

Acorn Care Limited

The Woodlands

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected The Woodlands on 8 September 2016. The inspection was unannounced. At the last inspection on the 01 July 2013 the service met all the standards in the areas we inspected.

The service is registered to provide accommodation and personal care for up to six people. People who used the service had a learning disability. At the time of our inspection there were six people who used the service.

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

People were kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm. People's risks were assessed in a way that kept them safe whilst promoting their independence.

We found that there were enough suitably trained staff available to meet people's needs in a timely manner. The provider had safe recruitment procedures in place to keep people safe from harm.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. We found that where people were able they consented to their care.

People were supported to maintain a healthy diet and were able to access sufficient amounts to eat and drink. People were supported to access health services and maintain their health and wellbeing.

People told us and we saw that staff were kind and compassionate. Staff treated people with respect, gave choices and listened to what people wanted. Staff were dedicated to ensuring that people's dignity was respected both within the service and when people were supported outside of the service.

Staff had an excellent understanding of people's preferences in care, which were recorded throughout the support plans. People were supported to be as independent as possible and were involved in hobbies and interests that were important to them.

People had been involved in all aspects of the planning and review of their care and set their own goals, which had been completed with support and encouragement from staff.

The provider had a complaints procedure that was available to people in a format that they understood and people knew how to complain if they needed to.

Staff told us that the registered manager was approachable and led the team well. Staff and the registered manager were enthusiastic about their role and what their support meant for people.

People, relatives and staff were encouraged to provide feedback on the service provided. The registered manager had systems in place to assess and monitor the quality of the service provided.

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.

People were safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm.

People were supported by staff that had a good knowledge of their risks whilst encouraging people to be as independent as possible.

There were enough staff available to support people when they needed it and the provider followed safe recruitment procedures.

People were protected from the risks associated with medicines because safe systems to monitor and manage medicines were in place.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained to carry out their role effectively.

People's rights were protected because staff and the registered manager followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to maintain a healthy diet and were supported to access health professionals as required.

Is the service caring?

Good ●

The service was caring.

The atmosphere within the service was warm and caring. People felt cared for because staff respected their choices and provided encouragement in a warm and compassionate way.

People's dignity was protected and upheld and staff ensured

that this was maintained both within the service and when people were accessing the community.

Is the service responsive?

Good ●

The service was responsive.

People received care that was tailored around their individual needs and preferences with support and encouragement from staff who knew them well.

People were involved in the planning and review of their care and met regularly to discuss their future goals.

The provider had a complaints procedure available for people who used the service in a format that met people's understanding.

Is the service well-led?

Good ●

The service was well led.

People and staff were encouraged to provide feedback about the service provided and feedback received was acted on by the registered manager to improve the quality of care.

People and staff told us that the registered manager was approachable and supportive. The registered manager shared up to date guidance with staff to ensure people received a high standard of care.

Effective systems were in place to monitor and manage the service. The registered manager understood their responsibilities and the provider had a clear over view of the service provided.

The Woodlands

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 was 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 8 September 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications the provider is required to send us by law. This included events that had happened at the service, such as; serious injuries and safeguarding concerns.

We spoke with two people who used the service, two care staff, the deputy manager and the registered manager. We also observed the care and support provided by staff within the service.

We viewed three records about people's care and records that showed how the home was managed. We also viewed three people's medication records.

Is the service safe?

Our findings

People told us they felt safe and the staff treated them well. One person we spoke with told us they would tell staff or the registered manager if they felt unhappy with the care they received. One person said, "I feel very safe here because staff help me". Another person said, "I feel safe and I like all the staff, but I would speak to the manager if I was unhappy with how I was being treated". Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person's behaviour. Staff showed they were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. One staff member said, "I would make sure the person was safe and then report any concerns to the manager immediately". The registered manager told us how they safeguarded people from abuse and they demonstrated that they understood their responsibilities to report under the local authority safeguarding procedures.

People told us and we saw that they were encouraged to be as independent as possible, whilst taking account of people's risks. One person said, "Staff have helped me a lot to become independent gradually so that I am safe". This person had a risk plan in place which contained details of the risks when they went out and the amount of support staff were required to provide. We saw that people were encouraged to make drinks for themselves and they were involved in the preparation and cooking of their meals. Risk assessments were in place that ensured people remained safe from the risk of harm, such as accessing the community alone, using kitchen equipment and protecting people from the risk of financial abuse. Staff had a very good understanding of people's assessed risks and they were able to explain what support people needed to lower their risks whilst ensuring that they maintained their independence.

