Eden Health Care Services (UK) Limited

Acorn Lodge Care Home

Inspection report

Bovington Road, Bezley End
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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

This inspection took place on 1 September 2016 and was unannounced.

Acorn Lodge Care Home provides care and support for up to 15 people with a learning and physical disability. There were 15 people living at the service when we visited.

The service has a registered manager. 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.

Staff had been trained to recognise signs of potential abuse and how to report them. People felt safe living at the service. There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence and to minimise any unnecessarily restrictions on their liberty.

The provider carried out recruitment checks on new staff to make sure they were fit to work at the service. There were suitable and sufficient staff employed with the appropriate skills mix to support people with their needs. Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and on-going essential training to keep their skills up to date. They were supported with regular supervision from the registered manager.

Staff ensured that people's consent was gained before providing them with support. People were supported to make decisions about their care and support needs; and this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of the guidance and followed the correct processes to protect people.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink. If required, people were supported by staff to access other healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff. There were processes in place to ensure that people's views were acted on. Staff provided care and support to people in a meaningful way. Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity was promoted.

Pre-admission assessments were undertaken before people came to live at the service. This was to ensure people's identified needs would be adequately met. A complaints procedure had been developed in an

appropriate format to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service. The registered manager was transparent and visible. This inspired staff to provide a quality service. Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

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

Arrangements were in place to keep people safe from avoidable harm and abuse.

People had risk management plans in place to protect and promote their safety.

The staffing numbers were sufficient to meet people's needs safely.

There were systems in place to support people to take their medicines safely.

Is the service effective?

Good

The service was effective

Staff had been provided with appropriate training to carry out their roles and responsibilities.

Staff ensured people's consent to care and support was sought.

People were provided with choices on what they wished to eat and drink and to maintain a balanced diet.

People were able to access healthcare facilities with staff support if required.

Is the service caring?

Good

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people were treated with dignity and respect and their privacy was promoted.

Is the service responsive?

Good

The service was responsive
People's needs were assessed prior to them moving in to live at the service.

People's care plans reflected their care needs.

A complaints procedure was available to people in an appropriate format.

Is the service well-led?

Good

The service was well-led

There was an open and inclusive culture at the service.

People and their relatives knew who the registered manager was.

The quality assurance systems in place were effective.

Acorn Lodge Care Home

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.

The inspection was unannounced and was carried out on 1 September 2016 by one inspector.

We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During the inspection we observed how staff interacted with people who used the service.

Some people who used the service had limited verbal communication; however, we were able to observe their interactions with staff.

We spoke with eight people who used the service and conducted telephone interviews with three relatives over the telephone. We also spoke with two senior support workers, one support worker, the deputy manager, the registered manager and a health care professional.

We looked at three people's care records to see if they were up to date. We also looked at three staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People were safe within the service and protected from avoidable harm and abuse. One person said, "Yes I am safe here." Another person nodded and smiled. One relative said, "Yes I do feel that [name of person] is safe at Acorn Lodge. The staff are very careful and protect her from harm definitely." Another relative said, "Definitely [name of person] is safe whenever I visit she tells me how happy she is living there and does not want to move from Acorn Lodge. She also has risk assessments in place to protect her. The staff get me to read and sign them whenever they are updated."

Staff told us they had been provided with safeguarding training. One staff member said, "If I witness or suspect abuse I would report it to the manager." Another staff member said, "I have had safeguarding training. I would not hesitate to report any abuse I witness or suspect to the manager or the senior on duty." We found that the service's safeguarding policy was accessible to staff. They had a good understanding of the different types of abuse and were aware of the process on how to report safeguarding incidents.

The registered manager told us that staff had been provided with safeguarding training and the training was updated yearly. We saw evidence that staff knowledge was regularly assessed to make sure that the training was embedded. We saw that people were provided with information on how to report safeguarding incidents. We saw evidence that the registered manager had raised a potential safeguarding alert with the local safeguarding team for investigation. This showed that the registered manager was aware of her responsibility to raise alerts; and that they were dealt with in an open and transparent manner.

