

Acorn Care Providers Limited

Deerhurst

Inspection report

6 Deerhurst
Bristol
BS15 1XH

Tel: 01179085440

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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

Deerhurst is a care home that provides accommodation for two adults with a learning disability and or a mental health. At the time of our visit there were two people living at the service. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

People received safe care. Staff understood safeguarding procedures and knew what they had to do to keep people safe. Risk assessments were in place to reduce and manage risks within people's lives. Safe systems were in place to ensure that people received their medicines as prescribed. People were supported to look after their own medicines.

People and staff had been kept safe during the pandemic because government guidance was followed. People, staff and visitors were tested regularly in line with government guidance. People were involved in discussions about the government guidance enabling them to keep safe during this period of time.

People had access to other health and social professionals. People were supported to take part in a range of activities based on their interests within their local area and in their home. People were fully consulted on how they wanted to be supported through house and keyworker meetings and care reviews.

People were protected from unsuitable staff because robust recruitment procedures were carried out. Staff were trained to support people effectively. Good communication was in place in the form of daily handovers, team meetings and one to one supervision. Staff said they were very supported in their roles by each other and the management team. There was a consistent team that knew people well.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff were caring and provided people with care tailored to their needs promoting their rights to an ordinary life. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had monitoring systems, which enabled them to identify good practices and areas of improvement.

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

Rating at last inspection (and update)

This service was registered with us on 14/01/2020 and this is their first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Deerhurst

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Deerhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since registration with the Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and a relative about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, a senior care worker and a care worker.

We reviewed a range of records. This included two people's care records, medication records and risk assessments. We looked at three files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training and knew what to do if a person was at risk of abuse. A member of staff said they would have no hesitation in reporting any concerns to the registered manager or the senior management team. They were aware of the external agencies they could contact.
- People's care records included information about keeping themselves safe and others.
- One person told us there were house rules that helped keep them safe. These rules included informing staff when they were going out and where they were going. Another rule was that people were not allowed to enter other people's bedrooms. This was to ensure people's belongings were safe and ensured that each person's bedroom was their own private space.
- The registered manager understood their responsibilities for keeping people safe from harm and abuse, by reporting concerns to the safeguarding team.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent.
- The staff at the home had liaised with other health and social care professionals in relation to some of the risks to ensure these were shared in a multi-disciplinary way.
- The environment was well maintained and there were regular checks completed to ensure it was safe. People were involved in these checks and took part in regular fire drills.
- Monthly health and safety meetings took place involving staff and the people living in the home. An element of this included how to keep people safe such as reminders not to overload electrical sockets and discussions around good food hygiene practices.
- A relative commended the home on how the staff had managed to keep everyone safe during the pandemic.

Staffing and recruitment

- The registered manager had followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people living in Deerhurst.
- Sufficient staff were working in the home to support people do the things they wanted to do. A person told us there was always staff available when they needed them including supporting them to go out.
- Generally, there was one member of staff working throughout the day and evening with one staff who provided a sleep-in cover at night. Both people were independent and could go out whenever they wanted

either on their own or with staff. They could spend short periods of time in the home on their own without staff support. This had been risk assessed.

- The registered manager and the deputy manager worked alongside staff and supported people when needed such as health appointments or if a person wanted to go out for the whole day with a member of staff and the other person did not want to go.
- The registered manager told us there was a stable staff team, that had worked with both people prior to them moving to Deerhurst.
- Since the home had opened, there had been no agency used. Staff worked flexible to ensure continuity for the people living in Deerhurst, which had enabled them to build relationships and get to know each other.

Using medicines safely

- Medicines were managed safely. People were responsible for looking after their own medications. These were kept in a lockable cupboard in their bedrooms. A person told us how they looked after their medicines and the support they needed such as making sure their medicines were ordered on time.
- Policies and procedures were in place to guide staff along with risk assessments on people taking responsibility for their own medication. Staff periodically reviewed the risk assessment with the person.

