

Acorn Care Service Ltd

Acorn Care Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acorn Care Services is a domiciliary care agency registered to provide personal care for people who require this due to older age, illness or disability. At the time of the inspection the agency was providing a personal care service for 39 people living in the towns of Newport, Ryde, Sandown, Shanklin and surrounding areas on the Isle of Wight. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We received positive feedback from people or their family member about the service they were receiving. People felt they were cared for with warmth and kindness and spoke highly of the care staff. 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.

The registered manager took prompt action to ensure consistent use of disposable aprons when providing personal care. People told us they felt safe when receiving care. Medicines were safely managed and staff contacted healthcare professionals when required.

People told us they had been involved in care planning and care plans reflected people's individual needs and choices. Staff were responsive to people's needs, which were detailed in care plans accessible to staff via an electronic system. People's risk assessments and risks relating to their home environment were completed and helped reduce risks to people.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough care staff to maintain the schedule of visits.

Staff told us they felt supported, received training and supervision and had time to complete their schedule of work.

People had regular contact from office staff who they were confident would listen to them and take any necessary action should the need arise. The registered manager, office staff and care staff team were committed to ensuring people received a service which was caring.

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 17 July 2019).

Why we inspected

This inspection was prompted by the length of time since the previous inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Acorn Care Service

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an expert by experience in the care of older people, who made telephone calls to people and family members to gain their views about the service. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 4 April 2023 and ended on 12 April 2023. We visited the location's office on 4 April 2023.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and 1 family member about their experience of the care provided. We spoke with the registered manager, 3 office staff members and 5 care team members. We sought information from 5 external health or social care professionals and received feedback from 2 of them.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including, training, quality monitoring, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse. People and family members told us they felt safe. A person said, "Yes I feel safe, just by being here, they fix meals, answer the door and the telephone, they're very active, very caring'." Another person said, "They're [care staff] very attentive, I'm very unsteady on my feet, they're always there." People also described safe systems for managing money if staff undertook shopping for them saying, "They [care staff] bring a receipt and I'll sign for the change."
- Office and care staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I've done safeguarding training. If I had any [safeguarding] concerns I would tell the office staff immediately, I'm sure they would sort anything out."
- The registered manager and office staff were clear about their safeguarding responsibilities and discussed appropriate actions they would take if a safeguarding concern was raised to them.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed. People's individual risk assessments included areas such as mobility; use of equipment; the safety of the environment, health and medicine. The care planning system supported office staff to undertake risk assessments and enabled these to be updated when required.
- Care staff told us they had access to information about people's individual risks and actions they needed to take to mitigate these risks. They confirmed they had received training to use any equipment people required. Care staff were able to describe specific risks for individual people and how they mitigated these risks. For example, one staff member told us how they were monitoring a person who was at high risk of pressure injuries and the actions they took should they note a change in the person's skin.
- Business continuity plans were in place to ensure that people were prioritised in terms of risk during crisis situations such severe weather preventing care staff attending at the usual times.

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 MCA 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.

- We found the service was working within the principles of the MCA. People told us staff sought their consent before providing personal or other care. The registered manager understood when they may need to consider appropriate legal authorisations were in place to deprive a person living in their own homes of their liberty.

Staffing and recruitment

- There were enough staff available to keep people safe. The registered manager was clear that they would only accept new care referrals if they had enough staff available in the correct area to ensure they would be able to meet people's needs. People and the family member told us staff usually arrived on time and stayed as long as was needed and that they received their scheduled visits.
- The management team monitored any missed or late visits to people. Their system alerted them after 30 minutes if care staff had not arrived for their scheduled care visit to ensure the visit was not missed.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included Disclosure and Barring Service (DBS) checks, obtaining up to date references and investigating any gaps in employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider's training records showed staff had received training in a timely way to equip them to do their roles, safely and effectively. Staff confirmed they had received training to undertake their role. Staff comments included, "We have lots of training and get reminded to keep it up to date" and "The training is good, we know what to do and can always ask if we need support or additional learning."

