

Acorn (Watford) Ltd

Acorn House - Acorn Watford Limited

Inspection report

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Brighton
East Sussex
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09 October 2019
10 October 2019

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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

About the service:

Acorn House provides accommodation and support for up to ten adults with learning disabilities. Accommodation is provided over three floors in a large adapted building located in a residential area. At the time of the inspection there were ten people living at the home. They had a range of learning disabilities and some people were also living with long term conditions such as dementia and diabetes.

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

People's experience of using this service:

People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place. One person told us, "I feel safe living here and the staff make me feel safe."

Staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. 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.

People received kind and compassionate care. People and relatives told us staff treated them with kindness and we observed friendly interactions throughout the inspection.

People received personalised care that was responsive to their needs. Activities were organised according to people's preferences, interests and suggestions. People and relatives told us they felt comfortable to make a complaint and knew how to do this.

The provider had quality assurance systems in place to monitor the standard of care and drive improvement. People, relatives and staff spoke positively about the culture of the home and said it was well

managed.

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

Rating at last inspection: Good (report published on 20 March 2017).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our Well-Led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out over two days by one inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We visited Acorn House on 9 and 10 October 2019.

What we did before inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with four people who use the service, two relatives and six members of staff including; the registered manager, administrator, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

We sought feedback from health and social care professionals about their experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection on 7 February 2017, we found there was no clear signage to indicate that the tap in the kitchen provided instant boiling water. Risk assessments did not always reflect the current needs of people and give guidance to staff on how to support people with dysphasia safely. There were omissions in fire testing documentation and staffing levels were not always safe to support people. At this inspection we found that the provider had taken action to address all the issues highlighted from the previous inspection.

- Risks to people were identified, assessed and monitored to keep people safe.
- Risk assessments gave guidance to staff on how to support the person to manage and reduce any risks. For example, we found clear guidance on how to manage people's diabetes, skin integrity and those who presented behaviours that could challenge.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved. Such as, electrical wiring, appliances and fire safety.
- Staff received health and safety training and staff knew what action to take in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm. One person told us, "I feel safe living here and the staff make me feel safe."
- The registered manager told us, they regularly talked to people about what is appropriate and what is not to keep yourself safe. People living at the home had 'keep safe' cards, so if they did not feel safe when out and about in the community they could go into a shop and ask for help.
- Staff had access to guidance to help them identify abuse and raise concerns in line with the provider's policies and procedures to the local authority.
- Staff received safeguarding training and knew the potential signs of abuse. One member of staff told us, "If I thought that someone was at risk of abuse, I would report to my manager. If a person was injured or a crime had been committed I would contact the emergency services."
- A staff member had been appointed as a 'safeguarding champion' to share information with staff and keep the team updated, providing advice and support where needed.

Staffing and recruitment

- Staffing numbers were reviewed and assessed dependant on people's needs. We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. We saw that the home had extra staff available due to the needs of people living there.
- The registered manager told us they did not often use agency staff to cover staff shortages, such as annual leave and sickness.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
- We found that staff recruitment folders included, employment history checks, suitable references and appropriate checks, such as Disclosure and Barring Service (DBS), to ensure potential staff were safe to work within the health and social care sector.
- New staff completed an induction to ensure staff were safe and competent to work with people.

Using medicines safely

- People received there medicines safely and on time.
- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering 'as and when required' medications.
- Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
- We observed a member of staff administering medication safely, explaining to the person what they were for and asking how they were feeling.

Preventing and controlling infection

- People were protected from the risk of infection. People told us staff always used personal protective equipment (PPE) such as gloves and aprons and we observed this in practice.
- Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes.
- Staff confirmed that they had infection control and food hygiene training. The home had received 5 stars rating from the Food Hygiene Standards Agency, which is the highest rating.

Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong.
- Incidents were discussed as they happened with staff and where appropriate additional training was sought where medication errors occurred.
- The registered manager analysed accidents and incidents including near misses on a monthly basis to identify any emerging patterns, trends and learning. For example, people presenting behaviours that can challenge and errors with medication.
- Staff understood their responsibilities to raise concerns, record incidents and near misses.
- Relatives told us that they are always kept up to date if something has gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out a pre-assessment before people moved into the home. This assessment helped to form the person's care plan and to understand their care and support needs. Care plans were further developed as staff got to know people better.
- Care plans confirmed that people and their relatives (where possible) were involved in this process and that people consented to care and treatment.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. Staff had a good understanding of equality and diversity. This was reinforced through training and the providers policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support.
- Staff received training in a range of areas through face to face and on-line, to support people and training records confirmed this.
- One member of staff told us, "I am doing my level 3 diploma. We use an on-line training and have training at the home. I feel there is enough training available."
- Relatives told us they thought staff were well trained and one relative said, "I certainly do and I couldn't wish for better staff they have taught me things that I didn't know."
- Staff completed an induction when they started working at the home and 'shadowed' experienced members of staff until they were assessed as competent to work alone.
- Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues.

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

- People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People's weight was monitored on a regular basis and where appropriate people were referred to the Speech and Language Team (SALT) for advice and guidance.
- People were given a choice of food at mealtimes and alternatives were available. People told us that they enjoyed the food. One person told us, "I like the food and really like the curry. We get to choose, and we can ask for something different. We make cakes." A relative said, "The food always looks inviting and a good choice of menu."

- Staff understood people's dietary requirements and preferences and were aware of special diets such as those in need of a diabetic diet, soft foods, gluten free and those who were vegetarian.
- We observed the lunchtime experience and found it to be very sociable. The food was presented nicely, and staff ate lunch with people. People and staff were relaxed with each other and chatted about the day and the activities they were going to do in the afternoon.

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

- Staff worked well with other agencies to provide people with timely care.
- People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care. For example, one person told us how staff had supported them to get their annual flu jab.
- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GP's, district nurses, social workers and a chiropodist. One person told us, "If I was poorly, the staff would call for a doctor."

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

- People's needs were met by the design and adaptation of the building. We found that the decoration and physical environment of the home had been well thought out to meet people's needs and promote their independence.
- Acorn House had a nice homely welcoming atmosphere with a garden for people to enjoy. People had spaces to spend time together, be with family and friends or enjoy time alone.
- People's bedrooms were spacious and personalised to people's individual taste with their own possessions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Referrals had been made for authorisations for the restrictions made on people and consideration was given to ensure these were the least restrictive possible. Best interest decisions had been completed and when a DoLS was authorised, an advocate was involved for some people when appropriate. This was referred to within people's care files to support how their care and support was provided.

- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond. One member of staff told us, "I give people choice in the least restrictive way. Sometimes too much choice can be too much for people."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and were positive about the staffs' caring attitude. One person told us, "We have all our friends and are one big family." Another person said, "Staff respect me and treat me kindly."
- Staff had developed positive relationships with people and we observed friendly and warm interactions between the staff and people. One member of staff told us, "You have the time to be with people and support them. You get to know people and build good relationships with them."
- Staff spoke affectionally about the people they supported and knew people well, which supported them to meet their needs.
- Staff adapted their communication style, body language and recognised signs if someone was becoming distressed or anxious, offering the person reassurance.
- Staff had an understanding of equality, diversity and human rights and people's differences were respected. People were supported to attend church on Sunday's.

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions. People told us how they were involved in choosing the doorbell tune and as a group they chose a horse noise.
- Each person had a 'key worker' who worked closely with them to promote people's individual rights and how they wanted their care delivered. One member of staff told us, "As a keyworker I encourage people to get involved with as many activities as possible for example, one person has a rabbit, so we encourage them to help clean the rabbit out."
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff has a good understanding of promoting people's independence. One member of staff told us, "I support people to remain independent by encouraging and not taking opportunities away from people. I give people the chance to be independent. For example, we do lots of baking and making cakes, people are involved in weighing out the ingredients and the mixing."

