

TLC CARE HOMES BLAMSTERS RESIDENTIAL LIMITED

18 Acorn Avenue

Inspection report

18 Acorn Avenue
Halstead
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13 December 2021






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

18 Acorn Avenue provides accommodation with personal care for up to three people with a learning disability or who are autistic. At the time of this inspection there were three people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people. Providers must have regard to the guidance.

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

Right Support

- There was an ongoing programme to update and renovate the property. Improvements were needed to ensure the property was well maintained and easy to clean. A sensory room was planned which would enhance people's quality of life.
- People were able to personalise their rooms.
- Staff focused on people's strengths and promoted their independence. They supported people to take part in activities and pursue their interests in their local area.
- Staff enabled people to access health and social care support in the community.
- Staff supported people to make decisions following best practice in decision-making.
- People received support with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Managers and staff had worked hard to keep people safe from the risks of COVID-19 and to minimise the impact of the pandemic on people's quality of life.

Right care

- The provider had raised safeguarding alerts with the local authority. However, they had not fully considered people's individual needs when investigating and acting on safeguarding concerns. They assured us they were taking action to ensure people's wellbeing and safety were prioritised when decisions were made about the service.
- The registered manager and care staff understood how to protect people from poor care and abuse.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right culture

- The wider organisation was going through an unsettled time, which impacted on the service being provided at 18 Acorn Avenue. High turnover at all levels of management meant change was not consistently implemented and improvements were not always sustained.
- The provider was committed to learning lessons and driving improvements. They acknowledged they were not always visible at the service and were taking action to improve oversight.
- Feedback about the registered manager was overwhelmingly positive. The registered manager advocated strongly for people and staff to ensure the quality of care was maintained.
- Staff knew and understood people well. They placed people's wishes, needs and rights at the heart of everything they did.
- People and those important to them were involved in planning their care.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating

This service was registered with us on 23 July 2020 and this is its first inspection. The service had been previously registered under a different registration.

Why we inspected

This was a planned inspection of a newly registered service. The timing of the inspection was prompted in part by concerns received about some of the providers other services. A decision was made for us to inspect 18 Acorn Avenue to assure ourselves people were receiving safe, good quality care.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

18 Acorn Avenue

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.

Inspection team

Two inspectors carried out the inspection.

Service and service type

18 Acorn Avenue 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

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

The inspection

We met with the three people who lived at 18 Acorn Avenue. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We had contact with two relatives for feedback about the care their family members received.

We spoke with the registered manager, the deputy manager and with two members of care staff including an agency member of staff. We had contact with the area manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who worked with people at the service.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from risk of abuse

- People were not always consistently protected from abuse. Prior to our inspection we were alerted by the provider to a serious safeguarding concern. The provider had referred the safeguarding to the local authority as required and carried out an investigation. However, the investigation carried out by the provider demonstrated a lack of knowledge of the emotional and communication needs of the people at the service, and the impact the safeguarding had on their wellbeing.
- The registered manager demonstrated a good awareness of what actions were needed to keep people safe. They advocated effectively for the people at the service and ensured a comprehensive plan was put in place to safeguard people and provide support to staff. This minimised the impact on people. The nominated individual assured us lessons would be learnt from this incident.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff demonstrated they were able to raise concerns to the registered manager and were committed to speaking up for the people they supported.
- People's representatives were positive about being able to raise concerns about people's safety.

Preventing and controlling infection

- Delays in maintenance and upgrading of the property meant it was challenging for staff to minimise the risk of infection. The registered manager had submitted a list of maintenance jobs to the provider when they first started managing the service, however some of these were still outstanding, for example the refurbishment of the laundry room.
- The lack of storage meant it was difficult to maintain cleanliness and promote a non-institutionalised environment, for example, there was a large box of masks in a corridor. The registered manager told us a planned shed would provide increased storage at the property.
- Staff used personal protective equipment (PPE) to minimise the risk of infection. The registered manager told us they would review the availability of clinical waste bins as we observed a member of staff putting gloves in a general bin.
- There were systems in place to prevent visitors from catching and spreading infections, however these were not always followed. When we visited staff took our temperature and checked we had been tested for COVID-19, however we were not asked for evidence of vaccination status before entering. The registered manager agreed to remind staff of the provider's processes for visiting professionals.
- Staff worked hard to keep the premises clean and hygienic and minimise the risk of infection. Cleaning schedules had been changed and staff were cleaning high-contact areas when we arrived at the service.
- The service followed shielding and social distancing rules, where possible, given the needs of the people at the service.

