

Acorn Luxury Care Limited

Acorn Luxury Care Limited

Inspection report

76 Wimborne Road
Bournemouth
Dorset
BH3 7AS

Tel: 01202515713

Date of inspection visit:
05 July 2019
08 July 2019

Date of publication:
18 July 2019

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

The service is registered to accommodate up to 13 people and provides care and support for older people. The service is split over two floors which were all accessible by stairs or a lift. There were 12 people using the service at time of inspection.

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

People rights were not always protected in regards to giving consent for their care or for photographs. The registered manager sought to immediately rectify this during our inspection.

People told us they felt safe living at Acorn Luxury Care Limited. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

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

People were supported to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

The management of the service were respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

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

Rating at last inspection

The last rating for this service was good (published 13 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Acorn Luxury Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Acorn Luxury Care Limited 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service, five relatives and one visitor about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care assistants and the care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 received feedback from two professionals who regularly visit 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally.
- There were posters around the home giving the telephone numbers of the local safeguarding team. A professional told us, "I do not have any safeguarding concerns, in fact I have found staff able to identify and initiate concerns of a safeguarding nature".
- People and their relatives told us they felt safe living at the home. A person told us, "This is a very good home for me, I feel safe here". A relative told us, "This is a safe place for my loved one". Staff told us that they knew people well and thought that this helped to keep them safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. There were general risk assessments for the home. Risk assessments were reviewed monthly or in response to people's needs changing.
- Staff had a good knowledge of people's risks. The registered manager had introduced a new recording system for the review of risk assessments and this information was then communicated with staff.
- Assessments included clear instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.
- The registered manager told us that they can set alerts on their electronic recording system to update risk assessments.

Staffing and recruitment

- There were enough staff on duty. The registered manager calculated the number of staff required to meet the needs of people and this was kept under constant review. A person told us, "The staff have time for me, I am never rushed".
- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely

- The home managed their medicines safely. The home had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed.

- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- All areas of the home were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy. Staff had received training in infection control.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.
- The service had received a Food Standards Agency rating of four which meant that conditions and practices relating to food hygiene were 'good'.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.
- Learning was shared through staff meetings and daily handovers. Staff told us they felt they were kept up to date and communicated well together.

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.

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 home did not always meet the requirements of the MCA. MCA assessments had not been carried out for some people in relation to their care needs and consent for photographs. This meant that in these cases people's rights were not fully protected.
- Consent was given on the persons behalf by family members who did not possess the legal authority to do so. The registered manager told us they would immediately seek to rectify this and confirmed this had been completed on day two of the inspection.
- Where MCA assessments had been carried out the home held best interests' meetings. Records showed involvement of the person, family members, professionals and the GP.
- People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and food.
- Staff had received MCA training and were able to tell us the key principles.

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

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. The registered manager went to see each person before they moved into the home.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident.
- Staff received training on subjects such as safeguarding, dementia and medicines.
- Staff told us they had regular supervisions and contact with the registered manager. The home was supported by a small staff team and they communicated together each day through handovers.
- Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the registered manager when required. A staff member told us, "The registered manager [name] is here all the time and they work with us".

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

- People were supported to have enough to eat and drink. We received positive comments about the food including; "The food is nice here I like it a lot", "The food is good here, they will make you something special", "I get drinks all day if I want them" and, "My loved one [name] likes the food here and eats well".
- People could choose an alternative if they didn't want what was on the menu. The registered manager told us that they have menu, but people can choose whatever they want.
- The menu was displayed with photographs of the meals. Records showed input from dieticians and speech and language therapists (SALT) where required.
- We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff.
- The lounge and dining room had tables laid with drinks and condiments. Most people used the communal area to have their meal. Food looked appetising and plentiful.
- People were encouraged by staff to eat their meals and have plenty of drinks. Where support was given by staff this was observed to be respectful.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. A professional told us, "The home contact us in a timely manner".