We saw that incidents at the service were monitored by the registered manager and actions had been recorded to lower the risk of further occurrences. For example; we saw that risk assessments and care plans had been updated where there had been an incident to keep them safe from the risk of further harm. We saw that the audits were forwarded to the quality manager to ensure that the provider had an overview of any incidents that had occurred at the service. We saw that these were monitored and discussed by the provider in the clinical governance meetings.

People told us there were enough staff available to provide support when they needed it. One person said, "Staff are always here for me when I need them". Another person said, "I can always go out when I want to because there are enough staff about to go with me". We saw that there were enough staff to meet people's needs in a timely manner and people were not kept waiting when they needed support. We also saw that staff supported people in an unrushed manner, talking and chatting to people whilst they provided support. Staff told us that there were enough staff available to meet people's needs and staff absence, such as sickness was always covered. We saw that the registered manager had a system in place that assessed the staffing levels that ensured there were enough staff available. The rotas we viewed showed that the minimum staffing numbers were covered and we saw that shortages had been covered, which ensured there were enough staff available.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they

provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

People told us they were supported to take their medicines when they needed them. One person told us that they wanted to learn how to take their own medicines. We saw that there was a plan in place for staff to support this person to understand their medicine so that they would be able to administer it independently. One person said, "Staff give me my medicine in the morning and at night, that's when I should take them and I can ask for medicine if I have a headache and staff help me with this". We saw records that showed people were supported to take as required medicine; such as medicine for pain. We saw that there were detailed protocols in place that gave staff guidance so they knew when to administer the medicine. Staff explained why 'as required' medicines would be needed and how they recognised when this medicine was required. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had an effective system in place that ensured medicines were administered, stored, recorded and managed safely.

Is the service effective?

Our findings

People we spoke with were very happy with the support they received from staff when preparing their meals. People told us that staff helped them to plan and prepare meals in a way that helped them to maintain their independence. One person said, "The food is good and we all get to choose a meal one day a week, which we discuss at the Sunday meetings". Another person said, "I help to prepare the meals in the evening, but I get my own breakfast and lunch". We saw staff gave people encouragement with tasks whilst standing back so people were able to maintain their skills. We saw staff ate their meals with people and chatted with them giving encouragement where needed. Staff were aware of people's dietary needs and how they needed to support people in line with professional advice. The records we viewed showed that people were supported with healthy food choices to maintain a healthy weight. For example; one person was supported to attend a local slimming club and we saw that menu choices promoted a healthy diet with the input from people.

People were supported to access health professionals, such as doctors, chiropodists, opticians and specialist consultants and clinics. One person said, "I got to the doctors if I'm unwell and I get regular checks at the opticians". We saw that people had health plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep people healthy and well. For example, one person regularly attended appointments to have their blood taken to ensure that their medicine was effective. This meant people were supported to access health professional to maintain their health and wellbeing.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "The induction I had was good and I had training to help me, which is refreshed regularly". Staff also told us they received training, which was regularly refreshed to ensure their knowledge was kept up to date. We saw that staff had undertaken training specific to their role and the needs of the people they supported, such as autism awareness. One staff member said, "The training is really good and I feel confident in carrying out my role. The autism training has helped me to understand people better". The deputy manager told us they had been supported to develop in their role and they had been supported to undertake management training. They said, "The organisation has been really supportive in my role and I am keen to progress. The registered manager, directors and quality manager have all been supportive". Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I have regular supervision and the registered manager always listens to me. I enjoy supervision as it gives me a chance to discuss how I am performing and if there are any areas I could improve".

We observed staff gaining consent from people before they provided support. We saw staff talked with people in a patient manner and in a way that met their understanding, which enabled them to make decisions about their care. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff

were aware of the actions they needed to take when a person lacked capacity to make decisions and we saw that mental capacity assessments had been completed for people who used the service. One staff member said, "Some people might not understand certain aspects of their care. Most of the people we support are able to understand their care but if I had any concerns I would speak with the registered manager".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We found that the registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) and how they ensured that people were not unlawfully restricted. We saw that where it was felt a person's liberty was being restricted there had been a referral forwarded to the local authority to assess the restriction in place. At the time of the inspection we found that one person had a DoLS in place and there was clear guidance for staff to follow to keep this person safe in the least restrictive way possible. Staff were able to explain how they supported this person in line with their DoLS authorisation.

Is the service caring?

