

Kingswood Care Services Limited

Acorn House - Laindon

Inspection report

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Date of inspection visit:
07 February 2017

Date of publication:
24 March 2017

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

The unannounced Inspection took place on the 7 February 2017.

Acorn House provides accommodation and support for up to six persons who have learning disabilities and other associated needs. There is safe access to a communal garden and homely communal rooms are situated on the ground floor.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. The service people received was in accordance with fundamental standards of care.

The service was safe. Staff demonstrated good knowledge of how to keep people safe. Management responded to and appropriately managed safeguarding concerns. Recruitment procedures were robust to ensure staff suitability for their role and appropriate checks were completed. A recruitment drive was underway to ensure staffing levels remained sufficient to meet people's needs within the service and out in the community. People's individual needs were assessed, risks were identified and minimised with effective support plans in place. Medicines were stored, administered and managed safely.

The service was effective. Management had identified the need to ensure formal supervisions were undertaken regularly and staff refresher training was completed periodically. Plans had been initiated to rectify these matters immediately. The home manager and staff understood the Mental Capacity Act 2005 and how to support people's independence and to have maximum choice and control of their lives. People were supported to eat and drink enough and maintained balanced lifestyles to meet their preferences. Health care professionals were liaised with in order to manage people's changes in physical and mental health needs.

The service was caring. Positive relationships had been created within Acorn House. Staff were kind and patient towards people. Support workers understood people well and knew their personal preferences. People told us and we saw that privacy and dignity was respected.

The service was responsive. People and relatives were regularly involved in the planning of support for continued wellbeing. People chose what activities they wished to be supported with to enhance health, wellbeing, independence and social skills. Complaints procedures were in place and made readily available to people.

The service was well led. The service remained well led despite a period of disruption due to changes in management. The home manager felt supported by the provider to strive for improvements for people and staff, which displayed good leadership. The home manager and provider had a visible presence within the service and people, relatives and staff used the open door policy effectively. Quality monitoring systems for the service were in place and the home manager and provider were working together to develop systems to work more effectively within the service. Views of the quality of the service were sought from people,

relative's and health professionals.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Acorn House - Laindon

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 means we looked at all of the fundamental standards of care.

We inspected Acorn House on the 7 February 2017 and the inspection was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed previous reports and notifications about the service that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

The home manager was unable to attend the inspection due to commitments; however the service manager and provider made themselves available to represent the service's management. The home manager was spoken to on 8 February 2017 after the site visit. Clarification of information was requested from the home manager and the provided information was reviewed on 20 February 2017. We spoke with three people who used the service, one relative, four members of support staff and an advocate.

We reviewed two people's care plans and care records. We looked at the service's staff support records for three members of staff and clarified whether staff were recruited safely. We also looked at the service's arrangements for the management of medicines and the quality monitoring systems and auditing of the service.

Is the service safe?

Our findings

At this inspection we found that staff continued to keep people safe and knew how to protect them from harm. They had a good level of awareness with regard to safeguarding as at the previous inspection. The rating continues to be good.

During this inspection we discussed information the provider and home manager shared with the CQC regarding a safeguarding concern that had been escalated by staff to management immediately. Appropriate authorities had been contacted in line with the service policy. The information shared with CQC indicated that risk was responded to and managed effectively.

A support worker told us, "Safeguarding is making sure that you and others are safe in the environment you're all in. If I had any concerns someone was at risk or being harmed I'd tell my manager or I could go straight to the CQC or police if I had to." People told us they felt safe at the service and appeared content through our observations. An advocate told us how she had visited the service several times and did not have any concerns.

Risks to people's health and safety were managed with appropriate arrangements in place. The home manager told us, "If people make a decision and there are risks involved we support them safely." People's care records contained individual risk assessments specific to their own needs. For example we saw various risk assessments in place for people when accessing the community. Assessments clearly documented what specific support staff provided to ensure people were safe during their daily living activities. When we spoke with support workers about people's safety they echoed the information that was in people's support records which demonstrated they knew how to support people safely.

