

Acorn Homecare UK Limited

Acorn Homecare

Inspection report

Studio 1 Old School Studios
40 Lynchford Road
Farnborough
Hampshire
GU14 6EF

Date of inspection visit:
15 November 2016

Date of publication:
09 December 2016

Tel: 01252521151

Website: www.acornhomecareuk.com

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 15 November 2016 and was announced.

Acorn Homecare is a domiciliary care service which offers support to people in their own homes. The service supports approximately 90 people with diverse needs who live in the community. Services offered include a wide variety of support packages.

There is a registered manager running the service. A registered manager is a person who has registered with the CQC 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.

People, staff and others were kept as safe as possible by staff who were appropriately trained and followed health and safety and safeguarding procedures. They knew how to recognise and manage any form of abuse or risk of harm. Risk assessments advised staff how to reduce risks, as much as possible. The recruitment procedure checked that staff were safe and suitable to provide people with care. Care staff provided people with the help they needed to take their medicines safely.

Care staff made sure they provided people with care that met their individual needs, preferences and choices. People were encouraged to make decisions and choices about their daily care. Staff upheld people's legal rights with regard to decision making and choice. People's rights were protected by a management team who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision.

People's privacy and dignity was respected and promoted by a kind and compassionate staff team. Staff understood how important it was to maintain people's privacy and dignity and knew how to do so. People's diversity was understood and people were treated as individuals. Their care reflected any special needs they may have had.

People's needs and wishes were met by a highly responsive staff team who were able to deal with unplanned care situations effectively. They offered flexible and sensitive care to people whose needs could change quickly.

The service was well-led by a registered manager who was highly thought of by people, staff and other professionals. Staff felt valued and supported by the registered manager and colleagues which was reflected in the standard of care they were able to give people. The service monitored and assessed the quality of care they offered and made any necessary 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.

Care staff made sure they protected people, as far as possible, from all types of abuse or poor care.

Risks to people or staff were identified and action was taken to reduce the risk so that they would be as safe as they could be.

The service was as sure, as possible, that the staff chosen were suitable and safe to work with vulnerable people.

People, who needed help, were supported to take their medicine safely, in the right amount and at the right times.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions and choices about their daily care.

Care staff were properly trained to make sure they were able to provide people with good care.

People's needs were met in the way they preferred.

The service made sure that they did not 'miss' calls and that they were as punctual and reliable as possible.

Is the service caring?

Good ●

The service was caring.

People were provided with care by staff who were kind and compassionate and treated them with respect.

Staff developed a strong relationship with people because people were, generally, visited by the same group of staff who got to know them well.

Staff had enough time to spend with people so they did not have to rush their care.

People's differences were recognised and respected.

Is the service responsive?

Good ●

The service was flexible and responsive.

People were offered care that met their needs, in the way they wanted.

People's care needs were regularly looked at and their care plans were changed, if necessary.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified.

Is the service well-led?

Good ●

The service was well-led.

People, staff and others were asked for their views on the quality of care the service offered and their views were listened to.

Care staff felt they were valued and well supported by the management team.

The registered manager and staff team made sure that the quality of the care they offered was continually improved.

Acorn Homecare

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 inspection took place on 15 November 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We sent a questionnaire to 23 people who use the service, five community professionals, and 23 relatives and friends. We received responses from eight people who use the service, two relatives and two community professionals.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with one staff member, the registered manager and the nominated individual of the service. After the day of the inspection we received written comments from a further six staff members and two relatives responding on behalf of their family member. We spoke with six people who use the service. We contacted eight local authority and other professionals and received three responses.

We looked at a sample of records relating to individual's care and the overall management of the service. These included seven people's care plans and daily notes, a selection of policies and a sample of staff recruitment files and training records.

Is the service safe?

Our findings

People told us they felt happy and safe with staff who visited their homes. One person said, "I definitely feel safe and am confident carers are trustworthy." Another reflected the views of others when they commented, "I feel very safe and trust them to keep me safe." A community professional told us they were confident that people were safe and being well treated. One relative told us that they had been unhappy with one member of staff but that carer no longer worked for the company. Staff told us they were confident that their clients were safe and well treated and had never seen or heard of anything that made them concerned or uncomfortable.

Staff members were provided with safeguarding training to enable them to protect people from abuse or harm. Staff members were able to describe what action they would take if they had any concerns about people's safety. The service had a whistle blowing policy which staff were aware of. They told us they would use this, should it be necessary. However, they were confident that the registered manager would respond immediately if they reported any concerns about people's safety. The service had not reported or identified any safeguarding concerns in 2016. A local authority representative commented, "Our Quality Assurance team has very little knowledge of Acorn which speaks volumes in itself - they require little support or assistance as the service they provide is strong."

