

## Community Care Solutions Limited

# Acacia House - Peterborough

## 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



### Overall summary

This inspection was carried out on 14 October 2014. It was an announced inspection and was undertaken by one inspector. We gave the provider and staff 24 hours notice that we would be visiting. This was because the service was small and people were often out attending college or taking part in social interests and hobbies. We needed to be sure that they would be in. The last inspection took place on 19 August 2013, during which, we found the regulations were being met.

Acacia House is a registered care home for a maximum number of five people with autism and learning disabilities. It does not provide nursing care. The home offers accommodation over one floor. There are five single occupancy bedrooms with ensuite facilities. The service was fully occupied when we inspected it.

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in progress and were being submitted to the authorising agencies.

We saw that people who lived in the home were assisted by staff in a way that supported their safety and that they were treated with respect. People had health care and support plans in place which took account of their needs. These plans recorded for staff people's individual choices, their likes and dislikes and any assistance they required. Risks to people who lived in the home were identified, and plans were put into place by staff to minimise these risks and enable people to live as safe and independent life as possible.

We saw that staff cared for people in a warm and caring manner. We saw staff using distraction as a technique to calm people down when anxious, as documented within people's care and support plans. These techniques helped people to carry on with their day in a more relaxed manner.

Staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge by way of regular supervision, appraisals and training.

Relatives we spoke with told us they were able to raise any suggestions or concerns they might have with the manager. They said that they felt listened to as communication with the manager was good.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who lived in the home and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were trained and knowledgeable on how to recognise signs of abuse. They knew how to respond and report any concerns that they may have, so as to reduce the risk of abuse occurring.

People were kept safe as the provider had effective systems in place to ensure that any concerns about people's safety were well managed. People's risk management plans were in place and up to date. Staff were aware of the documented risks to people using the service and how to manage and reduce the person's risk.

Staff recruitment procedures and safety checks were in place to ensure that staff were suitable to work with people who used the service. There were enough staff with appropriate skills on duty to meet people's care and support needs safely.

Good



### Is the service effective?

The service was effective.

Relatives told us that they were happy with the care and support their family member received. They said that the manager encouraged them to be involved in the planning of their family members care and support needs.

People were supported to maintain a balanced and nutritional diet. People's nutritional health and well-being was monitored by the staff and any concerns were acted on.

Staff received an induction when first employed, and on-going training and supervision to ensure that they had the most up to date knowledge and skills to meet people's needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager had taken appropriate steps to ensure that people's rights were protected when their freedom was restricted.

Good



### Is the service caring?

The service was caring.

People who lived in the home were spoken to by staff in a friendly and kind way. Staff showed a good understanding of each individual person. We saw that staff encouraged people to make their own choices where possible about the things that were important to them.

People and their families were given the opportunity to comment on the service provided. Relatives we spoke with told us that communication with the manager was good.

Good



### Is the service responsive?

The service was responsive.

People's health care and support needs were assessed, planned and met by staff. Referrals were made by staff to health and social care professionals to ensure that people's health and social care needs were met.

Good



# Summary of findings

Arrangements were in place by the manager to deal with people's suggestions and complaints. There was a process in place to make sure that people and their relatives could express their views about the quality of the service provided at the home by staff.

People were encouraged to maintain their hobbies and interests by staff and we saw that people were encouraged to access the local community to make sure that they were not socially excluded.

## Is the service well-led?

The service was well-led.

Relative's told us that the home was well run by the manager. They said that the manager was approachable, communication was good and that staff provided their family member a good home to live in.

The manager and staff understood their roles and responsibilities to the people who lived in the home. Staff told us they felt supported by the manager to do this, as the manager was approachable. