

Acorn Homecare UK Limited

Acorn Homecare

Inspection report

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Hampshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Acorn Homecare is a home care service. At the time of the inspection the service was supporting 91 people in their own home. People supported included older people, younger people and people living with dementia.

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

People's experience using the service:

- People received a service that was safe. The provider had systems and processes in place to manage medicines safely and protect people from the risk of harm and abuse.
- People received care and support from staff who were trained sufficiently and had the right skills and knowledge. People's care and support led to good outcomes.
- Care workers had developed good relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.
- People's care and support met their needs and reflected their preferences.
- Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

- At the last inspection the service was rated Good (15 November 2016).

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Acorn Homecare

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of two inspectors and one 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, in this case services for older people.

Service and service type:

The service is a home care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of care needs.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to people who may be out during the day. We needed to be sure that they would be available to speak with us.

Inspection activity started on 23 January 2019 with telephone calls to people who used the service. We visited the office on 24 January 2019 to see the registered manager and staff, and to see care records, policies and procedures.

What we did:

Before the inspection we looked at information we held about the service:

Due to technical problems the provider was not able to complete a Provider Information Return. 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 judgement into account when we inspected the service and made judgements in this report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection. We reviewed the previous inspection report and the providers website.

During the inspection:

- We spoke with eight people who used the service and four family members by telephone.
- We spoke with the registered manager, the manager, the deputy manager and two staff members.
- We looked at the care records of five people.
- We looked at five staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- There were processes in place to minimise the risk of abuse.
- The provider's systems, processes and staff training made sure people felt safe.
- People and relatives we spoke with said that people felt safe.
- One person told us, "Knowing who is coming makes me feel safe."
- One person's relative told us, "They gave us an out of hours telephone number and an emergency number and that's reassuring."
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- Where staff raised concerns about people's safety arising from third party actions, the registered manager reported the concerns to the local authority and to the commission.

Assessing risk, safety monitoring and management:

- People had risk assessments in place to manage risks associated with risk of falls, moving and handling and risk of a person developing a pressure sore.
- Environmental risk assessments were carried out to ensure people and staffs safety when in the home.
- We noted that one person had a comprehensive risk assessment with regards to smoking. Fire blankets and other equipment had been put in place to minimise risks.
- One person told us, "They [staff] suggested that we link our fire alarm to the emergency button and we have done that, I was grateful for the advice and it is added safety."

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People told us they had a number of regular care workers, who supported them and who followed their agreed care plans.
- People told us that staff would not always let them know if they were going to be late, but they did not have missed calls.
- One person told us, "I have a team of three, but that's ok."
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered absence with employed staff.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

Using medicines safely:

- The provider had processes in place to make sure people received medicines safely, according to their

needs and choices, and as prescribed.

- People who received support with medicines told us this was done according to their needs and wishes.
- One person told us, "They help me with all of them [medicines]. In between their visits they put the tablets out for me to take, we have a system."
- People received their medicines from trained staff who had their competency checked.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of infection.

Learning lessons when things go wrong:

- The registered manager reviewed all incident reports to identify lessons and improvements to people's care.
- The registered manager's incident log included details of the type of incident, the people and professionals involved and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or required changes needed.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed and care plans were created which were individual to the person.
- Where people had more complex needs, the provider took advice from other health and social care professionals such as specialist nurses.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.
- People were satisfied with the care they received.
- One person told us, "They are good at remembering what's needed and I'm ok to tell them if it's complicated."

Staff support: induction, training, skills and experience:

- People were satisfied that their care workers were properly trained.
- One person told us, "We haven't had any hiccups so they must have been trained."
- Staff completed a thorough induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as catheter care.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- Staff supported people with food preparation and with eating if required.
- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People we spoke with confirmed they were given support with nutrition. One relative told us, "I leave the things out for my sandwich and the girls put them together and bring it through to me."
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.

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

- Where appropriate care workers recommended that people consult other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care notes.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GP's and end of life care nurses to meet people's needs. Where advice was given from professionals this was noted in

people's care files for staff to refer to.

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

- Records we reviewed contained evidence of referrals to healthcare and social care professionals where required.
- If people were not able to attend healthcare appointments themselves then the provider would support them to do this.