Preventing and controlling infection

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There had been very few accidents since the home registered in January 2020. Where a person had tripped when out in the community, appropriate action had been taken.
- Additional cleaning of the oven had been put in place when this had set off the fire alarms and now formed part of the daily and weekly cleaning schedules to prevent a reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and person centred and provided staff with the person's life history and reflected how the person wanted to be supported.
- The registered manager was knowledgeable about supporting autistic people and people with learning disabilities. They were aware of the legislation that underpins what they needed to do to support people and provide a quality service.
- They were aware of the guidance about reducing medicines using the principles of STOMP and worked closely with health and social care professionals. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and trained to meet people's needs. Staff confirmed they had received training relevant to their roles. New staff completed an induction and were supported to gain qualifications in care. A member of staff confirmed they had recently completed a vocational course in care.
- Staff confirmed they had completed necessary training and the registered provider was responsive to any suggestions in respect of training. A member of staff said they and the team had recently completed first aid training with an external provider. They said this had been completed in a safe way following the government guidance in respect of COVID-19.
- Staff said they were very well supported in their roles and received regular supervision from either the registered manager or the deputy manager.

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

- A person told us they were involved in the weekly menu plans and staff helped to ensure it was healthy and balanced. The person told us they took it in turns to choose and cook a meal.

Adapting service, design, decoration to meet people's needs

- Deerpark was in a residential area in keeping with other homes in the neighbourhood. The design, layout and decoration of the home met people's individual needs. There was a programme of redecoration. It was homely and comfortably furnished.

Supporting people to live healthier lives, access healthcare services and support and Staff working with

other agencies to provide consistent, effective, timely care

- People had access to health care professionals such as a GP, dentist and opticians. Care documentation included the support the person needed from staff to attend the appointments.
- People had access to the community learning disability team. Their advice was incorporated into the care plan. Appointments were recorded and included the reason for the appointment, the outcome, and whether any follow was needed.
- People had health action plans and hospital passports, which contained information should they need to spend time in hospital or require regular reviews with health professionals.
- A relative told us, "Cannot fault the support that X has in relation to the health". They said the staff have kept him safe and well especially during the pandemic including supporting with vaccinations.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The people presently living in Deerhurst had been assessed as having the mental capacity to make decisions on how they wanted to live and be supported. They were involved in decisions on how they wanted to be supported and how they wanted to live.
- One person told us there were no restrictions imposed on them. Although there was an expectation to let staff know where they were going and to keep noise levels at night to a minimum so as not to disturb the other person.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person we met looked comfortable with staff and assisted in the inspection telling us what it was like to live at Deerhurst. Staff encouraged and supported them. The conversations were inclusive. The other person made a choice to go out for the day with a member of staff and not participate and this was respected.
- A person told us they liked the staff that supported them. Staff spoke positively about the people they supported, recognising and treating them as individuals. Staff took the time to get to know people and their interests. For example, one person was interested in gardening and they told us staff supported them with this within the garden at Deerhurst and at a local allotment.
- A relative said, "All the staff are lovely, really caring, cannot fault them".
- People's cultural and religious needs were recognised and supported. Each person was treated very much as an individual. People's cultural and religious needs were clearly recorded in their plan of care and their views respected.

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

- People were actively involved in their care. This included regular monthly catch ups with the management of the service and house meetings where discussions took part on all aspects of running the home and care reviews.
- Both people had lived in another of the provider's registered homes and their views were sought in respect of where and how they wanted to live. In response the provider commissioned a smaller home for both people to live and both moved into Deerhurst twelve months ago. This showed that their views were sought and acted on.
- People using the service were supported to express their views by involving family or an advocate. Advocacy services help people to access information and services, be involved in decisions about their lives and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People were able to lock their bedroom doors and had a key to their bedroom and the front door. This afforded people some independence and control over their life, whilst ensuring privacy when in their bedrooms.
- The ethos of the service was very much about promoting independence. People were involved in all aspects of the running of the home including making decisions on décor. On the day of the inspection, one

person was in discussions with staff on what they wanted to do with the back garden in respect of planting and garden furniture. The conversations were inclusive.

