

Mr & Mrs Y Jeetoo

Acorn Lodge - Surbiton

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

Acorn Lodge - Surbiton 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 supports up to 10 people with learning disabilities, who also need support to maintain their mental health, in a large detached house in Surbiton.

This unannounced inspection took place on 24 October 2018. There were seven people living at Acorn Lodge – Surbiton when we visited. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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.

At our last inspection in March 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's needs were assessed by the staff of the service and care and support was delivered to meet their assessed needs. Risks relating to people's support were assessed and mitigated by staff, and the service had a flexible staffing rota to ensure there were enough staff to meet people's needs.

People received their medicines as prescribed, by staff who were trained and assessed as competent to administer medicines. Staff were well-supported in their roles through training, appraisal and supervision.

The service had a strong, caring, person-centred culture in which people were empowered to lead fulfilling lives. The registered manager and senior management team had robust systems in place to ensure the service continually improved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

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.

Acorn Lodge - Surbiton

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 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 comprehensive inspection took place on 24 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications of events the provider is required to tell us about. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection visit we spoke with four people who used the service, and one of their relatives. We observed how staff interacted with people in communal areas of the premises. We spoke with four staff including the registered manager, a senior support worker, a support worker and a consultant employed by the provider to line manage and oversee the work of the registered manager. We looked at a range of records including three people's personal care and support records, medicines records, staff records, records of checks and audits and other records relating to the management of the service.

After the inspection we spoke with two more people's relatives and two healthcare professionals involved with the people who use the service, to gather their feedback on the quality and safety of the service people received.

Is the service safe?

Our findings

People told us they felt safe living at Acorn Lodge – Surbiton. One person told us, "Yes I feel safe here. I can lock my door and I don't worry about my belongings." Another person told us, "I've lived here for 25 years. I feel safe here."

The systems and practices used in the service continued to safeguard people from abuse. Staff had been trained in recognising the signs and symptoms of abuse and knew what to do if they had concerns about people. One staff member told us, "I would make sure the person is ok first, then report it to the manager. I know I can make a safeguarding alert [to the local authority] if the manager doesn't take it seriously, but I know they do." Safeguarding information and referral contact details were available on the main noticeboard in the service entrance, for staff to refer should they have concerns about people. The service was not involved with any ongoing safeguarding investigations at the time of our visit.

People continued to be protected from risks associated with their support. Each person had several risk assessment documents in their personal care and support records. These risk assessments were highly detailed and personalised and outlined the measures staff were to take to support the person safely. For example, one person did not respond to aural fire alarms, and their risk assessment and personal emergency evacuation plan (PEEP) clearly described how staff were to assist them to respond in case of fire emergency. Records of fire drills undertaken at the service showed that staff followed these measures and supported the person safely. People had positive behaviour support plans in place where they were supported to manage their behaviours.

Other risks relating to the service were also comprehensively assessed, and measures in place to mitigate those risks. The registered manager had put together a 'grab and go bag' with current, up-to-date information about all of the people who lived at the home, and emergency contact details relating to the service, should that be needed in an emergency. We saw a reminder notice on the back of the front door to remind people to use the pedestrian crossing to cross the road at the front of the home, which people told us was useful for them. Accidents and incidents were recorded, and information shared with the staff team, people who use the service and other relevant stakeholders to make sure lessons were learned and to prevent reoccurrence.

There remained sufficient numbers of suitable staff to meet people's needs and support them safely. The staff team at the service was highly stable, and only one new staff member had been recruited to work at the service since our last inspection in 2016. Records showed the service continued to practice safer recruitment, conduct appropriate background checks and ensured staff employed were suitable to work with people in need of support. The staffing rotas showed that staffing was flexible, with additional staff deployed to support people to attend appointments and activities when necessary.

Medicines continued to be managed safely at the service. The service used a monitored dosage system that was delivered by a local pharmacy monthly. People who took medicines on an 'as needed' basis (known as 'PRN medicines') had guidelines in place on the circumstances in which these should be administered, and

administration of these medicines was recorded on medicine administration records (MARs) as with usually prescribed medicines. Staff had been appropriately trained and assessed as competent before administering medicines. Medicines were stored in a suitable place and temperatures recorded to ensure their ongoing suitability.