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

- Records showed people consented to their care and support plans.
- Care workers sought consent each time they carried out personal care with people.
- The Mental Capacity Act 2005 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. We found the service was working within the principles of the Act.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity. At the time of our inspection the provider did not support anyone who lacked capacity.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with consistently praised the staff who cared for them. Many saying that they stayed with Acorn Homecare because of the very good care staff. One person told us, "I would run out of superlatives to describe how good they have been."
- People told us they had developed caring relationships with their care workers.
- One person told us, "There isn't a bad carer so I stay with the Agency."
- Another person's relative told us, "They are like friends coming in."
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.

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

- People were actively involved in their care and support decisions and their relatives where appropriate.
- One person told us, "[My care plan] was reviewed just before Christmas. I think that they reacted to the girls notes because they had mentioned something that might need a change."
- The provider sent out annual questionnaires to gather people's views on the service provided. Results from the latest questionnaire were positive and the registered manager confirmed that actions were being taken to improve the service with regards to communication to people if they care call would be a little late.
- In addition to daily contact with their care workers, people could call the registered manager at any time.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted.
- One relative told us, "They treat him as well as I do and you can't ask for more than that."
- Staff we spoke with told us how they promote people's independence and respected their privacy and dignity. One staff member told us, "People's independence is so important, they feel happier when they can do things for themselves and don't give up."
- People's care plans took into account what people could do themselves and had specific instructions for staff regarding what people wanted the staff to do for them.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff planned care and support in partnership with people.
- People's needs were captured in care plans which contained detailed information about how they wished to receive care and support.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider gave information in a format that people could understand.
- Communication preferences were documented in people's care files. For example, one person with a hearing impairment preferred to have communication by way of the staff writing on his tablet computer.
- The provider supported people if required to access the community, such as; taking them to a garden centre, the supermarket, for a coffee or to visit loved ones who could no longer live with them. This reduced the risk of social isolation.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had been one formal complaint since our last inspection. It had been dealt with in line with the providers policy and closed.
- People told us they were aware they could complain but had not needed to other than to raise a concern of late calls. One person told us, "I would recommend [Acorn Homecare] because I don't have any serious complaints – it's more a nuisance about calls being late and they should sort that out."

End of life care and support:

- Where the provider had supported people at the end of their life, they worked with the person's GP and from the hospital where appropriate.
- The provider worked closely with the community nursing team to make sure people were comfortable, dignified and pain-free death.
- People's families were given emotional support during and after their loved ones final days.
- The provider had received positive feedback from the families of people who had been supported at the end of their life. We saw this in the form of Thank you notes.
- One read, "Thanking you all so much for the care and attention you gave [Loved one] at the end." Another read, "I Would especially like to thank [staff name] who gave me the biggest hug when she visited the morning after [Loved one] passed away."

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were effective management systems in place to promote person-centred care.
- The registered manager was supported to deliver high quality care by the management team and staff who took a direct interest in the service.
- There was a good culture within the staff team, and staff worked in line with the providers values.
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.
- One person had told us, "They call me by my Christian name which I like. I feel that we're not just another job."

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

- The provider had systems and processes in place to monitor the quality of the service. However, these were not always documented clearly. The provider stated they would improve this following inspection.
- The registered manager regularly reviewed the quality of service with their management team.
- There were regular quality checks on care files, care logs, medicines records, and other records.
- Spot checks and competency checks were carried out on staff care calls to monitor the quality of the care being given.

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

- In addition to day-to-day contact with people who used the service, there was an annual customer satisfaction survey. The results of this were positive other than the previously mentioned issue with regards to communication of late calls. The registered manager had made plans to improve this.
- The registered manager had an "open door" policy and regular team meetings and supervisions to engage with staff.

Continuous learning and improving care:

- The provider used a range of tools for monitoring and improving safety in the service. Following the last inspection, the provider had employed a manager and a co-ordinator to assist the registered manager in the development and improvement of the service.

Working in partnership with others:

- There was a good working relationship with the local authority and other agencies such as GPs, pharmacies, and district nurses.
- The provider worked in partnership with the local authority and hospital in the rapid response service (which provided short term and emergency care for people discharged from hospital, or to avoid admission to hospital) to allow people to be cared for in their own homes.