

Voyage 1 Limited

The Acorns

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Acorns is registered to accommodate up to four people in an all-female service. The service provides support to people living with learning disabilities or other complex needs who need support with personal care. At the time of our inspection there were four people living at the service, which is set in a modern detached house in a residential area of Crawley.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and preferences and promoted what they could do, focusing on what they enjoyed. Staff enabled people to access specialist health and social care support in the community. 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 policies and systems in the service supported this practice.

Right Care

People received kind and compassionate care. Staff understood how to protect people from abuse. Staff knew how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. Staff knew the best way to communicate with people. Usually communication was either verbal or through observing people's reactions to suggestions or actions. We spent time observing interactions between people and staff and these were caring and supportive

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained management and staff could meet their needs and wishes. The provider sought advice from professionals and specialists to help support people and to meet their health and social care needs. Staff responded to people's daily needs and to their wishes to be involved in activities away from the service. People were supported to spend time with their families and loved ones. People were supported to have access to the local community and to follow their interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Acorns on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Acorns

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Acorns is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Acorns is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who were using the service about their experience of the care provided. We spoke with 5 staff members including the Registered Manager, Operations Manager, and 3 support workers. We contacted 4 relatives to seek their feedback on the care and support provided to their loved ones. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff said that having a good understand of people's anxieties and routines allowed them to identify potential risks to their safety and wellbeing. One staff member said, "I would look for any of them being withdrawn. Anything out of character for them. I would report it straight away."
- People were protected by staff who understood the risks to their wellbeing and supported them to mitigate these. For example, risk assessments and capacity assessments had been completed to ensure that people's finances were appropriately managed, and how people could access the community safely. One relative said, "There's quite a good, rigid procedure with the money."
- The registered manager was clear about their responsibilities under safeguarding and for reporting incidents. They had consistently made local authorities aware of reportable incidents in line with their safeguarding policies.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, one person who was assessed as being at risk of choking, required their food to be modified so it was easier to eat. The person had been assessed by Speech and Language Therapists (SaLT) and there was guidance for staff on how to support them safely. Staff had received specialist training to support them.
- Risks to people's health and social care needs had been assessed and were being managed appropriately. For example, people needed support in areas such as bowel management, catheter care and mobility. Ongoing risks had been assessed and reviewed in relation to areas such as the activities people undertook and relationships they formed. Staff involved professionals to manage these risks well.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were sufficient staff to keep people safe, provide one-to-one support for people and to take part in activities. Feedback was generally positive about staffing and that despite some challenges in the past year, there were sufficient staff to meet people's needs and keep them safe. One staff member said, "There's always someone about. It has been a bit challenging the last few months." One relative told us, "Yes I think there are enough. They do try and accommodate different things."
- Our observations, and feedback from staff and relatives, confirmed that sufficient staff were deployed in the home. We observed staff providing close and interactive support with people who had been assessed as requiring 1:1 support. Staff were flexible in their approach should people want to go out and complete activities and appointments.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. People had medication stored securely in their rooms and there were systems and practices in place to ensure this was done safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- Relatives told us that medicines were well managed when people spent time at their family homes and moved to and from the service. Feedback was also positive on how changes in people medication was managed and how diligent staff were in ensuring this was done safely. One relative said, "They are excellent with medicines. Very controlled. Medically, now they have things in place."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

- Management and staff managed incidents affecting people's safety well.
- Staff knew what incidents to report and these were followed up appropriately by the registered manager. Systems and processes were in place to review incidents and accidents. Actions had been taken to mitigate further occurrences and support had been provided to those affected
- The registered manager had oversight of incidents that had occurred and an analysis of any trends. Where shortfalls in staff practice had been identified, the staff member was required to undertake reflective practice and self-assessment to understand why the mistake had occurred.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; 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 and staff expressed an ethos for providing good, quality care for people, based around their needs, wishes and future aspirations. The registered manager demonstrated a professional focus on continuous improvement. One relative said, "I'm really impressed. They do everything they can to make her life worthwhile. They know her from top to toe."
- People were supported by leadership that understood their needs and took an active involvement in their support. Our observations supported this. One staff member said of the registered manager, "He's very interactive with (people). He doesn't just go in the office. He'll sit with them." One person told us, "I like him a lot. He's such a nice manager."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. One relative said, "If there's been a problem, we get telephone calls. They explain what's happened and what they are looking to do to try and make it better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place, while staff understood their own roles and responsibilities well. Staff told us that they communicated well together, and that the management ensured they had the information they needed to provide person centred support. The registered manager said, "It's around active participation and active support. It's about the contribution they make, inclusion in everything." One person told us, "The staff are so nice. They're friendly. They help me get dressed."
- Quality assurance systems were in place to maintain oversight of peoples support and improve performance. Checks on people's finances and health and safety were completed regularly, while the registered manager was in the process of completing a comprehensive review of people's support plans.
- The registered manager was supported by the operations manager and provider in their oversight of the home with operations audits and quality checks. The registered manager was appreciative of the support they received in running the home. The registered manager said of their operations support, "If I'm stuck with anything she'll be there. She fights my corner."
- The registered manager had ensured that regulatory requirements had been met and statutory notifications had been received by the Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in developing their own support and being involved in the service. People were actively supported by key workers to develop routines, activity and menu planning and achieving outcomes. For example, one person was involved in the recruitment of new staff. The registered manager said, "She likes to sit in on interviews. It promotes her own independence." The person joined part of the inspection when medication management was being discussed and contributed to providing information on how medicines were sent to the pharmacy.
- Staff told us they felt well supported by the manager and that concerns, information and feedback were positively received by management.
- The registered manager was visible in the service, approachable and took a genuine interest in the feedback from people, staff, family and other professionals.
- Relatives and professionals spoke of how proactive the registered manager was in seeking their feedback. One professional said, "Communication with (Registered Manager) has always been excellent and he has always been responsive to any comments or suggestions." One relative said, "He does appreciate the input we put in."

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care, such as Speech and Language Therapists, occupational therapists and GPs.
- Partnerships were formed with relevant health and social care agencies. Links with local authority learning disability teams were positive. When staff identified changes in need for people, appropriate referrals and notifications were made for external health support.
- One professional said regarding the response of the registered manager, "This demonstrates excellent care in both raising the issue, being aware of the patient's needs and being aware of the appropriate service for the resident." Another professional said, "All of the clients appear happy and in good health."