- A visiting healthcare professional told us, "He has good relationships with the staff I have met, and they have enabled him to continue to develop his independence skills".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a plan of care that detailed the support they needed. These were person centred and unique to the individual. It was evident people were seen as individuals when speaking with staff and the registered manager.
- Care plans were informative and contained in-depth information to guide staff on how to support people well. People had been involved including setting goals that they wanted to do such as going to places of interest or building on or learning new skills.
- It was evident people were empowered to take control over their own lives such as looking after their own medicines, finances and choosing how they spent their time and with whom. People's mental capacity had been taken into account when such choices were made and their right to take informed risks was respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans and some policies were in an accessible format. They were written in plain English, including pictures.
- Easy read documentation was available on government guidance around staying safe during the pandemic.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to engage in activities of their choice. A staff member told us, "We try and support people with the things they like to do". They said, "We have had to be more creative during the pandemic, especially when in lockdown". Activities included arts and crafts, cooking and baking and gentle exercise and going for walks in open spaces.
- Another member of staff said, "We have had to think out of the box during the pandemic especially with activities to keep people well, and to reduce the feelings of isolation".
- A person told us about a variety of activities that had taken place over the last twelve months including video calls with family and people from another service. There were theme nights including Harry Potter, quizzes and bake offs. They told us they had gone for walks and spent time at the allotment and in the garden. From the conversation it was evident these had been fun and enabled people to keep in touch with

people from the provider's other home and with their family and friends via video calling.

- People had been supported to keep in contact with family during the pandemic following government guidance. This included trips to open spaces such as to the local park and telephone and video calling. As restrictions have been lifted friends and family were able to visit Deerhurst in line with government guidance and overnight stays with family were supported. A relative confirmed they were able to visit in line with government guidance.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy, which people received in an accessible 'easy read' format. People and their representatives were encouraged to raise any complaints and concerns.
- There had been three complaints made by one person living in the home relating to noise levels and the lack of involvement of the other person in the cooking. Staff had supported both people allowing them to express their concerns and to prevent further occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by a registered manager and staff who were passionate about empowering people and providing person centred care.
- There was inclusive and empowering culture, which enabled people to achieve good outcomes. This included gaining skills in independence to support them should they want to live more independently in the future.
- Staff provided positive feedback regarding the culture at the home. One staff member told us, "There is really good communication at all levels, the management lead by example. Morale is good".
- Another member of staff said, "The team work really well together to support the people living in Deerpark." When staff were asked if there could be any improvements one member of staff said "nothing". The other said it would be good to have a team building day. They promptly told us the registered manager was responding to this suggestion and was looking to see how this could be organised.
- A relative told us "It is brilliant, it is so homely, like a small family and X (name) is so active, doing things all the time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to report significant events to the Care Quality Commission and Local Authority safeguarding team to protect people.
- The registered manager understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people, their relatives and others in relation to care and support. A relative confirmed they had regular contact with the registered manager and the staff team.

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

- The registered manager and senior staff carried out audits of all aspects of the service provided. When they identified shortfalls, an action plan was developed to ensure improvements were made.
- Staff spoke positively about the management of the service. The registered manager was responsible for another small care home registered with the Care Quality Commission. They split their working week between both homes. Regular video calls were organised to keep the people and the staff connected especially during the pandemic.

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

- People and staff were engaged and involved in the service. There were regular staff meetings and house meetings. These had been done via video calling and face to face when safe to do so due to the pandemic. Staff told us they felt supported to raise concerns or express suggestions for improvement, which the registered manager followed up.
- There were regular meetings for people to give feedback and be involved in how the service was run. We also saw that both people had made the communal areas homely with their personal possessions and photographs. This showed that people were involved and felt safe to make the home comfortable with their personal belongings.
- The registered manager told us they were in the process of sending out surveys to family, people and health and social care professionals seeking their views on how the service was managed and the quality of the care provision.

Continuous learning and improving care

- The senior management team completed observations using competency framework on staff to ensure they were working and supporting people appropriately. This ensured continuous improvement and learning.
- The senior management team met regularly with the people in the home on a one to one basis to check they were happy, and whether any improvements could be made to the quality of the care and their home.

Working in partnership with others

- Staff worked in partnership with health and social care professionals using a multi-disciplinary approach to achieve positive outcomes for people.
- A visiting healthcare professional told us, "The service has been very supportive of the resident that I work with. They have provided all the information that I need in terms of my assessment such as care plans and risk assessments."