- The service admitted people safely to the service. The registered manager described how a they had supported a person to move safely into the service during the pandemic.
- The provider took part in a COVID-19 testing programme for people and staff.
- The provider made sure infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The provider's infection prevention and control policy was up to date.
- The service supported visits in line with current guidance. The arrangements were personalised, with a focus on maintaining contact whilst keeping people safe. We had some feedback from families that the summerhouse used for visiting did not meet people's sensory needs, however they felt the service was doing what it could in difficult circumstances.
- Staff had completed infection prevention and control training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks had been considered in a personalised manner and measures put in place to help them stay safe. A person had been assessed at risk of choking and staff had guidance on how to support them safely at mealtimes. We observed staff following the guidance and encouraging a person to slow down when they ate.
- Staff told us the registered manager made sure they knew how to support people safely before going out. For example, how to recognise early warning signs that people were becoming distressed and what support to provide. Our observations confirmed staff recognised when people experienced emotional distress and knew how to support them safely.
- People lived safely and free from unwarranted restrictions because the service managed safety well. Any restrictions on people's freedom resulted from personalised risk assessments. For instance, staff were able to describe the different reasons why they checked on people regularly at night, such as to check someone who was at risk from coughing.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared learning.
- The registered manager communicated well with people and their families when things went wrong, using appropriate communication to observe any impact on people.

Staffing and recruitment

- There were enough staff to support people safely.
- Staff and families told us there were enough staff, including one-to-one support for people to take part in activities and visits. A member of staff told us, "The good thing about Acorn Avenue is they have the right staff for the residents. It's always one-to-one."
- Due to recruitment challenges, the service depended on agency staff, and aimed to use familiar staff. We observed during our visit the agency staff knew people extremely well and provided personalised support. They told us they enjoyed working at the service and that, "Most of the time I am block booked because I am used to the residents and have developed a relationship and trust with them."
- Staff recruitment and induction training processes promoted safety, including those for agency staff.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff did not support people with medicines until they had completed the required training. There were effective systems in place to check people took their medicines as required.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). A relative told us a person had reduced the amount of medicines they took since their arrival at the service.

- Staff made sure people received information about medicines in a way they could understand. People were not rushed when taking their medicines. We observed a member of staff support people with their medicines in a personalised and safe manner.

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.

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

- The ongoing maintenance programme had been delayed due to COVID-19, but also because of the provider's competing priorities, as outlined in the safe and well-led section of this report. Two relatives told us the property was homely and met their family member's needs.
- A professional told us the person they worked with was due to have a sensory room set up for them at the property. This was on the programme of improvements.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. The registered manager told us the lounge had been recently decorated and people had helped select the colour of the walls.

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

- Staff completed a comprehensive assessment of each person's physical and mental health. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- The provider had introduced electronic care plans; however, the new system was not working effectively, and information was not always easy to find. The registered manager told us they had decided to keep paper care plans. This meant staff continued to have access to information about people's needs, which was particularly important as there were new people and agency staff at the service.
- Staff told us communication was good at the service and helped them keep up to date with any changes. For instance, a communication book let them know promptly if a person's care needs had changed.

Staff support: induction, training, skills and experience

- During our visit to the service we observed staff were skilled at meeting people's needs. Staff knew how to support people who were at risk to themselves or others. We saw a member of staff deflect a person's attention away from hurting themselves by putting on their favourite TV programme.
- Staff could describe how their training and personal development related to the people they supported. A member of staff told us they had spent considerable time shadowing more experienced staff before supporting people and had been able to learn about their likes and dislikes.
- Agency staff received effective support to ensure they understood people's needs. An agency member of staff told us, "The first time I came they went through the care plans and I did a bit of shadowing. It was quite good as I was given a day to come and prepare, I don't get that everywhere I go."
- The registered manager ensured staff received training about any specific needs. This helped ensure care was safe and personalised. A member of staff told us they had attended training on how to support a person with who was at risk of choking, which included learning about how to ensure the texture of food was safe.