There were risk management plans in place to protect and promote people's safety. The registered manager told us that risks to people's safety had been assessed. These included risks associated with people's behaviour that may challenge others, personal care, mobility, moving and handling, nutrition, skin integrity and continence. She said, "We update residents' risk assessments monthly or if their needs change. For example, if there is a change in their behaviour or condition." We saw evidence in the care plans we looked at that people's risk assessments were reviewed monthly. People and their relatives were involved in the review process. We found that the risk management plans were specific to people's diverse needs and included detailed information for staff to provide support to minimise the risk of harm to individuals. There were also generic risk assessments in place in relation to fire and the environment. This was to minimise the risk of harm to people and to promote their safety.

There were arrangements in place for responding to emergencies or untoward events such as, fire, electrical and gas failure and malfunctioning of equipment. The registered manager said, "Either myself or my deputy manager is available 24/7. The senior staff are also very capable and know how to deal with any emergency situation." We saw there was an emergency folder that contained the telephone numbers of staff members and the various utility services that could be contacted in the event of an emergency. We saw that each person had a Personal Emergency Evacuation Plan (PEEP) in place in the event of a fire and the premises had to be evacuated. We saw regular checks on the hoists, wheelchairs, gas and electrical equipment were carried out to ensure they were fit for use. The fire panel was checked on a weekly basis and staff were provided with regular fire drills. Monthly checks on the fire appliances and the emergency lighting were

carried out. This ensured that the equipment used at the service and the premises were well maintained to reduce the risk of injury or harm to people.

There were sufficient numbers of staff available to meet people's needs and to promote their safety. A relative said, "There are always sufficient staff and they have time for the residents and take them out on outings." Other relatives made similar comments. Staff told us that the staffing numbers were based on people's needs. One staff member said, "There are always enough staff. We never feel rushed." Another staff member said, "We are never short of staff, if a resident has a hospital appointment or we are doing something special an additional staff member would be put on the rota. We never use agency staff." The registered manager told us that the staffing numbers consisted of five staff throughout the day. At night the numbers were reduced to two waking night staff and an on call person. We observed during the inspection that the staffing numbers provided ensured that people were able to be supported safely. We looked at the rota for the current week and the following week and found that it accurately reflected the staffing numbers. We found that there was always a senior staff member on duty to lead the shift and to provide advice and support if needed.

Safe recruitment processes were in place. The registered manager told us that face to face interviews took place. New staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

There were systems in place to ensure that people received their medicines safely. One relative said, "I know that the staff give [name of person] her medicines. They always tell me if there are any changes." Other relatives were confident that their loved ones were having their medicines as prescribed. Staff told us they had been trained in the safe handling of medicines and training was regularly updated. One staff member said, "I have had medication training." Another staff member said, "I was not allowed to administer medicines until I had been assessed as competent." We saw evidence that staff competencies on the safe handling of medicines were regularly assessed and training was regularly updated."

We observed that medicines were dispensed in monitored dosage systems and stored in a locked cabinet. Each person had a medication profile in place, which included a photograph. Where people had been prescribed for medicines to be given PRN; (PRN medicines mean to be taken when required but are not part of the daily prescribed medicines), clear protocols were in place for staff to follow. We saw that the temperature of the room and the medicine refrigerator was monitored daily and recorded. This ensured that medicines were stored within the normal range.

We found there was an audit trail of the receipt and disposal of all medicines used at the service. Medicines that were not dispensed in a monitored dosage packet were checked regularly to ensure that the balance in stock corresponded with the record. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies would be addressed promptly with the relevant staff member. We checked a sample of the Medication Administration Record (MAR) sheets and found that they had been fully completed. From our observation we found that staff administered medicines in line with best practice guidelines.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. One relative said, "Yes, I do believe that the staff have the right skills and knowledge to carry out their roles and responsibilities. They have always been able to answer any questions that I ask about [name of person] care." Another relative said, "The staff know what they are doing and are knowledgeable." Staff told us they had been provided with training to enable them to carry out their roles and responsibilities appropriately. One staff member said, "I had good induction training." Another staff member said, "We have regular training to update our knowledge and skills." From our observations we found that people received care from staff who had the necessary skills and understood their needs. For example, staff were attentive to people and used different methods to communicate with them such as, signing and gesturing.

