We also spoke with a visiting health professional and a visiting external activities co-ordinator.

We reviewed a range of records. This included a person's care record. We looked at compliments records, and the complaints policy.

#### After the inspection

We received feedback about the service from an advocacy service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had training in and could demonstrate their knowledge of safeguarding people from poor care and harm in line with the providers process. A staff member said, "I would report [concerns] to the deputy or registered manager. We would make a local authority [safeguarding] referral."
- A relative told us they had, "No concerns," with the safety of their family member at the service.
- However, one safeguarding incident had not been notified to the CQC as legally required. The registered manager told us they would make the necessary improvement immediately.

Assessing risk, safety monitoring and management

- Personalised risk assessments guided staff on how to recognise and monitor a person's individual risks including a personal emergency evacuation plan.
- Care records included a positive autism support plan called SPELL [Structure, Positive approach, Empathy, Low arousal and Links]. This is a framework to guide staff to understand and respond to autistic people's needs. Staff had also been trained in Non-Abusive Psychological and Physical Interventions (N.A.P.P.I). Staff told us that known distractions reduced people's anxiety in a positive manner. A regular visitor to the service said, "I feel the staff know the residents well and how to keep them occupied and how to distract them if there are issues."

Staffing and recruitment

- New staff to the service had checks carried out on them to make sure they were suitable to support people at the service. A staff member confirmed, "I completed an application form on line. I had a face to face interview even though I had been working here as agency staff. I had to bring in a utility bill and bank statement. DBS [criminal records check] and references were in place."
- The number of staff needed on each shift to support people safely was based on people's care needs.

Using medicines safely

- Staff were trained to support people with their prescribed medicines and had their competency to do so checked by a more senior member of staff.
- External health professionals undertook medicine reviews to make sure that people were on the correct medicine and the correct dosage.

Preventing and controlling infection

- All areas of the service were clean and tidy with no malodours.
- Staff had training in food hygiene and how to promote good infection control procedures. Staff wore

personal protective equipment (PPE) such as disposable gloves and aprons when delivering personal care.

#### Learning lessons when things go wrong

- A staff member gave an example of improvements made because of learning. They told us, "We have done some work regarding more detail and more content [in a person's daily notes]. There has been a noted improvement."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and advice and support sought from external health professionals to help promote and maintain people's well-being.
- A visiting health professional told us that staff followed their evidence-based guidance to support people's well-being. They said, "Staff follow the guidance given and are very attentive. If I recommend that staff keep an eye on something, for example a friction wound, staff would follow up on it."
- Staff demonstrated their knowledge of why it was important to follow guidance from external health professionals. A staff member said, "[Named person] is under SALT team [speech and language therapist] and eats with a teaspoon because it is smaller as they can put too much in their mouth and so it is a risk."

Staff support: induction, training, skills and experience

- Staff, when new to the service, had an induction that included training sessions and shadowing another more experienced staff member on shift. This was until the new staff member was confident and competent to deliver effective care and support to people.
- Staff members' care and support skills and knowledge was developed through a mandatory training programme. Staff also had supervisions and appraisals to review their progress.

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

- Staff supported people to eat and drink enough. Staff gave visual prompts to people to help them make choices and encouraged healthier meal options.

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

- People had access to external health professionals such as hospital consultants, GPs, chiropodists and dentists when needed. This supported people to live healthier lives.
- A relative confirmed to us, "Staff support [family member] with any doctors and dentists' appointments."