Staff were recruited safely and robust recruitment processes were in place. Staff files we looked at contained adequate recruitment documentation. Relevant checks were carried out before a new member of staff started working at the service. One person told us how they were involved in the interview process when new support workers were recruited. They said, "I can ask them questions so I can make sure they like the things we all like to do. All the new staff are really nice."

The provider and home manager told us that due to a recent reduction in staffing levels, recruitment processes were on going. The provider spoke to us about the importance of finding the right people to fill the vacant positions and to make certain they would suit the service. We saw the work profiles of regular agency staff that were utilised within the service. We also spoke with one support worker who told us they were able to work between Acorn House and sister services which allowed for minimum daily staffing levels to be maintained as well as familiarity for people. During the inspection we saw that people were supported by enough staff to enable them to remain safe at Acorn House and access the community with support where required.

Medicines were administered and managed safely. People told us they received their medications when required. Medicines were stored safely in locked cupboards in the manager's office and all senior support

workers were trained and competent to administer medicines to people. The home manager told us of plans to provide medication administration training to all staff so that regardless of unplanned staff absence people's medicines would be managed consistently and effectively. We saw records that demonstrated people were administered their medicines safely as prescribed. Any errors identified were investigated immediately and medication administration records (MAR) were audited monthly by the home manager. Although the home manager told us that audits were not been completed on time last month; this was due to their transition into their new management role.

The people living at the service contributed to the cleaning tasks around Acorn House. We saw one person tidying their own room. A support worker told us that weekly health and safety checks were completed by staff, we saw the documentation to evidence this.

Is the service effective?

Our findings

At this inspection we found that people received effective care from support workers who had the knowledge and skills to carry out their roles and responsibilities, as we found at the last inspection. The rating continues to be Good.

Formal staff supervision was not consistently documented. The home manager told us supervisions and appraisals of staff had not been regularly documented over the past year. Records showed that staff had inconsistent supervision meetings to develop in their roles and express their views. However, support workers did tell us they felt supported with informal supervisions, team meetings and spoke with senior staff and the home manager frequently. One member of staff told us, "Yes, I definitely feel that I can speak to [home manager's name] if I need to. I asked their advice about the best way to approach one person."

The home manager remarked that inconsistent documentation of supervision and appraisals had been identified but the process of completing supervision six times a year or sooner if required to ensure best practice had begun.

Staff were supported to obtain the knowledge and skills to provide continuous good care. However it had been identified by the home manager and provider that provision of training to refresh the knowledge of support workers had not remained consistent for all staff over the past year. The home manager told us that staff refresher training had been recognised as a priority and would be completed over the next two months. The provider told us that they were supporting the objective to complete staff training and formal supervisions within the coming weeks by applying managerial resources from a sister home to assist completion.

People received effective care from staff who had completed nationally recognised qualifications in Health and Social Care. Staff were also supported to advance to higher levels of qualifications and the home manager confirmed that suitable new staff would be enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff.

Staff received a 12 week induction into the service before starting work. The induction allowed new staff to get to know their role and the people they were supporting. One member of staff said, "My induction into the service was really good, the best I've ever been given." Support workers told us they had the opportunity to shadow more experienced staff when they first joined the service so that they were given enough time to read people's support plans and understand exactly how to support people as individuals.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

Support workers at Acorn House understood their responsibilities under the MCA and how to support people to make decisions where they lacked capacity to make decisions for themselves. Staff respected people's choices and knew how people's ability to make informed decisions can change and fluctuate from time to time. We saw one person trying to make a decision about their daily activities and support workers and service manager gave them the information they needed so they could make an informed choice.