There were systems in place to support staff to carry out their roles and responsibilities. The registered manager told us that new staff were required to complete an induction training and to familiarise themselves with the service's policies and procedures and people's care plans. They were also expected to work alongside experienced staff members during their probationary period and complete the Care Certificate standards. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers). In addition they were provided with essential training such as, moving and handling, fire awareness, safe handling of medicines, safeguarding of vulnerable adults, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), food safety and emergency first aid. We saw evidence, which demonstrated that the staff team had completed essential training. There was an on-going training programme at the service to ensure all staff received updated training.

Staff told us there was a supervision and appraisal framework in place and that they received regular supervision. This enabled them to discuss their training needs as well as the needs of the people who used the service. We saw written evidence which demonstrated that staff received bi-monthly supervision and an annual appraisal. This showed that staff were supported in their personal and professional development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interest meetings when required. Six people who were using the service had been subject to a DoLS. Staff told us they had attended training and had a good understanding of MCA and DoLS.

Staff told us they always gained people's consent before assisting them with care and support. One staff member said, "We always explain to the residents how we are going to support them and gain their permission." We observed staff during the inspection asking people for their consent before providing them with support. For those people who were non-verbal, staff used signing, pointing and gesturing to explain and gain their consent. Within the care plans we looked at we saw that written agreements had been obtained from people or family members to be supported.

People were supported to eat and drink and to maintain a balanced diet. One staff member said, "We discuss the menu with the residents and find out what they wish to eat and plan the menu to suit their likes." Another staff member said, "The residents choose what they wish to eat. They can choose to have a cooked breakfast, cereals or porridge. They have two choices at lunch time." We observed on the day of the inspection that some people chose to have their meals in the garden as it was a sunny day. People were shown the choices that were on offer and they were able to choose what they wished to eat. We found that staff supported people with their meals in a discreet and sensitive manner.

Where risks to people's eating and drinking were identified, specialist advice had been sought. For example, some people with swallowing difficulties had risk assessments in place and had been referred to the speech and language team. We found that people's weight was monitored regularly to ensure they remained within an appropriate range. If there was a significant concern with a person's weight staff made a referral to the GP.

People were supported to maintain good health and to access health care facilities. The registered manager told us people were registered with a GP who they visited as and when needed; and were provided with annual health checks. We saw evidence that people were being supported with regular dental, chiropody and optical appointments. Health action plans had been developed for people and they were regularly updated by staff. If people's moods changed they were supported by staff to access specialist treatment with their emotional and psychological needs. Some people who had difficulty with communicating had been supported by staff to develop communication passports, which contained detailed information on how best to communicate with them. A health care professional confirmed that staff were aware of people's routine health needs and kept them under regular review.

Good

Is the service caring?

Our findings

Positive and caring relationships had been developed between people using the service and staff. One relative said, "The staff are caring and kind." Another relative said, "I can't fault the care my [name of person] receives. The staff care for her very well and I am grateful." We observed there was a consistent staff team and when in people's company their body language was positive. For example, when speaking with people staff kept appropriate eye contact. We saw people were treated with kindness and compassion. For example, there were lots of smiles and laughter. They looked comfortable and at ease in the company of staff and were spoken to in a calm and appropriate tone.

