Care Quality Commission

Acorn Villages Limited

Acorn Village

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Acorn Village comprises of seven houses (Catkins, Phyllis Mary Lodge, Mistley Wood, Spring Lodge, Jubilee House, Oak Lodge and Gregory House). Overall Acorn Village provides care and support for up to 38 people, with each house providing specialist care and support for adults who have a learning disability and/or autistic spectrum.

There were 36 people living in the service when we inspected on 3 and 7 September 2015. This was an unannounced inspection.

There were two registered managers 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.

People, or their representatives, were involved in making decisions about their care and support. People's care

Summary of findings

plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS). Improvements were needed in how information about DoLS were shared with the staff.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

Summary of findings

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was not consistently effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff. However improvements were needed in how DoLS and people's consent were shared with staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Requires improvement

Is the service caring?
The service was caring.

Staff interacted with people in a caring manner and their privacy, independence and dignity was promoted and respected.

People and their representatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

Acorn Village

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 was planned to check 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 inspection took place on 3 and 7 September 2015 and was unannounced. The first day was undertaken by one inspector and the second day by two inspectors and an expert by experience.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

One the first day of our inspection we spoke with one person who used the service. We also spoke with the registered managers, the chairman of the board of trustees and directors, and two members of care staff. We looked at records in relation to four people's care and records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

One the second day of our inspection we visited all of the seven houses. We spoke with nine people who used the service and three people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection. We spoke with the registered managers and 11 members of care staff. We looked at records relating to six people's care and staff training and supervision records.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person's relative told us that they felt that the service was safe and secure.

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Records and discussions with the registered managers showed that where safeguarding concerns had arose action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service. For example, taking disciplinary action on staff, where required.

Staff were attentive and checked that people were safe. For example, when people moved around the service using walking aids, the staff spoke with them in an encouraging and reassuring manner and observed that they were able to mobilise safely.

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, activities and accessing the local community, were minimised. The risks of people developing pressure ulcers were also assessed and there was documentation in place to show how these risks were minimised. The risk assessments were regularly reviewed and updated when people's needs had changed and risks had increased.

The registered managers told us that there was no restraint used in the service. Staff were provided with training in assisting people to manage behaviours that may be challenging to others and distraction techniques. This was confirmed by staff and records. The registered managers told us that they encouraged a, "Hands off," approach to behaviours that challenge. Staff were aware of actions to take to make sure that people using the service and others were safe. There were environmental risk assessments in place which guided staff on how they should minimise risks. These including using gardening equipment, the service's transport and ladders.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and hoists had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. In one of the houses there were filing cabinets in the entrance hall. On top of one was a locker which was not attached to anything to make it secure. We told the registered managers about the risks that this could cause and they acknowledged that the locker had not been risk assessed for the risks associated with having it in place, which could be thrown or a person could pull it onto themselves. They said that this would be addressed. In addition to this, these cabinets in a communal area did not provide a homely environment for people.

People told us that there was enough staff available to meet their needs. We saw staff were attentive to people's needs and verbal and non-verbal requests for assistance were responded to promptly. There were no people left alone for long periods of time. Staff moved around each house and between people ensuring that all people had interaction from staff.

Most of the staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. However, staff in two of the houses said that there were not enough staff to do activities off site. One staff member told us that a planned activity in one house had to be cancelled because of staff sickness. The registered managers said that they were addressing staff sickness, by inviting staff in to sickness reviews where they discussed if they needed further support and if there were specific problems they needed assistance with to reduce sickness. The sickness levels were being collated and assessed on a weekly basis. There were also care managers who could work in the houses. In addition to this staff said that they could work in other houses when there were staff shortages.

The registered managers told us that the staffing levels were calculated for each house, each house had an identified 'base line' of required staff which was the minimum of staff on each shift. This was dependent on the packages purchased, for example by the local authority, for each person and their needs. They then tried to ensure that there was an additional staff member in each house on

Good

Is the service safe?

each shift. This ensured that the short notice absence of staff, including sickness, did not adversely affect the care provided to people and their safety. There were no agency staff working in the service, this meant that people were supported by staff who they knew and who knew them. There were four staff vacancies when we visited, three new staff were in the process of being appointed and the service were actively recruiting to fill the remaining vacancy.

Records and discussions with the registered managers showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said that the staff assisted them with their medicines, "I like that."

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicine administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Where people were prescribed with medicines which were to be administered 'as required' (PRN) there were protocols in place which guided staff when these medicines should be considered. A staff member told us about the actions that they took to support a person who was prescribed with PRN medicines to reduce anxiety and distress before these medicines were administered. When they had assessed that these medicines were needed they were required to seek the authorisation from senior staff. This meant that PRN medicines were not used inappropriately.