- Staff received support in the form of supervision and appraisal. The registered manager promoted and recognised good practice. The service checked staff competency to ensure they understood and applied training and good practice.

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

- People received support to eat and drink enough to maintain a balanced diet. A member of staff described in detail how they safely supported a person who needed to increase their calorie intake. Staff completed a food and drink diary and knew what levels they were aiming at to ensure the person ate enough.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff described how a person was involved in food shopping and helped carry the bags.
- Staff encouraged people to eat a healthy and varied diet. They spoke with passion about introducing new food which was both enjoyable and safe. A member of staff said, "One person is dairy intolerant and loves cakes, so we found dairy free soft ones in Tesco's. They love crisps like skips which melt in the mouth. And we managed to get veg down them too."

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff followed guidance provided by a speech and language therapist to support a person who was at risk of choking.
- Health care plans were practical and personalised. A person had an oral health care plan which gave detailed advice, such as how much toothpaste to use and which named staff were able to encourage them to brush their teeth,
- People were supported to attend health screening and primary care services. The registered manager had arranged for the GP to visit and carry out annual health checks.

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.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Care plans gave guidance on how to best support people to make decisions, for example in a non-rushed manner.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For instance, a person had a mental capacity assessment specifically around whether they should have a blood test. Where people were restricted, the registered manager had sought the necessary authorisations to deprive people of their liberty.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed a member of staff supporting a person with their meal. The person moved to different rooms and took a long time to finish their meal. The member of staff was exceptionally patient and knowledgeable when providing support.
- Professionals fed back that staff were caring. One professional told us, "The staff I have engaged with appear to be very caring towards the adults who reside there."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. A member of staff offered a person a hand massage, telling us this met their sensory needs when they were anxious. Another member of staff rubbed a person's back when they were coughing. They told us this reassured the person and prevented them getting distressed.

Supporting people to express their views and be involved in making decisions about their care; People felt listened to and valued by staff.

- People were given time to listen, process information and respond to staff. We observed staff showing a person different food options to help them make a choice about what they were going to eat. They were given time to make their decision.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A person had joined in taking photos to show staff what signs they used to communicate. A relative told us the registered manager gained feedback about people when matching them to staff.
- Staff respected people's choices and wherever possible, accommodated their wishes. They adjusted their support in response to people's views. A member of staff said, "If a person doesn't want to do something now, I try again later, or we try something new."
- People had access to independent advocacy, if required.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. A relative told us. "[Person] loves cooking and helps out at mealtimes." We observed a member of staff encourage a person to remove their shoes to apply cream. The process took a long time and the member of staff was patient and treated the person with dignity throughout. They demonstrated a commitment to promoting the person's independence which represented best practice.
- Staff knew when people needed their space and privacy and respected this. A member of staff described how they supported a person with dignity when they needed private time.
- Care plans gave guidance to staff about how to promote people's independence and help them achieve

realistic objectives.

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; Supporting people at their end of life

- Each person had goals which were selected to enhance their quality of life. People's outcomes were regularly monitored and adapted as a person went through their life. For example, a person had a goal to start using a bus and this was reviewed regularly.
- A relative told us they appreciated being involved in shaping the care their family member received. They said, "The staff acknowledge us as an important part of [Person's] life."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff spoke knowledgeably about tailoring the level of support to individual's needs and preferences. For instance, they told us one person was an "early bird" and went to bed early whilst another liked to stay up past 11pm.
- There were attractive easy-read care plans in place to help consider people's needs and preferences if they required end of life care. These were not completed fully. The registered manager assured us they would review the care plans, in consultation with people's representatives, as well as from staff who knew them well.

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.