People were supported to maintain a healthy balanced lifestyle by eating and drinking enough and taking regular exercise, such as walking and swimming. Meal times were pleasant and people displayed their daily choice of food on the display board in the foyer. We saw one person being supported to make a decision about what evening meal they would like. Another person was supported to eat a meal of their choice earlier than others so they could attend their evening community group. The provider encouraged support staff to eat with the people and provided them a meal during each shift. We observed staff and people sitting down together for their evening meal chatting and enjoying each others company. One person helped themselves to an alternative meal as they didn't feel well and wanted something different to what they had chosen earlier in the day.

People's health was monitored and health care professionals were contacted when necessary if any interventions were required. Staff supported people to attend health appointments when required and were knowledgeable about people's medical history. Outcomes of appointments were documented in peoples records and support plans were updated to reflect health professionals guidance. Support staff were observant and vigilant in recording any changes in behaviour and informing appropriate health professionals when required.

Is the service caring?

Our findings

At this inspection we saw that people and support workers had maintained their positive relationships that we saw at the last inspection. In addition positive relationships had been built with new staff. The rating continues to be Good.

People and relative's reported that support workers were kind, caring and patient. One person told us, "They [support workers] are very nice." People had also formed caring friendships with each other. For example, one person was aware of risks to another person that lived in the service and was mindful of making others aware to avoid unnecessary risks. We saw many examples of positive interactions between people and support workers, such as, watching television together in the evening whilst lounging on the sofas together.

People were encouraged to express their views about the service and the support they were provided on a daily basis as well as at residents meetings. The home manager and service manager told us how they had listened to the fact that people did not always want to be involved in travelling to shops to complete their weekly shopping. We saw on the agenda for the next residents meeting that people would be consulted about the option to start online food shopping together, so that when they went to the shops they only had to make minor purchases. People told us their views were listened to and we were assured they were acted upon by staff to increase empowerment.

During the inspection we saw that one person was being provided advocacy services. A support worker told us, "It is important that people are supported for their voice to be heard." The advocate told us, "Staff are very supportive to people here. They respect people's views and choices." We saw examples of support workers respecting people's choices and privacy. People went to rest in their bedrooms and got up when they chose to. Support workers were mindful of people's privacy whilst following support plans to ensure their safety.

Although people's future wishes for care at the end of their life had not been discussed we saw that people had been supported, or appropriate persons consulted, to make a decision regarding their wishes for funeral arrangements. This demonstrated how the service sought people's views and respected their wishes.

Is the service responsive?

Our findings

At this inspection we saw that people's support needs were understood well by the support workers which had been identified during the previous inspection. The rating continues to be Good.

The home manager told us that although they had not yet been involved in the pre-admission process, as they were newly appointed, they were aware of the importance to liaise with all the appropriate people prior to any admission. They elaborated that this was to ensure a thorough assessment of needs was completed to enable staff to support people effectively as well as ensure that people already living at Acorn House would not be negatively affected. The five people living in Acorn House had resided there for several years.

People and relatives were aware of support plans and actively contributed to their development. We saw that each person had detailed person centred support plans. A relative told us, "We have regular reviews every year and when things change throughout the year support plans get updated. I am always involved." Support workers told us that when they commenced employment they were given enough time to read people's support plans to understand exactly what support people required. In addition to support plans people and staff created personalised care plans and monthly diaries together. One person showed us their monthly diary in which they had documented events they had taken part in through each month of the year. This enabled people to reflect on their achievements and show families and health professionals what activities they had been involved in.

We saw hospital passport's in people's care records which detailed people's individual information for health professionals to use to make certain that people would receive personalised care when they used different health services.

People received personalised care and the service responded to each individual's needs to further their independence. We had discussions with one person and the provider who explained how a meeting had taken place, involving all appropriate persons, to consider the option of self-medicating. The person told us, "I am going to start taking my own medications soon. When the safe is delivered I will be able to store them safely." This demonstrated that the service recognised people's individual strengths and levels of independence to facilitate personal growth.

Another person told us how they had started volunteering to work at a local community group which they were enjoying. We saw support staff enabling the person to attend the weekly group by driving them and supporting them whilst there.