- We observed staff knocking on people's doors and being discreet when supporting people with personal care. A relative said, "I really picked up on staff knocking on doors. The staff know people so well." A staff member said, "I make sure people's doors are closed, use dressing gowns or towels to keep people covered up."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. People's care plans were person-centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person.
- People their relatives and professionals, where appropriate, were involved in developing and reviewing care plans. One person told us, "They talk to me about my care needs and talk to me about my care plan."
- Changes in people's health or care needs were quickly communicated and updated in their care plans. One member of staff gave an example, where it is important to recognise signs and pick up on the slightest change in someone's health, particularly for those who have epilepsy.

Meeting people's communication needs

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

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate. The registered manager told us, "We accessed Makaton training for staff and this has made a big difference, people are so pleased that staff understand the signs they use."
- Staff gave examples about how they supported people with sensory impairments such as, checking that people's hearing aids, using white boards to communicate with people who had a hearing loss and picture cards so people could express how they were feeling on the day and communicate their needs.
- We found details of an accessible personalised booklet for one person to help them prepare for an operation. It detailed what they can expect and what happens before and after.

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

- People were supported to maintain relationships with those important to them and relatives told us they were made to feel welcome at Acorn House. The service had Wi-Fi and people had access to mobile phones

and tablets.

- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. On the day of inspection people were making Halloween masks.
- People had opportunities to take part in the community by going to lunch clubs and attended a local advocacy group. One person told us, "It's a nice place to live, I like it all. I can go out into the community on my own to look round the shops." Some people went to a knitting club every other week and told us how they were making blankets to give to the Christmas fair.
- People had access to reflexology each month and staff told us how this had made a real difference to some people's well-being and health.

End of life care and support

- Staff supported people at the end stages of life. People were supported to make decisions about their preferences and wishes for end of life care. One relative told us, "The registered manager is kind and caring and is always around particularly if someone is at the end of their life."
- People were supported by staff who understood their diagnosis and were skilled and competent to support them.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary.
- People had a copy of the complaints procedure in their home and told us they would be happy to make a complaint if they needed to.
- The registered manager had systems in place to respond to complaints promptly but told us they had not received any complaints since the service registered.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had created an open and positive culture that delivered high-quality person-centred care. One member of staff told us, "I love working here. I like to see how people grow as individuals. This is their home and people get to choose how they want to spend their day. Seeing people happy makes us happy."
- There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs. A relative told us, "It's a happy home and people can do as they choose. The staff engage people." One member of staff said, "I like that we go out in the community. This is not like a job it's like a family, I was made to feel welcome from day one and felt very comfortable."

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 was aware of their responsibilities under the Duty of Candour regulation. 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.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- Staff understood their roles and responsibilities and spoke highly of working for the service. Staff told us, they felt supported and that the registered manager was approachable.
- We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends. The registered manager told us, that significant improvements have been made around recording which had been highlighted through the audit process.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

- People and relatives were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings. The registered manager gave an example, where following feedback, some people said they wanted the bathroom to be updated, so the provider took action to update it. People were involved in choosing colours and if they wanted a normal bath or a walk-in bath. They chose if they wanted a Jacuzzi and the type of lights.
- People, their relatives and staff took part in yearly surveys. People, relatives and staff told us, they felt supported and listened to by the provider. Feedback from the surveys was very complimentary about the service.
- There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us they felt listened to and valued.

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended a local managers forum, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication.
- The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes in their care.
- We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others

- The registered manager and staff worked in partnership with healthcare professionals to promote positive outcomes for people.
- The registered manager gave an example where staff were finding a person's behaviour difficult. The registered manager contacted the Learning Disability Psychologist who visited the team to share views and offer guidance, this gave the team additional confidence and they felt supported and reassured that staff were not doing anything wrong. Through working together and having this partnership approach, the person is now happier.
- The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC) and government initiatives.