Care Quality Commission

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Acorn Residential Home

Inspection report

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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

Acorn Residential Home is a care home that provides personal care and accommodation for up to eight adults. At the time of the inspection there were six people living at the home, all of whom had learning disabilities.

Acorn Residential Home is a family run home, the registered manager and deputy, are wife and husband respectively. Their son and daughter-in-law also work in the home. Other staff are employed to work during the night and at weekends.

At the last Care Quality Commission (CQC) comprehensive inspection in November 2014, we found some areas of concern and rated the service as 'requires improvement' in two questions we asked of providers, 'Is the service safe?' and 'Is the service effective?'. Overall the service was also rated 'Requires improvement'.

Staff had received training in line with their roles and responsibilities; however it was not regularly refreshed and some mandatory training such as medicines administration had not been refreshed for several years. Also the provider was not up to date with current guidelines and practices for safeguarding adults at risk. We asked the provider to write to us and let us know what action they would be taking to make improvements in the service.

In June 2015 we visited the service to make sure they had made the improvements we had asked them to. We saw evidence staff had refreshed their training. Additionally, measures had been taken to ensure the service was in line with current practice regarding safeguarding adults at risk. The service had re-written their policy and procedures for safeguarding adults at risk to make it clear what staff were required to do if they suspected anyone was at risk from harm; acquired the 'London Multi-Agency Adult Safeguarding Policy and Procedures on safeguarding adults' and the registered manager had refreshed their 'safeguarding adults at risk' training. As the service was meeting legal requirements and had made the necessary improvements, we changed their rating in the two key questions and overall from Requires Improvement to Good.

The service did have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection in March 2017, we found people continued to be safe living at Acorn Residential Home. There were enough staff on duty and they had received sufficient training and support to meet people's needs.

The provider had undertaken checks prior to the employment of staff to ensure as far as possible only suitable people were employed. Staff had received training to recognise the signs of possible abuse and

knew what action they needed to take to keep people safe.

People were supported to maintain good health. They had access to healthcare professionals as and when they needed them. People received suitable nutrition and their medicines as prescribed to maintain their well-being.

Staff were kind and caring. They provided care in such a way to maintain people's privacy and dignity. They were knowledgeable about people's individual needs and how best to meet them. Staff were attuned to people's communication and sought consent from people before providing care.

The provider put assessments in place so any risks associated with daily living could be identified and action taken to minimise them. In this way, they were promoting people's independence where possible.

People were supported to be involved in a range of activities in line with their interests and preferences. This included volunteering and being involved in organisations representing people with learning disabilities.

The provider sought to gather stakeholders' views about the service. People were encouraged to complete satisfaction surveys or to take comments to the registered manager if they had any concerns. People told us they thought the registered manager was open and approachable and would respond to any comments made.
There were audits and checks in place to monitor the quality of the service. If there were any accidents or incidents, they were clearly documented, and action was taken to minimise the risk of re-occurrences.

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. There were enough staff to meet people's needs. The provider had completed checks to ensure as far as possible only suitable people were employed.

Staff knew how to safeguard people at risk. They ensured people received their medicines as prescribed.

There were assessments in place to ensure people were kept safe as possible. Accidents and incidents were recorded so any trends could be identified to help prevent a reoccurrences.

Is the service effective?

Good

The service was effective. Staff received training and support so they could undertake their roles and responsibilities.

The provider worked within the remit of the Mental Capacity Act 2005 and helped to ensure they protected people's rights. Staff sought consent from people before providing care.

People were supported to maintain good health, and received sufficient amount of food and drink to meet their needs and preferences.

Is the service caring?

Good

The service was caring. Staff were warm and kind towards people, and able to communicate with them in a meaningful way.

The service promoted people's independence and met their diverse needs.

Care was provided in a way to maintain as far as possible, people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People had individualised care plans which were updated so they reflected their current needs.

People were encouraged to participate in activities in line with their interests and wishes.

People felt able to raise complaints or concerns, and there were a number of mechanisms in place, which they could use to do so.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post who people felt was open and approachable.

The service sought people's and stakeholders' views about the quality of the care provided so improvements could be made if necessary.

There were a number of audits and checks in place to monitor the quality of the service.

The service worked in partnership with others to enhance the quality of people's lives.

Care Quality Commission

Acorn Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good approximately every two years. The inspection took place on 28 March 2017 and was unannounced. It was carried out by one inspector.

Prior to the inspection we looked at previous reports and all the information we have received from the provider.This included statutory notifications which the provider is required to submit to the CQC about significant events. It is also included a Provider Information Return (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who lived at the home and the registered manager. We looked at various documentation, including information about how three people were looked after. We reviewed three staff files to ensure appropriate checks had been completed prior to their employment and that they received training and support to undertake their work. We also reviewed information about the running of the home to make sure the premises were safe.

