Community Care Solutions Limited

# Acacia House - Peterborough

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Acacia House - Peterborough is a care home for a maximum number of five younger adults with autism and learning disabilities. It is registered to provide accommodation and personal care. It does not provide nursing care. The service offers accommodation over one floor, with a communal lounge, dining room, kitchen and secure garden for people and their visitors to use. There are five single occupancy bedrooms with ensuite facilities. The service was fully occupied when we inspected it.

This inspection was carried out on 22 February 2017. It was an announced inspection and was undertaken by one inspector. At the last inspection on 14 October 2014, the service was rated as 'good.' At this inspection we found the service remained 'good.'

At the time of our inspection a registered manager was in place. However, they were not available during this inspection. 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications had been submitted to the authorising agencies. People were supported to have the most choice possible and control of their lives and staff supported people in the least restrictive way.

People had health, care, and support plans in place which took account of their needs. These recorded people's individual choices, their likes and dislikes and any assistance they required. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise these risks and enable people to live as independent and safe life as possible.

We saw that people who lived at the service were assisted by staff in a way that supported their safety and they were treated with respect. Staff assisted people in a caring and warm manner. Staff promoted people's choices.

Staff understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge by way of supervision, observations, and appraisals. Staff were trained to provide safe and effective care which met people's individual needs and knew people's care requirements well. Staff had the necessary training and used recognised techniques to lessen people's anxiety.

Relatives were able to raise any suggestions or concerns they might have with the registered manager and

team of staff. They said that they felt listened to as communication with the registered manager and staff team was good.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who lived at the service and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service remains good. | **Good** |

# Acacia House - Peterborough

**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 announced inspection took place on 22 February 2017. 48 hour's notice of the inspection was given to the registered manager and staff because the service is small and we needed to be sure that staff and people using the service would be available.

This inspection was completed by one inspector. Before the inspection, we looked at information that we held about the service including information received and notifications. Notifications are for events that happen in the service that the registered manager is required to inform us about. We also contacted a representative from the local authority contracts team to obtain their views about the service provided at Acacia House – Peterborough.

On the day of our visit we observed how staff interacted with people who lived at the service. We used observations as a way of viewing the care and support provided by staff. This was used to help us understand the experience of people who were present on the day of the inspection, but could not talk to us. We spoke with the area manager, the service manager and three support workers. We also spoke with two relatives of people who lived at the service by telephone.

As part of this inspection we looked at two people's care records and two staff records. We looked at other documentation such as accidents and incidents forms, complaints and compliments, medication administration records, and systems for monitoring the quality of the service provided.

Good

# Is the service safe?

## Our findings

Relatives of people who lived at the service told us that they had no worries around the care and support their family member received. One relative told us that, "Staff keep [family member] safe and sound."

Staff demonstrated to us they knew how to recognise and report any suspicions of harm or poor care. They were also aware that they could report any concerns they might have to external agencies. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

The area manager told us that due to people's complex health and care needs, they sometimes displayed physical agitation when anxious and as such could harm themselves or others. Staff had been trained in Non-Abusive Psychological and Physical Interventions (N.A.P.P.I) levels 1 and 2. Staff spoken with and records we looked at, confirmed this. They told us that they had never used any form of restraint because known distractions reduced people's anxiety in a positive manner. Observations showed that distraction was positively used by staff to calm people before their physical agitation increased.

Individual risk assessments had been undertaken in relation to people's identified health, care, and support needs. These were put in place, by staff, to keep people as safe as possible and to manage and minimise the deemed risk. Risks included actions to take in the event of an emergency, such as a fire. Practiced emergency evacuations had taken place with staff. This showed us that people had the risk reduced of receiving support that was inappropriate or unsafe.

Relatives we spoke with had no concerns about staffing levels at the service. We observed that there were enough staff to provide care and assistance to people in a patient and safe manner. We looked at the registered manager's staff numbers/ staff skills set analysis. This analysis was used to work out the minimum number of staff there should be on duty at any time and that these staff numbers and their skills, met people's care and support needs safely.

Staff records confirmed that recruitment checks and selection processes were in place. One staff member said, "I completed an on-line (job) application, a face-to-face interview and my DBS (criminal records check) and references were in place before I could start." Records showed that all necessary checks were in place and verified by the provider before the staff member was deemed safe to start work.

A relative told us, "I cannot think of any concerns around the medication support [family member] receives." We saw medications were stored safely. Care records showed how prescribed medication should be given and how a person should be supported by staff. Medication Administration Records (MARs) showed that medication had been administered as prescribed. We saw that one staff member signed to say they administered the medication and another staff member signed to say that they had witnessed this. This showed us that there were processes in place to make sure people's medications were safely managed.

Good

# Is the service effective?

## Our findings

Staff were knowledgeable about people's individual support and care needs. Staff told us, and records, confirmed that they received training to deliver effective care and support that met people's individual needs. Supervisions, observations and appraisals were used by the registered manager to monitor staffs progress and were an opportunity for both parties to discuss the support needed and any training and developmental needs.

New staff completed the care certificate as part of their induction. The care certificate is a nationally recognised induction programme that applies across health and social care. Staff told us that their induction consisted of training and shadowing a more experienced member of staff. The shadowing continued until the registered manager deemed the staff member confident and competent to deliver care. One staff member confirmed to us that their induction had consisted of, "A two week training period and shadow shifts."