The service premises were clean and free from malodours, and they had systems in place for infection prevention and control.

Is the service effective?

Our findings

People and their relatives told us they received effective support from staff that met their needs. One person told us, "Staff help me to do my washing and cleaning. I am learning but it takes time." A relative said, "They look after [my relative] very well."

People's needs were assessed and their care and support delivered in line with their assessed needs. People's personal care and support records contained an assessment of their needs from when they first moved into the service, and numerous personalised and highly individual care plans to guide staff to meet their needs. The registered manager told us that when people were first referred to the service, there was a long transition period to determine if the service could meet their needs and also that they were "a good fit" with the people already living there.

Staff received support through appropriate induction and ongoing training, and through regular supervision meetings and appraisal of their work. Records showed staff had been trained in topics the provider considered mandatory, such as health and safety, positive behaviour support, mental health awareness and medicines administration, as well as other topics to meet people's specific needs, such as epilepsy awareness. Supervision meetings took place bimonthly and staff were supported to discuss issues relating to the people they supported, as well as their own training and development needs as staff. Records also showed that staff had an annual meeting with their line manager to appraise their work for the year, and set development goals for the coming year. One staff member told us, "We get lots of training here. I am very well supported by the manager and nothing is a problem."

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 with appropriate legal authority. 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, and we found they were. Staff knew how to apply the principles of the MCA in their day-to-day work, and records showed that people's capacity to make particular decisions was assessed when indicated, and decisions made in people's best interests when required. Where people were deprived of their liberty for their own safety, this was appropriately authorised and staff were aware of any conditions relating to authorisations.

Staff supported people to eat and drink enough to maintain a balanced diet. People told us staff supported them to shop and cook meals they liked, with one person saying, "The food is absolutely lovely. There is a menu but I can choose something else if I want." Another person told us, "I have an eating disorder and staff

help me manage it. I always eat healthy meals." People were weighed monthly and action taken when staff were worried about a person's weight. Records showed that people were referred to a dietitian when necessary, and staff followed plans put in place by the dietitian.

Staff also continued to support people to maintain their physical and mental health. The service worked closely in partnership with health professionals to ensure this. People had up-to-date Health Action Plans and hospital passports that outlined their health and communication needs should they need to go to hospital.

People's individual needs were met by the design of the service premises. There was a 'quiet room' available for people to use when they needed to, with some calming puzzles, books and games, as well as a computer. People could also use this room to have some private time with their visitors outside of their own room. People told us they liked to use the large, well-maintained garden when the weather permitted, and there was a smoking shelter so people were protected from the elements when they smoked. The service premises had also recently been refurbished to accommodate a 'wet room' bathroom on the ground floor, which people told us they really liked.

Is the service caring?

Our findings

People received support that was highly compassionate and person-centred at Acorn Lodge – Surbiton. One person told us, "I love it here, it's so quiet and peaceful." Another person said, "Nobody takes the piss out of me here. They listen to me and respect what I want."

We observed the interactions between staff and people who used the service, and saw that staff cared about the people they supported. The highly stable staff team that had been in place for many years meant that staff and people knew each other very well, and had developed good rapport. One staff member told us, "I didn't have intention to work in a place like this, but I have become so attached to the clients and love how they are so happy to see me each day I come to work." People's personal care and support records contained a section right at the very front titled 'About me' that they had written with support from staff and their relatives when appropriate, and each was a highly comprehensive and detailed document that helped staff get to know people when they first started working at the home.

The service had recently celebrated 'Dignity Day' when we visited, and we saw artworks displayed around the service premises that had been created by people and staff to commemorate this. The theme of the day was 'Compassion, kindness and respect are the very essence of dignified care' and this was reflected in all of the interactions we observed between staff and people who used the service. Photos of the celebration showed that each person received a personalised gift from the service and were supported to make and decorate cakes in accordance with the theme.

The structure of the service supported people to have their say about issues that were important to them. People told us they felt listened to and their feelings were respected. One person said, "I can speak up about things here in the home and know I will be taken seriously." The service held regular meetings where people were encouraged and empowered to have their say. The service also arranged for people to be supported by community and statutory advocates when they needed to make important decisions.