People's diverse needs, preferences, and personal histories were known to staff. The registered manager said, "We have a key worker system in place and the residents' key workers spend time getting to know them and with support from relatives have developed life stories about them and how they wish to be supported." We saw evidence within the care plans we looked at that people's likes and dislikes, including their preferences and personal histories were recorded. For example, people's choices on how they wished to be supported with personal care, their choice in regard to their preferred clothing, and social activities they wished to participate in were recorded. This demonstrated that people's differences were known to the staff team.

People were made to feel that they mattered. Staff told us that monthly one to one key worker meetings were held with people. One staff member said, "We sit with the residents and discuss their general well-being, medical appointments, food preferences, activities and any medication changes with them." She further commented, "We can tell by their facial expressions if they understand what we are saying and if they are happy." Another staff member said, "Our residents have complex needs, but we are able to communicate with them. For example, when we take them shopping we encourage them to pay for items they purchase such as, drinks and crisps."

We observed within the care plans we looked at that changes to people's behaviour were recorded and monitored to identify what could have triggered the changes. We found when people became distressed; staff provided support and reassurance and interacted with them to divert their attention. It was evident that staff knew the people they were caring for and showed concerns for their well-being.

The registered manager told us that meetings were held to enable people to express their views. She said, "We discuss with the residents where they would like to go on holiday and what activities they would like." We saw evidence that people were consulted on who they wished to support them with personal care, their choice of holiday and if they wished to eat out. During the inspection we saw that some people had requested to go on an outing and others chose to sit in the garden; and their wishes had been acted on.

The registered manager told that people had access to the services of an advocate. We saw that people had been provided with information on how to access the services of an advocate. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). We found that one person was using the services of an advocate.

People privacy and dignity was promoted. One staff member said, "We have had training to support the residents to preserve their dignity. We always knock and wait for a reply before entering bedrooms and bathrooms." Another staff member said, "We always address the residents by their preferred names and support them to colour co-ordinate and accessorise their clothes." We found that the service had processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidentiality policy, which was discussed with staff as part of their induction. Staff were expected to sign the policy when they had read it. This was to confirm they had understood the policy and would adhere to it. We observed people's support plans were kept in a locked area and the computer was password protected.

People were given the privacy they needed. We observed all bedrooms were single occupancy. This ensured people could retire to their bedrooms if they wished to be alone. We found that the service had a sensory room where people could go for some quiet time if they did not wish to go to their bedroom. This showed that people could have private and quiet times alone if they wished.

Staff told us they supported people to maintain their independence if they were able to. One staff member said, "We encourage the residents to wash and dress themselves if they are able to. Another staff member said, "We involve the residents in small tasks such as setting the table for lunch, food preparation and taking their personal laundry to the laundry room if they are able to."

Relatives told us that the staff always made them feel welcomed when they visited and provided them with refreshments. The registered manager told us that there were some restrictions on visiting times. Relatives and friends could visit up to 9.00pm at night; however, if relatives had the need to visit after this time providing they were made aware this would not pose a problem. We saw that information on visiting times was available to people and their relatives in the service user guide.

Good

Is the service responsive?

Our findings

Relatives told us that the care provided to their family members met their assessed needs. One relative said, "The staff are aware of [name of person] needs and are always reviewing her care plan. They discuss the care plan with me if there is a change and get me to sign it." Another relative said, "[name of person] care plan is discussed with me, I know what is in it. When I read her care plan I realise that the staff know what they are doing and are meeting her needs. It is so detailed." This demonstrated that changes to people's care plans were communicated to family members.

Staff told us that people's care plans were discussed with them on a regular basis. We saw evidence that people and their family members had been involved in the development of the care plans. For example, some plans had been signed by people or their relatives to confirm their involvement. The registered manager told us that people's needs had been assessed prior to admission at the service. She explained that information was obtained from people, their relatives and other health and social care professionals who had been involved in their care needs. Information gathered at the assessment process was used to inform the care plan. If people wished to, they would be supported by staff with a transitional period. This would enable them to visit the service for lunch or tea several times before moving in on a permanent basis.