After the inspection, we spoke over the telephone with two relatives of people who lived at Acorn Residential Home. We also spoke with two healthcare professionals who had regular contact with people who lived at the home and a member of staff not related to any family member involved in the running of the home.

Good

Is the service safe?

Our findings

People were safe living at Acorn Residential Home. We saw there were enough staff to meet people's needs. When we arrived at the home we saw there were four members of staff on duty to look after five people. The registered manager told us this level of staffing was not unusual. They had put additional staff on the day, so a person could be accompanied to a medical appointment.

Checks had been completed by the provider to help ensure only suitable people were recruited to work at Acorn Residential Home. We saw references had been taken up and there was proof of the person's identity and address. The provider had also completed criminal records checks when staff had been recruited into post. The registered manager told us they did not have a policy for the renewal of criminal records checks. Good practice would suggest a renewal check every three years. The registered manager told us the staff that had been recruited into post were all relatively new and had only come to work within the organisation in the last three years. The provider told us they would consider introducing a renewal check every three years for their staff.

Staff knew what action to take if they considered anyone was at risk of abuse. Staff had received on-going training and we saw three staff had attended safeguarding adults at risk training the previous day. We talked with staff about action they needed to take in order to protect people from harm, and they were able to give us appropriate responses.

We checked to see if people received their medicines as prescribed. We saw medicines were appropriately stored and there were clear records of the administration of the medicines. The registered manager told us they had supported people who choose to self-administer their own medicines and would do so again should people wish and they were safe to do so. We saw there were three monthly audits of medicines completed by the provider which identified if there were any shortcomings and any action taken as a result.

The home was clean and hygienic. The majority of cleaning was untaken by staff, although people who used the service were encouraged to participate in line with their capabilities. One person told us with great pride, "My job is to clean the corners" and another person said "I clean my room by myself." We saw staff use disposable aprons and gloves, this was to minimise the risks associated with cross infection.

The provider had risk assessments in place which were reviewed regularly; these identified possible risks to people. For example, the risks associated with people accessing the community independently, and the action taken to minimise the risks. In this example, we saw people were provided with a mobile telephone which staff ensured was sufficiently charged when people left the building.

Accidents and incidents were documented. This meant the provider could identify any possible trends or patterns, and take action to minimise the risks of future reoccurrences. The registered manager gave us an example, where they had changed the time of routine cleaning, as it may have adversely affected someone's independence as they were unable to get a hot drink for themselves.

Good

Is the service effective?

Our findings

Staff received training in line with their roles and responsibilities. The provider had identified a number of training courses they considered mandatory which included safeguarding adults at risk, Mental Capacity Act 2005 (MCA) and first aid. We saw the provider relied on training offered by the local authority which meant that for some staff there was a delay in them receiving mandatory training. We discussed this with registered manager who told us they would explore other training methods such as the use of DVD's.

Staff received support from their line managers to undertake their roles and responsibilities. We saw, and staff told us they received regular supervision which gave them an opportunity to discuss any issues affecting their work. Staff also had the opportunity to consider their professional development during annual appraisals.
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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We considered if the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw staff had received training in MCA and DoLS and knew how the legislation impacted on each person within the service. At the time of the inspection one DoLS application had been authorised by the appropriate authority and records showed the provider was complying with the conditions.

Staff sought consent before providing care or support to people. Throughout the day we heard many examples. In a conversation a member of staff asked, "Do you want a cup of tea," "Shall I make it for you" and finally "Can I help you?" This exchange represented staff providing care in line with people's wishes whilst maintaining their independence.

People's health needs were met, this was by ensuring people had access to healthcare professionals as and when they needed them. We saw how the service worked effectively with someone who had complex health needs which required constant monitoring. Each person using the service also had their own Health Passport which gave important information to healthcare professionals about the person's needs including how best to communicate with them.

The service was able to meet people's nutritional and hydration needs. They regularly weighed people to identify any significant weight loss or gain and to take action accordingly. We saw examples how the provider supported people with their health needs. The provider had to carefully monitor the fluid intake of someone because of their health condition and had also sought advice from a specialist nurse with regard

to another person who had difficulties with swallowing.

Good

Is the service caring?

Our findings

One person told us, "I like the staff, they're kind," and a healthcare professional said, "It's a lovely place and the clients always look happy." A relative also described it "as just like a family and everyone is a member of the family." Throughout the day we saw people and staff enjoying a joke and gently teasing each other, such as comments about who was the best cook in the home. The interactions were characterised by warmth and affection, and there appeared to be a mutual respect for one another.

Staff were able to effectively communicate with people. They were aware of different styles of communication and were attuned to people's speech patterns. Staff were observed to anticipate needs and respond accordingly for example, when someone was ready to have a hot drink. We saw there was a range of Acorn Residential Home documents which had been produced in a format for people with learning disabilities. This included a document about what to do if you were not happy with the service. In this way the provider was taking action to ensure they communicated with people in a way that was meaningful to them.