Requires improvement

Is the service effective?

Our findings

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. Discussions with the registered managers and records showed that applications for DOLS had been made to the local authority to ensure that any restrictions on people, for their safety, were lawful. However, copies of these applications were kept in the main office of the service and not in people's houses. This was an issue because one staff member told us that they were not aware of the contents of the DoLS applications, so were unsure of the restrictions that were to be in place. We told the registered managers about this and they said that they would make sure that all of these documents were kept in people's houses and staff were made aware of the contents. Where referrals and restrictions were in place for individuals which related to the environment which they lived in, this had not been identified as a restriction to other people living in that house, for example access to food. The registered managers told us that this would be addressed. Care plans identified people's capacity to make decisions.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their personal care needs.

People told us that the staff had the skills to meet their needs. One person said, "They know how to help me." We saw that the staff training was effective because staff communicated well with people, such as using reassuring touch and maintaining eye contact with people. Staff supported people to mobilise whilst maintaining their independence effectively and appropriately. Staff were knowledgeable about their work role, people's individual needs, including those living with specific conditions, and how they were met.

Records and discussions with staff showed that they were provided with the training that they needed to meet people's requirements and preferences effectively and that they received updates on training. This included training in specific conditions, including dementia, epilepsy and autism. The registered managers told us how they incorporated people's choice and respect in all of the training provided and encouraged staff to think about what could be seen as institutional abuse and how to minimise the risks of this happening. This told us that staff were provided with regular training to ensure that they were kept up to date with how to meet people's needs effectively.

The registered managers told us that newly appointed staff were in the process of working on the new care certificate, this was confirmed in records. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they felt supported in their role and had supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and were used to identify ways to improve the service provided to people.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said that they had a sandwich for lunch, "We are eating [main meal] tonight, the staff help us." Another person told us that they had chosen what they wanted for lunch and the staff had helped them to prepare it. People planned the menu in each house and planned the shopping trips for what was needed.

Staff understood people's specific and diverse needs relating to their dietary needs. People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were being assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, for a person who was at risk of choking and had been prescribed with thickener for drinks. We saw staff use this when providing the person with a drink to reduce the identified risk.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided.

Records showed that people were supported to maintain good health, have access to healthcare services and receive

Requires improvement

Is the service effective?

ongoing healthcare support. Where people had been supported or treated by health professionals the outcomes were clearly recorded in people's records, this included any guidance provided to staff to improve people's wellbeing. This information was incorporated into care plans and risk assessments, where required, to make sure that people were provided with the care and support they needed to maintain good health. Where people's representatives, including their family, had stated that people had a specific conditions which may affect their health, health professionals had been liaised with to obtain an appropriate diagnosis. This then allowed staff to support the person in line with the needs associated with their conditions.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said about the staff, “They are lovely.” Another person commented, “I think they are kind.”

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful manner. For example staff used appropriate reassuring touch, made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling, laughing and chatting to them. People were clearly comfortable with the staff.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. This was confirmed by people’s relatives. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. One person showed us their care plan and said, “It is about me and what I want.” They confirmed that they had worked on this with staff which showed that their views about the care they were provided with were valued and taken into account when planning their care.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, “They never just come into my room, they always knock first.” They also commented, “I tell them what I want and they listen and help me to do it.” A staff member told us that people’s choices were respected, this included when they got up in the morning. They shared examples of people who required support when they were incontinent during the night. People were offered support and encouraged to change, but if they refused this was respected.

We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids and sitting in arm chairs. We observed that people were able to participate in, for example, preparing food with the assistance of equipment to maintain their independence as much as possible.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, "I love it, they [staff] talk to me and help me. They listen to what I say." Another person said, "It is excellent," living in the service. A person's relative commented that they felt that their relative was provided with care which met their needs. Another person's relative shared examples with us of how their relative received personalised care which met their needs.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people's diverse needs, such as those living with specific conditions, and how these needs were met. This included how they communicated their needs, mobilised and their behaviours. There was detailed information in place to guide staff in how to support people who displayed behaviours that may challenge others. These documents included triggers to people's anxiety and distress and how staff should support them to minimise the risks of these behaviours developing. Staff were aware of this support and triggers that may cause people distress. For example, a staff member told us how a person became distressed by certain words and how the staff team tried to not use them to reduce the person's anxiety. We observed staff working with people who showed signs of anxiety and supported them to be calm.

Records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. This included comments people had made about their care in care reviews and staff observations of people's wellbeing. These showed that people received personalised support that was responsive to their needs.