People, staff and others were kept as safe from physical harm as possible. The service had a comprehensive health and safety policy and work based risk assessments were in place. These instructed staff how to work safely to minimise risks to themselves and others. General risk assessments included minimal handling, maternity and use of mobile phones in vehicles. Staff were issued with safety equipment such as aprons and gloves to ensure they adhered to infection control procedures.

The service had a detailed business continuity plan in place. The plan covered emergency situations such as, adverse weather conditions and service failures. They operated a 'traffic light' risk assessment system. This identified which people were priority and who would be unsafe if they did not receive their care at the scheduled time. Others were assessed as being able to wait for a while without their safety and well-being being compromised. The continuity plan was reviewed every six months and supported by a major incident policy statement.

The service improved people's safety because they learned from any accidents or incidents. A detailed record was kept of all accidents and/or incidents. They included the investigation and actions taken to minimise the risk of recurrence. For example after a staff member had suffered a needle stick injury a new procedure, for safe handling of insulin pens, was produced. Additionally, new guidelines provided staff with detailed information, which included photographs, of how to support individuals with their pens.

People had individual risk assessments which identified any areas that posed a significant risk to them or care staff. These were incorporated into people's service (care) plan. The risk assessment form used was generic but did detail risks to the individual. However, for some risks such as medicine administration, it was not always clear which areas applied to the particular person. Whilst this had no adverse effects on people,

currently or historically, the registered manager undertook to ensure staff completed the forms more clearly in the future.

People were assisted to take their medicines safely by properly trained care staff who followed the comprehensive, up-to-date medication policy and procedure. All staff, who administered medicines, had received training and their competence to administer medicines was checked at medicine administration workshops and during one to one supervisions. Medicine administration sheets (MAR) were completed on a daily basis and returned to the office at the end of each month. Whilst MAR sheets were completed appropriately staff did not always use the codes as stated at the bottom of the sheet to note out of the ordinary events. This meant that it was not always clear why people had not taken their medicine. Whilst this had not had any impact on people the registered manager undertook to remind staff that they should use the recognised codes for clarity and safety. A medicines administration disclaimer and people's individual service plan described the care staff's responsibilities for administering or supporting people with their medicines. Three medicine administration errors had been reported in the previous 12 months. The service had taken appropriate action to deal with these, including the retraining of staff.

The service only offered packages of care if they had enough staff to provide the amount of care required. One professional told us that the service did not offer people a package of care until they had received all necessary information. They commented, "...they want to ensure everything is in place and done before agreeing to start a service." Some professionals felt this showed some inflexibility. However, the registered manager described it as ensuring people's safety. The service also wanted to be sure they had the amount of care hours and the appropriately skilled care staff available. The service had received no complaints about missed calls during 2016.

People were provided with staff who had been recruited using a system which ensured, that as far as possible, staff appointed were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service asked for references which were checked and verified, when necessary. Application forms were completed and any gaps in work histories were explained. One of the work histories had a gap when a staff member was raising her family, this had not been noted. The registered manager undertook to rectify this immediately.

Is the service effective?

Our findings

People were supported by care staff who had received appropriate training to enable them to meet people's diverse and changing individual needs. Staff members told us they had good opportunities for training and refresher training was provided when required. The service kept a training matrix which showed the training staff had received and when their training needed to be up-dated. Of the 43 care staff, 17 had obtained a relevant qualification in social care and five were in progress. Staff told us they could request any training, they felt they needed to do their job more effectively and meet the needs of individuals. Specialised training provided included, dementia awareness and pressure area care. One staff member told us they had asked for training because one of their clients had a specific medical condition and this was provided. A person who uses the service commented, "They definitely know what they're doing."

Staff were provided with robust induction training which ensured staff did not work with people until they were confident they were able to do so safely and effectively. A staff member commented that they were encouraged to 'shadow' an experienced staff member until they felt confident. New care staff were completing the care certificate (a set of 15 standards that new health and social care workers need to complete during their induction period).

Staff felt they were able to provide people with high quality care because they were well supported by the management team and senior staff. Senior staff completed one to one supervisions with staff approximately four times a year. One of those was designated as an appraisal and group supervisions were also held. Care staff had a personal development plan which identified any additional training or other support required. Supervision notes clearly demonstrated that staff and management had an open dialogue and staff requests for additional support were actioned. Additionally senior staff accompanied staff on occasional visits to check their performance. Staff commented, "I feel very supported by the management...", "if I need to know anything my management and supervisors are on hand any time also colleagues are very supportive and help too when we are out on the road" and "I do feel supported by management. I have regular supervisions and spot checks and we do have staff meetings. I know that I can ring the office with any concerns that I have on a day to day basis."