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare were recorded in the care plans we looked at. The plans seen were personalised and contained information on people's varying levels of needs, their preferences and histories. We saw evidence that the plans were reviewed monthly or as and when people's needs changed. Yearly reviews of people's care needs were carried out, which involved people, their family members, staff and social care professionals.

People were supported to follow their interests. We observed within the care plans we looked at that people had individual activity sheets, which had been tailored to meet their needs and preferences. Staff supported people to attend activities in the local community. We saw people attended drama classes, swimming, visits to the cinema, outings at a sensory park and shopping trips. Within the service staff involved people with board games, arts and crafts and cake making. We saw photographs displayed at the service of outings and holidays that people had attended. This showed that people were supported by staff to follow their hobbies and interests.

People were supported by staff to maintain relationships that mattered to them to avoid social isolation. Staff told us that people's family visited them on a regular basis and took them out for lunch or coffee. We saw evidence that people's birthdays were celebrated including theme parties such as, Valentine's Day, Christmas and Easter; also summer barbecues were held.

The service had a complaints procedure. One relative said, "I know how to make a complaint, but I have never had any reason to." The registered manager told us that complaints would be used as an opportunity for learning and improving on the quality of the care provided. We saw the service's complaints procedure was displayed in the service in an easy read format. The procedure outlined the process in place for

recording and dealing with complaints. We found there had not been any formal complaints recorded.

There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. Surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed.

Good

Is the service well-led?

Our findings

Relatives told us that the registered manager was transparent and approachable. One relative said, "The manager is approachable her door is always open. She knows her stuff. She is astute and on the ball." Another relative said, "The manager is supportive and keeps me informed. I would definitely recommend the home."

Staff told us that there was a positive, open and inclusive culture at the service. One staff member said, "We have meetings and we are able to make suggestions on how the home is run. For example, I made a suggestion for us to have an activity board for the residents and my suggestion was acted on." Another staff member said "The manager is good she listens to us. Her door is always open to the residents and us." During the inspection we observed the registered manager chatting with people who used the service and staff. This showed that the relationship between the registered manager, people and staff was open and transparent.

We observed that people had links with the local community. They were supported by staff to regularly access social activities and were seen as part of the local community and citizens in their own rights.

Staff told us they were clear about their roles and responsibilities and that they enjoyed working with the people using the service. They told us that they were aware of the provider's whistleblowing procedure and would not hesitate to report poor practice. They were confident that their concerns would be addressed by the registered manager.

Staff told us that they felt valued by the registered manager. One staff member said, "She tells us we are doing a good job. This makes us feel valued." Another staff member said, "During our supervision and appraisal, she gives us the opportunity to discuss our personal and professional development and would nominate us to undertake further training to support us in our role." The registered manager said, "The staff team are very good and supportive to the residents and each other." This demonstrated that staff understood their roles and what was expected of them.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, "The manager leads by example when mistakes occur they are addressed in an open and transparent manner."

We saw evidence that when staff were responsible for unsafe practice this had been addressed in line with the service's disciplinary procedures and staff had been provided with feedback in a constructive and motivating way.

The registered manager was fully aware of her responsibilities and felt supported by her staff team. She said, "I have regular meetings with the staff team to discuss operational issues and how best we can improve on the quality of the care we provide to the residents." We saw minutes from staff meetings to confirm this.

We saw the registered manager had signed up to the Skills for Care Social Care Commitment. The commitment aimed to increase public confidence in the care sector and raise workforce quality in social care. Staff were aware of the commitment that focussed on the minimum standards required when working in care. They were also aware of the service's mission statement and values which was putting people at the centre of their care to ensure that people received quality care.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We found that the registered manager reported incidents. We also saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified, measures had been put in place to minimise the risk of any occurrence.

There were quality assurance systems in place which were used to monitor the quality of the care provided and to improve on the care provided. Audits relating to health and safety, safe handling of medicines and record keeping were carried out on a regular basis. Where areas had been identified as requiring improvements action plans had been put in place detailing how and when they would be addressed.