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

- The accommodation was an extended bungalow that had no exterior signage to indicate that it was a care service. This promoted the dignity of people living at the service. The rooms were on one floor with wide corridors to support people with limited mobility and a new decking area had been built at the back of the building. This enabled people to access the garden should they choose to do so.
- People's rooms were individualised with their personal belongings to promote their interests and make the rooms feel homelier.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of people's mental capacity to make certain decisions showed that staff were working within the principles of the MCA. Staff had recorded these in people's support plans, alongside best interest decisions and made DoLS applications to the local authority when needed. Each person living at the service had DoLS authorisations in place.
- Staff had training in MCA and DoLS. A staff member said, "We do a best interest decision and go for the least restrictive option as possible. It is about decision making."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and a relative made positive comments about the care provided by staff. One person told us they were, "Happy here," and that they, "Liked staff." A relative said, "[Family member] has been in several homes in their [named] years and this is the best one they have ever been to, I hope it is their permanent home. I think it will be."
- We saw staff had good relationships with people and people enjoyed their company. There were kind interactions and staff seemed to genuinely care about people and wanted to do their best for them. A visitor to the service said, "I feel staff have the resident's best interests at heart. It feels a nice place to be. It feels homely here, [there's a] friendly atmosphere."
- Staff knew the people they supported and assisted people in line with their individual wishes and in accordance with their individual care plans and risk assessments.

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

- A relative told us they felt involved in making decisions around their family member's care and support needs. They said, "Communication is very good and [they] let you know what's going on. Staff keep me updated."
- There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are independent of the service and who support people to make and communicate their wishes and help them make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were appropriately dressed in clothes of their choice for the temperature in the service. People looked clean and tidy which maintained their dignity and staff encouraged people to change their clothes where needed. A visiting health professional said, "I have no concerns regarding [people's] personal hygiene." Staff knocked on people's doors before entering their room to make sure people's privacy was respected.
- Staff supported people to be as independent as possible. This included, where possible involving people in tasks around the service to promote their life skills.
- Staff supported people compassionately and sought urgent external health care support when needed for a person who was experiencing increased agitation and distress.
- People's personal information was kept confidential in the services office.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people with personalised care, that met their care and support needs and that was in line with people's wishes. Staff gave people assistance, without the person losing choice and control of how they wished to be supported and spend their time.
- A relative told us they were involved in the review and planning of their family members care and support. They said, "[There is a] review meeting tomorrow and I will be involved."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- To aid people's understanding documents such as the complaints policy were in a pictorial and easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain their interests and hobbies both inside and outside of the service. A person told us they were going out with a staff member, "Up the road," to buy a new book.
- An external arts and crafts company visited the service regularly to promote arts and crafts within the service. These were well attended, and people's creations adorned the walls of the communal rooms in the service.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints about the service. A relative told us communication was good and staff kept them up to date.

End of life care and support

- Staff supported people in conjunction with external health professionals when a person came to the end of their life. This was so the person had as dignified and pain free death as possible.
- People's care records had information them about people's end of life wishes as guidance for staff.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff encouraged feedback and acted on the information they received to improve the service. Records showed reviews of people's care and support needs took place. A staff member told us, "We listen to our [people's families and take on board what they tell us."
- Staff said they felt supported and listened to by the registered manager and there was a clear expectation for staff to deliver a good standard of care to people. A staff member told us, "I feel very supported by my [registered] manager. She is very approachable, and she listens. [She] offers advice and guides me. I would be happy for a person I cared about to be cared for here because I know the level of care me and my team give."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notified CQC of the majority of incidents that they were legally obliged to. Actions taken following the discovery of a missed CQC notification for a legally notifiable incident were put in place following this inspection to reduce the risk of recurrence.
- The previous CQC inspection rating was displayed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their responsibilities and gave us examples of how they were supported by their organisation to deliver a good standard service to people.
- Staff understood the importance of their roles and responsibilities and what was expected of them.

Continuous learning and improving care

- There was organisational oversight of the service with visits from the senior management team to review the quality of the service provided.
- Audits were carried out to monitor the quality of the service provided. Where improvements were found to be needed actions were taken to resolve these. However, these audits had not identified people's completed medicine administration records were not held on file. The registered manager told us this would be improved with immediate effect.

#### Working in partnership with others

- The registered manager worked in partnership with representatives from key organisations. This included visits from the local authority commissioning team.