People's identified needs were met in the way people preferred. Care plans included areas called, "The support I will need", "What I want to achieve", "Who will support me with this" and then specified the times, frequency and cost of the care package. Plans included areas such as health care and noted the tasks that were to be completed during the care visit. Care staff knew what action to take if people's needs changed or their health and well-being caused them any concerns. One staff member commented, "they (care plans) are very detailed and explain exactly what needs to be done." The service worked with other professionals to ensure people's health and well-being needs were met. One person noted, "I am completely confident with Acorn's advice, help and support when an outside agency (such as Occupational Therapy) is needed." A professional told us, "Communication is very good between the agency and other professionals."

People were supported with their nutrition and fluid intake, as identified on the individual plans of care. Care staff helped people with food preparation and eating and drinking, according to their needs, if

appropriate. Nutritional records were included with daily notes. A small number of people with specialist feeding needs were supported by a small number of staff who had been specifically trained to meet those needs. There were very detailed and comprehensive instructions in place for staff to follow. The registered manager told us that they only gave this specialist feeding support if they were confident that staff were suitably trained and skilled to provide it. The service worked closely with the local hospital's department of nutrition and dietetics. However, it was not clear if the support they provided was identified as an invasive medical procedure. The registered manager undertook to review the guidance on medical interventions with community health professionals.

People were helped to make choices and decisions and to retain control over their life by care staff who recognised how important it was for them to do so. Consent to care and any necessary information with regard to people's capacity and ability to make decisions was noted. If the individual did not sign the consent documents it was not clear why. The registered manager told us that many people wanted their relatives to deal with the service with regard to their care. However, this was not recorded. The registered manager undertook to rectify this following the inspection visit.

People's legal rights to make their own decisions were upheld and the management team understood the provisions of the Mental Capacity Act (2005) (MCA). The 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. Applications to deprive people of their liberty must be made to the Court of Protection. Currently, no applications had been made as no-one was being deprived of their liberty.

People told us that staff arrived on time and stayed the correct amount of time. They said they were usually advised if staff were delayed. One person told us that the office staff did not always let them know if care staff were going to be early or late. However, they also commented that there was usually a good reason for any change of timings and it was not more than half an hour. Other people told us that care staff were almost always on time and the office always told them of any delays or other changes. Staff told us they were confident they gave safe and effective care.

Is the service caring?

Our findings

People were supported by kind and caring staff who told us that they always treated people, "with compassion." One person reflected the views of others when they told us they were treated with, "genuine warmth and kindness." People told us how helpful care staff were and told us how they made them feel comfortable by using humour and kindness and by understanding their needs. Written compliments received by the service (from relatives) included, "Thank you all for your care, support and kindness over the years of looking after my mum" and "Thank you so much to everyone at Acorn for the love and care you all gave mum over many years."

People were treated with respect and their privacy and dignity was promoted by care staff. Care staff gave numerous examples of how they supported people's privacy and dignity. Examples included ensuring someone was appropriately covered when being supported with personal care and always leaving the room if people received a private telephone call. One relative told us that care staff always treat their family member with dignity and respect, "going out of their way to ensure this vital aspect of their visits." People told us, "They respect my husband and family as well and we all have a laugh and a joke." Another said, "All carers treat me with the greatest respect" and, "They always respect me and my wishes." A staff member told us, "We always give the clients privacy and never rush them."

People were provided with continuity of care, as far as possible. Care staff were allocated people who they visited regularly. People told us they were mostly provided care by a team of staff who they built a relationship with. However, they also said that all care staff who visited their homes were of high quality and knew what they were doing. A staff member commented, "... when going to clients regularly we build the relationship and have a chance to get to know how clients like things and that makes it a more personal experience when you remember things such as how they like their breakfast or in which order they like things done." One person reflected the views of others when they said, "I sometimes have a lot of carers but they are all absolutely brilliant."

People's individual, diverse needs were respected by care staff who understood equality and diversity. Staff told us how they treated people as individuals and respected their lifestyle and cultural choices. However, care plans did not always provide detail about areas such as people's personality, life history, behaviour and communication. Daily notes were task focussed and included little about people's emotional well-being. The registered manager undertook to review care plans and daily notes to ensure they were as person centred as possible and included all the necessary elements. A staff member told us, "I always offer choices from personal care to meal preparation to which channel on TV to watch, every individual has a right to choice."

People received care from care staff who were able to meet their needs. Care staff were selected to work with individuals dependent on their skills, characteristics and training. They did not accept a care package unless they had staff available who were able to meet people's identified needs.

People were given a 'Service User Guide' which was kept in people's home. This included all information

about the service such as recruitment procedures and services offered. Information was provided in large print and other formats could be offered, as appropriate. Care staff were very clear about their responsibilities with regard to confidentiality. For example one staff member said, "Any conversation is kept confidential and a trusting relationship is formed."

Is the service responsive?