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). People's capacity to make day-to-day decisions had been assessed by the registered manager. Staff we spoke with demonstrated to us a basic understanding of how they put their MCA 2005 and DoLS training into practice. One staff member told us, "You ascertain if people have capacity to make decisions, if they haven't you make sure that they are not exploited." We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

Observations showed that people were offered a choice of meals and had access to the kitchen. Where appropriate, people were supervised and assisted to help with the meal preparation. One relative told us, "I have visited when staff are cooking and they have turned out some nice meals." We noted in some people's care records that advice from Speech and Language Therapists (SALT) had been obtained as some people ate their food quickly and could have swallowing problems. Our observations showed how staff encouraged people to slow down when eating, to ensure they did not choke. This meant staff had acted on the advice of the SALT.

Relatives said that they felt that the staff involved external health care professionals when needed. This was confirmed by the care records we saw, which showed that people had attended GP, dentist and optician appointments. One relative told us that, "Staff will always inform [family] if [relative] has had a fall or a bump. The GP is called if needed and staff support [family member] with external health care appointments." This showed us that there was an effective system in place to monitor and react to people's changing health care needs.

Good

# Is the service caring?

## Our findings

Relatives we spoke with made positive comments about the staff and the care provided. One relative told us, "I have no concerns, I am happy with the quality of care being provided [family member] is being looked after well." Another relative said, "The care is excellent."

Staff we spoke with talked with warmth and kindness about the people they were supporting. Our observations showed that people were comfortable and at ease with the staff who supported them. A relative told us, "[Family member] seems quite happy. Staff are always friendly, caring and willing."

On speaking to people's relatives, it was clear the registered manager and staff encouraged involvement from them and people who used the service where possible. Relatives told us that they were able to visit the service and were made to feel welcome. One relative said, "I feel involved in the home and the care provided to my [family member]."

We saw that people were appropriately dressed for the temperature in the home. People were clean and tidy which maintained their dignity. This was confirmed by a relative who told us that their family member, "Is always clean and tidy and clothes are presentable."

Each person had a designated member of staff called a key worker. Parts of the key worker duties were to evaluate how happy people were on a monthly basis using a pictorial/ easy read form. Records we looked at confirmed that these meetings took place and, where a person was unable to communicate their answers, a description of their facial expression or body language was recorded after each question. We saw that important documents such as, the service user guide, people's individual support plans, contracts, and aims and goals were also written in a pictorial/easy read format. This showed us that the provider gave people information about the service in appropriate formats to aid with their understanding of the material.

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

# Is the service responsive?

## Our findings

Relatives of people living at the service told us that they were encouraged to be involved in the review of their family members care and support. They said that communication was good between the registered manager, staff and themselves. One relative told us, "Communication is good. Staff update you and communicate."

Our observations showed that staff asked people their individual choice and were responsive to that choice. Staff told us, and we observed, how they engaged with people who were unable to communicate verbally to make choices. We saw that this was done by listening to a person's answer and/or understanding what a person's body language and facial expressions were telling them or using pictorial aids as prompts.

On the day of our visit people were involved in taking part in activities such as ball games, games of throw the dice, and completing jigsaw puzzles. Later on in the day, people who wished to go were taken out for a walk around a local lake and wildlife area by staff. Relatives confirmed that their family members were encouraged to take part in activities and interests such as attending a local singing group. Staff told us that people were also encouraged to access the local community local shops. This showed us that people had opportunities to get out and about in the local community, and take part in social interests.

Care records we saw showed that people's general health and health specific issues, such as epileptic seizures, were documented and monitored. Where necessary, referrals were made to the relevant health care professional if there were any concerns. People who lived at the service had varying complex health and support needs that required staff understanding, and personalised support and care. Staff we spoke with gave us examples of their knowledge of people's different requirements and we saw that staff were responsive to people's needs throughout the day.

Regular key worker meetings were held with people who used the service. These meetings were held to discuss how things were going for the person who lived in the home and to listen and respond to people's suggestions or concerns. Where people were unable to communicate their views verbally, we saw documented evidence of staff recording people's body language as a reply to each question asked.

The service user guide, which sets out an overview of the service provided at the home, was given to people when they first started living at the service. This guide was available in an easy read /pictorial format and explained the provider's complaints procedure and timescales. Relatives we spoke with said that they knew how to raise concerns or complaints. They told us that the registered manager and staff were always willing to listen to their views and responded to their concerns.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post who was supported by care staff. The registered manager and staff provided a good service and the culture within the service was open and friendly. Staff treated the people they supported with respect and dignity. One staff member said, "The service promotes and encourages people's independence." Relatives of people living at the service told us that the registered manager and staff were approachable and listened to what they had to say. One relative said, "Staff make the family members feel involved. Acacia House is [family members] home and he is settled there."

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner.

We saw that staff meetings were held regularly. The minutes showed that staff were able to discuss what was going well and whether there were any improvements needed. Staff told us that they could use these meetings as a place to make any suggestions or raise concerns that they might have. One staff member said, "We have approachable management and staff meetings."

Staff demonstrated to us that they understood their roles and responsibilities to people who lived at the service. Staff told us that they felt well supported by the registered manager and provider to carry out their roles. They knew the lines of management to follow if they had any issues or concerns to raise. This demonstrated that staff understood the whistle-blowing procedure.

The area manager demonstrated there were arrangements in place to regularly assess and monitor the quality and safety of the service provided within the home. Examples of quality monitoring spot checks that took place, included prescribed medication stock checks; medication administration records checks; and overall cleanliness of the service. There was also an organisation audit that looked at the service as a whole. This showed that the provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and actions taken to address them to drive forward improvements.