Staff supported people to maintain their independence, and work on their skills towards being more independent when required. People told us that staff supported them to develop their skills relating to household chores, getting out and about in the community and to access community facilities with decreasing support from staff. One person told us, "I go to see the doctor myself without staff now. I couldn't before, but now I can."

Staff continued to respect and promote people's privacy and dignity. One staff member told us, "You leave people alone unless they need you, or unless there is a risk. My job is to respect their privacy and choices, let them do what they like and support them to be the best they can be." People told us that staff respected their privacy, with one person saying, "They always knock on my door and wait until I say 'come in'" and we observed this occurring during our visit.

Is the service responsive?

Our findings

People continued to receive responsive, personalised care and support that met their needs. Each person's personal care and support records contained numerous care plans that people had created with support from staff, detailing the support they needed in various aspects of life. These included support to maintain relationships that were important to people, faith and cultural needs, and support with sexuality as well as support to maintain health and take risks where appropriate. People had signed these plans to reflect their involvement with the process and their consent to the strategies contained within.

Staff supported people to undertake activities of their choice, both within and outside the service. Each person had a completely different weekly timetable of activities, some requiring support from staff and some not. Several people who used the service had paid and voluntary jobs in the local community, and staff supported them with these as required.

The service continued to use a 'keyworker' system to ensure a named member of staff was responsible for overseeing each person's support. People met with their keyworker monthly and records showed their progress towards goals was reviewed, as well as giving people space to discuss issues of concern to them on a one-to-one basis.

People's communication needs were assessed, recorded and shared by the service when this was necessary. Information was provided to people in a range of formats that met their needs, including pictorial and easy read. The service was meeting the requirements of the Accessible Information Standard.

The service continued to have a robust system in place to receive, record and respond to complaints. Complaints were recorded and action taken to ensure people remained happy at the home.

Each person's personal care and support records recorded their wishes and preferences for the end of their life. These were personalised and, where people did not wish to discuss such matters, this was also recorded. Not long before our inspection visit one person who used the service had passed away, and the registered manager told us about the arrangements in place to ensure that the person's life was commemorated, and appropriate bereavement support was in place for the other people who used the service, as well as staff.

Is the service well-led?

Our findings

The management of the service was committed to delivering personalised care and support that met people's needs, and kept them safe. We observed during our visit that people were very comfortable with the registered manager, and could approach him at any time with concerns or just to chat. 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.

The registered manager was supported in their role by the provider's Operations Manager, as well as a consultant who provided line management support and governance oversight of all of the provider's services. The registered manager had weekly supervision meetings with the consultant, who told us they also acted as an advocate for the managers with the provider when that was required.

The service undertook regular checks of the quality and safety of the service people received, in order to improve. There was a bimonthly audit undertaken by either the Operations Manager or the consultant, which recorded any health and safety or maintenance issues that needed to be addressed, as well as focussing on one aspect of care delivery and one person who used the service on each occasion. We looked at the three most recent audits and saw that action was taken to address issues in a timely manner.

The service continued to have a system in place to collect and act upon people's feedback. Regular meetings were held with people, as well as annual quality assurance questionnaires that allowed people to have their say. An action plan was developed after each questionnaire and meeting to ensure that action was taken and the service improved as a result of people's feedback. Staff also told us they felt empowered to raise any issues with the management of the service and were confident they would be listened to and issues addressed. The registered manager told us they spoke with the relatives of most people who use the service at least weekly, and relatives confirmed this to us.

The culture of the service was clearly person-centred and empowering to the people who lived there. People told us they felt respected by the management team and we observed this in practice. We found that the registered manager was knowledgeable about their role and kept up-to-date with any changes in legislation or policy, through training, reading and attending conferences. They were aware of the requirements of their registration with CQC and fulfilled these, including notifying us of important events that affect the service or the people who use it.

The service worked closely with other agencies to ensure that people were supported to lead safe, fulfilling lives. A healthcare professional involved with people's support told us, "The service always keeps us up-to-date if they have any concerns. They are very good at getting people out and about, and working on recovery." We saw information was shared on the service's noticeboard about local events, and staff encouraged people to attend.