Staff told us how the service had responded to people's diverse needs, this included the installation of hand rails to allow people to move freely around the service. This was confirmed in our observations. One person's relative commented that they were pleased that, after their request, their relative had moved to a house where they could be more independent. This showed that the service had responded to comments and abilities.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "I do what I like, swimming, trampolining, college. I like writing." Another person commented that they liked singing and regularly went to church.

We saw people participating in a range of activities throughout the day of our visit. For example, going out in the community, riding a bicycle, going to the coffee shop which was on site and watching television. One person said, "I am going to the coffee shop for lunch today." We were told that some people worked in the coffee shop. A person commented that they were going out to get some shopping from a local shop in the community.

There was the opportunity for people to pursue their interests both on site and in the community. On site people could do activities including gardening, work with the visiting sports therapist and use the creative centre, which had a multi-sensory room and provided groups, including poetry. Off site, people attended, for example, college, local shops, fishing and sailing. In one house, the minutes of a meeting attended by the people who lived there, showed that one person had said that they wanted to visit an attraction in the community. When we spoke with this person they told us that they had been there. This showed that people's comments were listened to about the activities they wanted to do.

People told us that they could have visitors when they wanted them, this was confirmed by people's relatives and our observations. One person said that the staff had taken them to visit their relative, which they enjoyed. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People told us that they knew who to speak with if they needed to make a complaint. One person commented, "I tell them if I am not happy and they do something about it."

There was a complaints procedure in place which was displayed in the service, and explained how people could

Good

Is the service responsive?

raise a complaint. Records showed that complaints were well documented, investigated, acted upon and were used to improve the service. For example providing further training for staff and disciplinary action, where required.

Good

Is the service well-led?

Our findings

There was an open culture in the service. As well as the registered managers in the service, there were three care managers, each house had a unit manager, senior care staff and most had a deputy manager. People and relatives gave positive comments about the management and leadership of the service.

People were involved in developing the service and were provided with the opportunity to share their views. There were care reviews in place where people and their representatives made comments about their individual care. We could see from records that when people had made comments about their care preferences, these were included in their care records. Two people's relatives told us that they attended these reviews and felt that their comments were valued. Satisfaction questionnaires were provided to people and their representatives to complete. We looked at the last questionnaires received and saw that these provided positive comments about the service provided. The current completed questionnaires were in the process of being summarised and reviewed. Previous summaries of questionnaires identified that people's views were valued and acted on and changes were made to improve people's experiences.

The registered managers told us that they operated an 'open door' policy and that people who used the service and staff were welcome to visit their office whenever they wanted to.

Staff told us that the management team were approachable, supportive and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff were provided with the opportunity to contribute and discuss any changes in the service and in people's needs in a range of meetings. These included meetings for house managers and team meetings. Staff said that they were supported in their professional development in the service, this included applying for senior posts.

The registered managers told us about recent investigations they had undertaken and how they had worked with the local authority. These discussions and records showed that they had taken action to reduce the risks to people receiving safe and inappropriate care. Where others had raised concerns and allegations, the service had investigated and reported, where appropriate. Prior to our inspection we had contacted the service after receiving information of concern through social media, which had not specifically identified issues but had stated that there was a concern. Discussions with the registered managers and records showed that they had visited each of the houses and reminded staff about whistleblowing and their responsibility in reporting any concerns of safeguarding. This showed that they had taken prompt action to address issues and advise staff of their roles and responsibilities.

The registered managers told us that they felt supported in their role and that they had regular support from the provider. They understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. The registered managers were proactive in finding out about changes, such as the introduction of the care certificate, and took action to implement these in the care provided to the people using the service. This meant that the service continued to improve and develop.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines and accidents and incidents. Where shortfalls were identified actions were taken to address them. We looked at records of audits undertaken on each of the service's houses. These had been completed by an individual employed by the service to undertake quality assurance checks. The most recent audits had identified shortfalls in the service and recommendations to ensure that people were provided with a service which was safe, effective, caring, responsive and well-led. Whilst action plans were not in place to identify how the improvements were to be made. A staff member who worked in one of the houses told us that they knew about the reports and what improvements were needed. They were then able to tell us which staff were responsible for implementing the improvements and that they were completed. We checked this and found that the recommendations had been addressed, for example, care records had been reviewed and updated. One of the registered managers told us that they would make sure that action plans were completed in the future to allow them to monitor improvements.

Good

Is the service well-led?

There were changes in the service planned, such as a new building for people who were getting older and needed equipment to support their independence. We saw the plans of the new build. A staff member also told us that refurbishment of the houses was ongoing.