Using medicines safely

- Safe systems were in place should people require support with their medicines. People and their family members confirmed staff administered medicines when required to do so. One person said, "They [care staff] put cream on my legs, but I do my own tablets, it's all listed in the folder."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was monitored during community monitoring visits [spot checks] undertaken by office staff. One staff member said, "We are trained how to give medication safely and this is updated every year plus when we have spot checks, they [senior staff member] watch us to make sure we are doing it correctly."
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way. Medicines administration records were completed by care staff following the administration of medicines and these were reviewed by office staff members when these were returned to the office monthly.

Preventing and controlling infection

- Staff told us they always had enough Personal Protective Equipment (PPE) and could access additional supplies at any time. Some staff told us they were not provided with disposable aprons to wear when providing person care, other staff told us they did have access to these items. Some people told us staff wore disposable aprons whilst others said staff did not use these when providing personal care. The registered manager confirmed aprons were available and promptly reminded all staff that these should be worn when providing personal care.
- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place.

Learning lessons when things go wrong

- There had been few accidents or incidents. However, should an incident or accident occur, there were comprehensive systems in place to record, investigate the possible causes, learn lessons and take any identified remedial action to prevent a recurrence.
- The registered manager knew how to seek support from external professionals when they required additional guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People and family members felt the service was well-managed and told us they would recommend Acorn Care to a friend or relative. One person said, "Yes, I've already recommended them to someone."
- People and family members were happy with the service provided. Comments we received included, "The carers are very, very good, I'd be lost without them", "They [care staff] are alright, there's no problem, they're very friendly"; "One of them does my shopping for me, I make a little list, if they see something that I'm out of, they use their brain and bring it for me"; "I've got a folder, it's got all the information in that the carer needs" and "They do chat if they have the time, they know what I like, they'll ask me what I want".
- The management team had a good oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and providing person-centred care.
- There was good oversight of staff performance. Staff told us the service was well managed. All were positive about the support they received from office staff including the out of hours team and felt they could go to them with any issues or concerns. One staff member said, "We have 'out of hours' for when the office is closed and we can call them anytime and they always respond quickly."
- The registered manager said they wanted to provide, "The best care we can and help ensure people live comfortable and dignified lives in their own homes." They added, they "Wanted to help people be as independent as possible and to enhance people's lives." The registered manager was responsive to feedback and committed to continuous improvement.

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

- There was an open and transparent culture within the service. People and staff were confident that if they raised any issues or concerns with the office staff or registered manager, they would be listened to and where possible these would be acted on. One person told us, "If there was a problem I'd speak to the office, I'd be comfortable doing this." A staff member told said, "I can talk to anyone in the office and [registered manager] does listen to us."
- The provider was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

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

- There was a clear management structure in place, consisting of the provider who was also the nominated individual responsible for oversight of the financial aspects of the service, the registered manager who oversaw the care aspects of the service and senior staff with specific designated roles such as for training or care planning/reviews.
- Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities to notify CQC about all incidents, safeguarding concerns and events as required. Providers are also required to display previous CQC ratings and information about their service. This information was included on the provider's website and within the office.

Continuous learning and improving care

- There were systems and processes to monitor, assess and evaluate the service. A range of audits were carried out, and the registered manager had developed an action plan which identified where improvement was needed and when the required action would be completed.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. In addition, they signed up to regular newsletters and bulletins from nationally recognised social care organisations such as CQC and Skills for Care. This meant they kept up to date with current best practice.

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

- The management team promoted a positive culture and staff told us they felt supported in their role. One staff member said, "I'm very happy working for Acorn Care, they are supportive, we get lots of training." Another said, "It is a good company to work for."
- People's needs, and preferences were used to develop care plans which reflected their individual preferences and diverse needs. Staff could access people's care plans through the electronic care record system or in people's homes, where paper care plans were stored.
- Regular conversations were had with people, and their family members to ensure the care provided continued to meet their needs and they were satisfied. People told us they were formally asked for feedback about the service. One person told us, "The office in Sandown phone occasionally to see if I'm happy." Another person said, "I did have a paper to fill in, asking about whether I was satisfied."

Working in partnership with others

- We contacted five external professionals and received feedback from two of them. They told us the agency contacted them appropriately should the need arise and care staff subsequently followed any recommendations they made.
- Specific information had been provided within people's homes to ensure any visiting health professionals were aware of essential information about the person. This would help ensure people received the care they required and any pre-existing wishes or decisions, for example emergency resuscitation, would be known and followed.