Our findings

People told us they were very happy with how the staff treated them and the staff were kind and caring. One person said, "The staff are very good to me. They [the staff] are very caring, they talk to me if I'm feeling upset and make me feel better". Another person said, "I like all the staff, I get on well with the, and we have a bit of fun too". We saw staff were caring and compassionate with people and showed patience when they provided support. People were comfortable with staff and spoke with staff easily, when they needed support, reassurance or just wanted a chat. For example; we observed staff talking with people throughout the day, asked if people were happy and spoke with people face to face. All the staff we observed interacting with people did so in a warm and caring way. Staff told us they cared about the people they supported and how they made sure people felt comfortable. One staff member said, "It is important for people living here to feel cared for and loved. Sometimes people just want a hug to make them feel better. I always talk to people in a calm and caring way and people respond to this well". Another member of staff said, "We promote a caring homely atmosphere for people. People's emotional wellbeing is important to us all".

People told us that staff treated them with dignity and they gave them privacy when they needed it. One person said, "Staff give me space when I need it. I like to spend some private time in my room". Another person said, "Staff always knock before coming into my room". Staff told us that they ensured they were sensitive to people's privacy and people felt comfortable if they were providing personal support. One staff member said, "I would not go into people's rooms without being invited and I am sensitive if we are assisting people to maintain their personal hygiene". Staff talked with people in a dignified way that made people feel that they mattered. For example; staff involved people with the inspection and introduced the inspector to people. Staff explained why the inspector was visiting and asked people if they were happy for the inspector to look at their private records.

One member of staff told us how they ensured they wore their staff badge discreetly when they supported people out in the community, which gave people dignity and ensured that it was not obvious to the public that they were being supported. They said, "It's important to maintain people's privacy and dignity when we are supporting with activities. We join in at the gym and other activities so people we are supporting don't feel uncomfortable and we enjoy the time together". This showed that staff had an understanding of people's individual needs and were committed to promoting and respecting people's privacy and dignity.

People told us that they were able to make choices about their care. One person said, "I choose lots of things. I choose what I want to do and where I want to go and staff listen to me". We saw people were given time to speak and staff listened to people's wishes and acted upon them. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. One staff member said, "I always make sure people are given choices. It is important we respect people's wishes and if their choices have a risk to their wellbeing I always talk it through with people and discuss their options". Another member of staff said, "It's important that people have control of their life and get to choose what they want to do in all aspects with our support".

We spoke with the registered manager and it was clear they promoted a caring and compassionate service,

which was followed by staff. They said, "I promote a caring atmosphere within the service and ensure that staff treat people with the care and dignity they deserve. I promote a caring and open approach amongst myself and staff too. I have a really caring staff team who know people well". There was a caring and friendly atmosphere and staff were passionate about their role and how their support affected people. Comments from staff included; "Every day is different here and I get so much from seeing people happy and gaining their independence and confidence grow in everyday life" and "It's the little things that mean a lot, to see people happy and safe. We are an important part of their lives".

The support plans we viewed were written in a way that promoted people's dignity. For example; there were details of how staff needed to be sensitive when supporting one person when they were having a bath. Daily records we viewed that had been completed by staff were written in a dignified way and detailed how staff had provided compassionate care to people. For example; staff had written one person had been anxious and they sat with the person and gave them a hug which made them feel better. This showed that staff consistently showed care and compassion throughout their role.

Is the service responsive?

Our findings

People told us they regularly went out and staff supported them to access hobbies and interests that were important to them. One person said, "I go to lots of places and I choose where I want to go. The staff join in with me, which I like". Another person said, "I see my family a lot, which is important to me. I also go to the pub and the gym every week". We saw people being supported to access the community and when they returned they told us how they enjoyed going out with staff and shared a laugh with staff about where they had been and what they had done. For example; three people had been swimming on the morning of the inspection. When they returned one person told us how much they had enjoyed it and they hadn't been swimming since they were younger. They said they were going to make it a regular activity in the future. Records we viewed contained details of people's interests and where staff had supported people to go out such as, the gym, regular shopping trips, meeting friends and family and visiting local attractions.

Staff supported and enabled people to remain as independent as possible. One person told us, "I do a lot by myself, but it's good to know staff are there if I need them. I sometimes just need a bit of advice". We saw that staff spent time with people to enable them to maximise their independence rather than doing things for people. For example, we saw staff spent time with people and gave encouragement to people to help them undertake daily living tasks independently. Staff told us it was rewarding when they saw people doing things for themselves and gaining independence in their daily lives.

The service had a strong person centred culture and staff were dedicated to supporting people to reach their goals and aspirations. People told us that staff knew them well and staff helped them to plan and achieve their goals. For example; one person was supported to go to college with staff and they decided they wanted to gain the confidence to travel to and from college independently. We saw that the person and staff had planned how they needed to do this in a way that made the person feel comfortable. The plan was followed gradually with staff taking the time to meet the person from college at different places further away from the college until they were able to travel alone. The person told us, "I'm really happy I can travel to and from college alone. I didn't think I could do it but staff gave me confidence. I have plans to take my own medicine and my future plans are to live independently one day. I know I can do it with staff to help".