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

- The home was accessed by people across two floors using a stair lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- The home had a large lounge, dining area and conservatory with a garden for people to enjoy. We saw people enjoying the outside spaces which all had level access.
- There were signs on the doors to assist people to access certain rooms such as the bathroom. People were encouraged to bring their own belongings into the home.
- Notice boards displayed the date and the days menus.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Records showed referrals made from the home to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists.
- The registered manager said they worked well with all professionals and were comfortable seeking their

input when needed.

- The registered manager told us they worked closely and were supported by their commissioners. A health professional told us the home "Showed excellent initiative", when dealing with a situation for a person in their care.
- Records showed that instructions from health professionals were carried out. A health professional told us, "They have always followed my care plans and worked with me to provide the best possible care for the individuals we are caring for".
- Instructions from medical professionals were recorded in people's care plans and they communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.

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 and their relatives told us staff were kind and caring. Comments included: "The staff are lovely and caring towards me". "They are very caring". "They are nice and caring towards me, very supportive".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. The home had a religious service every month for people to enjoy.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People and their relatives were involved in their care. Reviews were held regularly or as things changed. The registered manager completed the review and people, relatives and staff were involved in these. A relative told us, "I have been involved in my loved ones [name] care and they always keep me up to date".
- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity. A relative told us, "They do try and protect my loved ones [name] dignity at all times".
- People were supported to be as independent as they could be. The registered manager told us that it was important that people kept their independence.
- Records showed that the home had involved the person and family members in learning about their earlier life. We observed staff supporting people to keep independent by assisting them to access the garden area.

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. The registered manager was in the process of reviewing all care plans to develop them further.
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people. The home was using an electronic care planning system where alerts could be set to inform all staff of changes.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.

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

- The home had a programme of activities for people to enjoy. This was organised into a daily planner and then there were additional activities for people to enjoy once a month. However, the activities were not advertised in the home. We discussed this with the registered manager and they made a pictorial planner which was displayed in the communal areas. This meant that people were reminded what activities were available on the day.
- People and staff told us they enjoyed the activities in the home. Some comments were; "I enjoy the activities, I like colouring pictures and the visiting singers". "I love the activities like puzzles and music". "I do like the activities and I get involved if I can."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns.
- The home had not had any formal complaints however records showed the registered manager dealt with

any feedback to people's satisfaction.

- People were confident that their concerns would be dealt with. Comments we received about this from people included: "If I had a worry I would speak to the manager". "If I had a problem I would speak to the manager, no complaints so far". "No problems for me, I would speak to the manager if I did".

End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone. The registered manager told us they worked with the district nurses and GP when a person requires end of life support.
- Each person had an end of life care plan however, some people had little information. The registered manager told us they were improving this in the review they were undertaking.

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 was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff felt proud to work at Acorn Luxury Care Limited. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I am so happy here". "I am proud to work here, it feels like a family". "I cannot praise it enough, it's perfect from my point of view".
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "The registered manager [name] is here all the time, I genuinely look forward to coming to work". "I can't fault them". "The registered manager [name] is really helpful and inclusive of all people". A health professional told us, "The registered manager [name] is a very hands on manager and has excellent managerial skills and leadership".

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 understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

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

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team.
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Systems were in place to support learning and reflection. The registered manager had completed monthly audits, such as medication, accidents, incidents and care records.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people's feedback through questionnaires. The results of those were positive. The

registered manager told us they send these out to people and their relatives once a year.

- The home did not hold formal meetings for people as this did not meet the needs of the people living there. The registered manager told us they spoke to people individually informally. Records showed people and their relatives were involved in the home and kept up to date. Relatives were routinely asked for their views and they told us they felt involved in the home.
- The home had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders. Records showed good attendance by staff.
- The service had some links to the local community. The registered manager told us they wanted to increase these links in the future. Some examples of supporting people to link with their community were, people using local cafes and shops.
- Learning and development was important to the registered manager. They attended regular provider meetings, learning hubs and had used online guidance and publications. The registered manager told us, "You can always improve". The registered manager had the support of a second registered manager in the home.
- The service had good working partnerships with health and social care professionals. A health professional told us, "I have a positive opinion of the home and the staff". Another professional said, "They have been a pleasure to work with".