Staff were able to maintain people's privacy and dignity. They were able to tell us what action they would take to maintain people's dignity when providing personal care. We observed staff were respectful of people's privacy and knocked on bedroom doors before entering. Staff were also aware of issues regarding confidentiality and knew when they could maintain confidentiality and when they were required to take further action.

Information relating to people was kept secure when not in use. People were aware they could look at their own information contained in their care plans when and if they chose, however they told us they did not want to. We saw people sometimes signed their own care plans as a way of indicating they were in agreement with the contents of the plan.

The service promoted people's independence. People were free to move around the home and to go out in the community if they chose. People were encouraged to maintain their life skills and develop new ones so they retained control over their lives where possible. For example, we saw a person was encouraged to make a sandwich for themselves, so they could help themselves when they wanted something to eat. People were also encouraged to undertake domestic tasks such as cleaning and shopping and we observed one person take great delight in watering the garden.

The provider was able to meet people's diverse needs. People were able to move freely around the home even with restricted mobility; meals were provided based on person's preferences and cultural needs; a person was supported to attend their local church. The registered manager told us they would support people nearing the end of their life, if they were able to meet their needs.

Good

Is the service responsive?

Our findings

People living at Acorn Residential Home each had care plans which were personal to them. We saw information had been gathered from a variety of sources prior to the person coming to live at the home. The provider had then written care plans which reflected people's needs and preferences, and how these could be achieved.
As an example, we saw people were involved in a range of social and recreational activities based on their interests and needs. One person regularly attended a day centre, others art or drama classes. Some people were supported to go bowling, shopping, the pub or outings to the park according to their wishes. On the day of our inspection, we saw that one person was at a day centre, a number of others went bowling and then for lunch and one person chose to stay at the home.

It was positive to note some people were involved in Healthwatch (an organisation which champions the service users' voice in health and social care settings) as people who had experience of living in care homes. Additionally, a person was also involved as a director of a self-advocacy group for people with learning disabilities.

People told us they felt able to raise any concerns or issues regarding the care provided. They said if there were any issues they would talk with any member of staff. We also saw the home had made the complaints policy accessible for people within the service, as it was in pictorial format with easy to understand language.

Notwithstanding the above, we noted the complaints policy was out of date and possibly misleading. The policy referred people to the Registration Authority and CQC; the former no longer exists and CQC do not deal with individual complaints. We discussed this with the registered manager who agreed they would update the policy to include reference to the local authority funding the placement or if people remained dissatisfied with the outcome, to the local authority Ombudsman. The registered manager acknowledged the importance of having an up-to-date policy particularly as they were the registered manager and provider of the service, and their impartiality could be compromised if the complaint was made about them or their family member.

People were given choices about aspects of their daily lives. Throughout the day we heard staff asking people where they wanted to be and what they wanted to eat and drink. For example in one exchange we heard a member of staff asking a person, "Shall we go into the garden or is it time for lunch for you?" In giving choices, staff were allowing people to have control over decisions of how they wanted to be cared for.

Good

Is the service well-led?

Our findings

People were positive about the registered manager who they considered as open and approachable. People said the registered manager was accessible, as she was often at the home or had regular telephone contact with relatives. Staff were also positive with one telling us how the registered manager was very understanding and approachable and supported them around their other commitments.

The registered manager had a good understanding of their role and responsibilities with regard to meeting their legal obligations for CQC registration, this involved notifying the CQC of significant events which involved people or the home.

The provider actively sought the views of people who had contact with the service. This was achieved by an annual satisfaction survey which was last completed in October 2016. We saw completed questionnaires from healthcare professionals and relatives, which were wholly positive. Additionally, a person using the service had talked to others who lived at Acorn Residential Home about their views and experiences and had helped them complete an easy read questionnaire.

The provider completed a range of audits and checks in order to minimise the risks to people at Acorn Residential Home. For example we saw certificates for annual gas checks, Portable Appliance Tests (which checks electrical appliances) and fire equipment safety checks all of which had been completed in timely manner. We did note however that the Legionella (bacteria found in water) test was out of date. During the day of the inspection the registered manager booked a date for its completion and told us they would send us a copy once it had been completed.

The provider worked in partnership with others to ensure people received care that was consistent and met their needs. We saw people had 'circles of support' which identified key people in their lives which included family and professionals. Healthcare professionals we spoke with said the service worked well with them, contacting them when appropriate and acting on advice given. The registered manager told us how they had regular contact with the day centre and colleges that people attended, so there was consistency of care and to share relevant information.

People had also developed community links and established their own personal contact with people, for example a person volunteered at the local hospital In this way people were linked into the community they lived in and were able to participate community life in a meaningful way.