Our findings

People told us, "the service is absolutely marvellous staff are helpful and flexible." Another said, "The carers always listen to you and responded to your request, if they can." A further comment was, "They are flexible, listen to what I want and respond to my wishes." Staff members said, "I like to talk to our clients and ask how they would like things done. Also using the care plan as a guide." Another reflected the views of other staff saying, "The only way I would know how people like things done (on that day) is to ask them. I feel it is important to carry out any tasks in a way they would like them to be done." A professional noted, "Thank you for all the help and flexibility you have given with a number of service users recently. I really appreciate it." A compliment received for an individual said, "The efforts of staff (to deliver the service) were outstanding during the poor weather conditions."

People's needs were assessed by a senior staff member prior to them receiving a service. Assessments were completed with individuals and other relevant people, if appropriate. The assessment was used to ensure the service could offer appropriate, safe and effective care to the person. People told us they had been involved in planning their care and in the review process. The care plans contained the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred.

People received care that was up-to-date and relevant to their current needs. Care plans were reviewed annually by the local authority and a minimum of every six months by the provider. Further reviews were held if people's needs changed. Staff were informed of and responded quickly to people's changing needs. One staff member commented, "I am confident that the people we care for are all safe and being treated well, as carers we are always keeping our eyes out for clients we report everything that concerns us and as soon as we bring it to our managers attention it is passed on to all carers what is to be done or changed in the clients care plan."

People's immediate, non-planned needs were responded to, efficiently and effectively. Care staff were able to respond to unusual situations such as, if people were ill or needed additional time. One person gave us an example of when their care staff had been confronted with an extraordinary and distressing situation which had arisen because of their illness. They said the staff member (who was quite new) reacted in an exceptionally skilled way. They took all necessary actions to ensure the person was safe and supported during a difficult situation. The service then offered further support to ensure the person's health and well-being.

The service welcomed people's views and feedback on the service they provided. People could feedback their views on the service they received in a number of ways. Examples included annual questionnaires, review meetings and senior staff conducting staff monitoring visits, when people were asked if they were satisfied with the service.

People were provided with a copy of the complaints procedure which they told us they knew how to use. However, people also told us that they did not have cause to make a complaint because the service responded so quickly to any concerns raised. People said, "If there are any issues, they put them right

straight away" and, "I am in regular contact with the office and always get an excellent response." Another person told us, "They always listen if there is a problem and I have no hesitation in contacting them over the slightest thing." The service had received one complaint in 2016. This had been fully recorded, investigated and appropriately concluded. More than ten compliments had been received by the service in the same timescale. The local authority advised us that they had received no complaints about the service.

Is the service well-led?

Our findings

The service registered with the Care Quality Commission (CQC) in December 2010 and the registered manager had been in post (under the current legislation) since that date. She was appropriately experienced and qualified to organise the service and lead the staff team. Staff felt well supported and described the registered manager and the management team as open, approachable and supportive. One staff member commented, "I have no concerns about safety or running of the service. Acorn is actually a nice company to work for." Another said, "I'd be happy for my grandparents to be cared for by this company."

People made comments such as, "I am very pleased with Acorn", "A remarkably good service" and, "An excellent service, really very, very good." One person said, "Excellent, pleasant, thorough and well trained organisation. Very highly recommended." A local authority representative commented, "Acorn works well with us. Last year they were part of our Winter Pressures scheme where we block purchased hours for a bridging service, and we approached them specifically because they provide a flexible and good quality service." Additionally they said, "on the whole Acorn is an excellent provider who we work with a lot..."

People staff and other interested parties were asked their opinions of the care they received and gave. For example, at care plan service reviews, 'spot checks' on staff performance and regular surveys. Staff meetings were held regularly and used for information sharing and gathering and discussion of pertinent topics. Staff told us they were happy to approach any of the senior staff team with any ideas, concerns or other issues. One staff member said, "I do know that I am a valued member of staff. I am always listened to and asked for my input with different issues and do feel part of a team." Another said, "I do feel valued and part of a team as management always appreciate the work we do and also organise team building and Christmas/summer events for everyone to get together."

People were provided with good quality care which was closely monitored and improved, as necessary. The service had developed a quality assurance process. This included an annual quality assurance questionnaire and various audits. Medicine administration charts, daily notes, accidents and incidents were checked as part of the quality assurance process. The service responded to any individual negative comments received from returned questionnaires and additionally included any views in the annual improvement action plan. For example in 2015 some people commented that communication with the office was not always efficient. The service provided people with staff schedules and issued instructions that people were to be informed if there were any variations of over 10 minutes in the timing of calls.

People's care was supported by care plans which were up-dated regularly. People's current needs, preferences and any risks to them or others were reflected in their records. Records relating to other aspects of the running of the service, such as staffing records were, well-kept and up-to-date. The management team understood when and why to send any statutory notifications to the Care Quality Commission. Records kept supported the safety and quality of care provided to people who use the service.