Staff knew people well including their preferences and people's individual preferences were detailed in their support plans. For example; we saw that it was very important for one person to wear certain clothes on particular days of the week. If this person was not supported to wear these particular clothes it made them very anxious. We saw that this person had been supported with their preference on the day of the inspection and was happy and settled. Staff we spoke with had a very good knowledge of each person's individual needs and why certain things were important to them. One member of staff said, "We know everyone very well, most of us have worked here for many years. We know people well and they know us well too". This meant people received care that was responsive to their needs and preferences.

We saw that people were involved in the planning and review of their care. People told us they had been involved in the planning of their care and they had a good understanding of the content of their care plans such as their goals and aspirations. One person said, "I sat with a member of staff and we went through

things I wanted to do and how to do it. I have my own memory stick with my plan on it so I can look at it whenever I want to". We saw that regular reviews of people's care were carried out which included people and their nominated keyworker. The support plans we viewed had been recorded in an easy read format that contained pictures and in a format people told us they understood.

Some people had limited communication and staff understood people's individual way of communicating and what people needed. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. For example; one person had their own way of communicating and we saw support plans gave guidance on specific physical actions that the person may display and what this meant for them. There were also details of how this person benefited from touch after a seizure as this gave them reassurance and settled them. Staff we spoke with had a clear understanding of this and explained how they communicated effectively with this person in line with their support plan.

People told us they knew how to complain and they would inform the registered manager if they needed to. One person said, "I don't have any problems but I can talk to any of the staff or the manager if I need to". Another person told us that there was a 'Grumble Book', which people use to write down how they are feeling and the manager asks them about their concerns and makes improvements. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to a pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. There had been no formal complaints at the service, but there were systems in place to deal with any complaints that may be received.

Is the service well-led?

Our findings

People told us that they were involved in the way the service was run and we saw there were weekly meetings held which included discussions with people about how they were feeling, menu planning, suggestions for improvements and organising trips out. One person said, "We have meetings every Sunday to talk about different things. I also go and join in". People had completed questionnaires so that the provider could gain feedback and make improvements to the service. We saw that these were available in a format that people could understand. The results from the questionnaires were not available at the time of the inspection as these were still being collated at the head office.

The registered manager was enthusiastic about their role and they understood the values and visions for the future of the service. They said, "I am dedicated to ensuring people receive a high standard of care, which I promote with the staff team. I welcome suggestions from both people and staff and will make improvements to the service people receive". Staff told us and we saw that the registered manager regularly shared updates in practice and staff were nominated for recognition awards where staff had excelled in a certain area and had 'gone the extra mile' when they provided support. The registered manager told us they were constantly striving for excellence in care for people and shared good practice guides and updates from social care publications with staff. This meant that the registered manager actively promoted good practice and encouraged staff to provide a good standard of care.

Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "To see people happy means a lot to me, the people who live here have progressed with their independence so much it is good to see. I take a lot from knowing people I care for are happy, cared for and safe". All the staff we spoke with told us they were a good team and were led by an approachable and supportive registered manager. They said, "The registered manager is very approachable and they have listened to any suggestions I have made", and, "I have a good relationship with the manager, I trust them as I know they listen and take action when I have raised any issues".

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "We have staff meetings, which are useful as it gives the staff group a chance to raise any issues. The registered manager also gives us updates in practice and any improvements that we need to make". We viewed minutes of staff meetings which showed details of improvements made. For example we saw that the registered manager had raised concerns that the cleaning rota was not working and this had been changed. The minutes of the next meeting showed that the new system was working better.

We saw that the registered manager regularly monitored the quality of the service provided to people. We saw there were audits in place which contained detailed action plans that had been implemented where improvements were needed at the service. For example; the medicine audit had identified that there was a lack of staff signatures to show that the medicines policy had been read and understood. We saw that this had been actioned and staff confirmed they had read the medicines policy. The outcomes of the audits were forwarded to the provider, which contained the action that had been taken to rectify any issues found. The

quality manager visited the service regularly to check that actions had been completed by the registered manager. This meant the provider and registered manager assessed the quality of care being provided and ensured that staff were performing and carrying out their role as required.

The registered manager told us and we saw records that showed that the provider visited the service regularly and clinical governance meetings were held to discuss the running of the service. Staff told us that the provider visited the service and they were able to approach them easily and they were supportive of their role within the service. One staff member said, "The directors regularly visit and I have discussed my role with them, and they are interested in my views and how I can develop in the service, such as my training needs". This meant that the provider was involved and had a clear overview of the running of the service.