- People's care plans included information about different ways they communicated, such as signing. Throughout our visit we observed staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.
- Staff ensured people had access to information in formats they could understand. During the COVID-19 pandemic people received easy read guidance about the virus and how to keep safe. Social stories were provided to explain why people couldn't mix with friends or visit places of interest.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.

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

- The registered manager and staff had worked hard to ensure people continued pursuing their interests during the COVID-19 pandemic. For example, by turning a summerhouse into a shop so people could

continue to with their shopping trips as usual. Staff spoke with enthusiasm about how they had encouraged people in a personalised way.

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff told us some people had established routines which had been set up in line with their preferences. For example, a person chose to go and buy a paper every day.
- Staff supported people to maintain links with those who were important to them. People who were living away from their local area or isolated due to COVID-19 were able to stay in regular contact with friends and family using different formats. A relative told us, "During COVID there were zoom and phone calls. [Person] tells me what they have been up to, such as cooking."
- People were supported by staff to try new things and to develop their skills, for example to consider college courses.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative told us, "If situations have risen then they are looked into and dealt with in a calm manner and a fair manner as you would with any family member."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

Is the service well-led?

Our findings

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- It had been an unsettled period since the registration of the service, with significant changes at the senior level of the organisation. We found this affected the culture and had an impact on 18 Acorn Avenue. For instance, with the disruption over the introduction of electronic care plans and effect on staff morale.
- Although the service was near to the provider's main offices, tasks were not always completed in a timely manner due to the provider's other priorities. When we raised specific issues, such as the delays in maintenance, we found the registered manager had already raised them with the provider and was waiting for them to be resolved.
- Other managers had not always been approachable and visible at the service. This was in part due to a wish to reduce the risk of spreading COVID-19 by minimising visits, however improvements were needed to ensure the culture at the service remained open. A member of staff told us, "This house has always been its own bubble. Staff are self-sufficient. We are not affected by the main site."
- Staff, families and professionals were very positive about the registered manager and how well they supported people to achieve good outcomes. A relative told us, "I just want to put in writing how much trust I place in the registered manager for looking out for [Person], you can see a genuine friendship there as well as a professional relationship."
- The registered manager had been key to resolving concerns and advocating for people. However, the service had a pattern of high turnover of registered managers, and so improvements were needed to ensure staff, people and their representatives had confidence in the wider organisation.
- The nominated individual contacted us to discuss the inspection. They had a clear vision for the direction of the service. The level of investment reflected their desire for people to achieve the best outcomes possible. However, more time was needed to ensure positive changes being introduced made a sustained difference to people's life at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 had been in their role for less than a year but had had a positive impact during this period. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.

- The registered manager was also the registered manager of another smaller service. They told us a deputy manager was required to ensure good oversight of the service in their absence, for example to ensure safeguarding concerns were managed promptly. The provider had removed the deputy manager role, which had led to concerns and delays in tasks, such as updating care plans. The provider acted promptly to re-instate the role, demonstrating a commitment to listening and learning when things went wrong.
- Staff were able to explain their role and responsibility in respect of individual people without having to refer to documentation. They were positive about the current registered manager and how well they motivated staff. However, staff described how regular restructures and management changes had impacted the service and been unsettling to the staff team.
- Governance processes were in place, such as health and safety checks and medicine audits. The registered manager was able to use these to help understand what was happening at the service.
- The provider was working to improve the quality checks and communication with individual services to ensure action and tasks were well coordinated and made a difference to people's lives. Further time was needed to ensure these changes were implemented effectively and learning used to improve the service.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from professionals was mixed. Professionals were positive about how well the current registered manager and staff worked with them to ensure people's needs were met. However, they told us the ongoing issues at provider level affected working relationships. A professional told us, "There is a high level of staff turnover, at all levels, and this makes developing constructive relationships with management very difficult."
- The provider was committed to sharing the vision and values of the organisation with staff. A member of staff told us they had attended a workshop where the nominated individual had helped them understand the direction the service was going in.
- Families told us the registered manager and staff communicated well with them. Emails showed staff sent out regular updates to families, such as photos of trips to a beach. This was particularly important during the pandemic when contact with families was limited.