Most people and relative's told us they didn't have any complaints but had felt cause for concern over staffing issues. One relative explained that they had requested a meeting with the service manager to discuss concerns and had been provided assurances which had eased their concerns. One person told us that they had written a letter of complaint and we later heard the service manager tell the person that they would respond to their letter as soon as possible in line with the service complaints policy. Complaints and actions taken were documented appropriately. We were confident any complaints were taken seriously and

resolved promptly.

People were encouraged by staff to engage in activities and maintain relationships. Two people told us they were being supported to go on holiday this year with support workers. One person said, "I am going on holiday with [support worker's name] this year, I went Warners last year, I'm looking forward to it." Another person excitedly told us how they had been driven by staff to Starbucks for their favourite drink and a muffin that morning. There was a display board in the foyer of the service which showed people's choice of daily activities.

Is the service well-led?

Our findings

At this inspection we found that the service promoted a positive culture despite the changes that had occurred in management. The rating continues to be Good.

Since the last inspection there was a new home manager in post. They had worked as a support worker at Acorn house before being appointed as home manager in November 2016. The home manager told us how they were being supported by the provider to advance their qualifications and they were eager to apply that knowledge to become the registered manager of Acorn House. 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. The home manager had a good understanding of their legal responsibilities and knew when statutory notifications about important events in the home should be sent to us.

The home manager promoted an open, person centred culture. They told us, "I took on this role as I want to create stability for everyone at Acorn House." They spoke to us passionately about their objectives for Acorn House and how they felt a sense of achievement supporting people, especially when people were able to increase their independence. We observed that support workers echoed the home manager's vision in their actions by encouraging independence in people's daily lives.

The service's open culture was clearly demonstrated. People spoke of the home manager well and two people told us how they thought they were friendly and approachable. Support workers we spoke with reported there had been disruption between staff relationships since the change in management. The provider and home manager corroborated the views of staff and reported to us the difficulties the service had faced within the transition period. Nevertheless, these issues had been identified and were being addressed appropriately. Despite recent disruption support worker's, the home manager and provider all felt that the introduction of new management provided opportunities to work together, to take time to find new methods of working and build further on what they had achieved in the past.

Good leadership was present in the service. The home manager told us that they were supported extremely well by the provider and were in regular contact to discuss any concerns and issues within the service. The provider told us how they would continue to support the home manager and staff to ensure they had all the appropriate tools to support people effectively. It was clear that the service manager and provider were a regular presence at Acorn House as people responded excitedly when they entered the service. A relative told us, "The change of management has made things unsettled for everyone but I think they are dealing with it well and I am happy with the care and support [person's name] gets."

The service enabled open and transparent communication. As well as people's monthly meetings with key workers, we saw meeting minutes demonstrating that the service held residents meetings, monthly, to listen to their views and contributions about how to improve their experience. For example, people were provided with visual aids to help them understand topics of conversation during the meetings. People provided

written feedback regarding new staff performance, choice of healthy food options and exercise activities. Staff meetings were also held every three months however the home manager reported how communication was key to build relations and drive improvements and intended to hold staff meeting more frequently. One support worker told us, "Communicating well with each other allows us to provide the best possible support to people."

The home manager and provider had quality monitoring systems in place to ensure good quality care was being delivered. Audits were undertaken by support workers and the home manager daily, weekly and monthly to ensure best practice. The home manager told us that they had identified improvements that were required with regard to monitoring the quality of record keeping. The service manager agreed that there was a great deal of historical documentation stored which required sorting and archiving appropriately. The provider also carried out monthly restrictive intervention audits to ensure restrictive interventions were used appropriately and trends were analysed to enable restraint reduction at Acorn House.

Annual questionnaires were distributed to people, relatives and health professionals. The service manager told us that they sought this information to drive improvements and was not a tokenistic task. The reports detailed how the results were analysed and explained methods which could help drive improvements to the quality of people's lives. However the provider felt that the final report from feedback could be developed further to identify person centred areas of improvement at Acorn House.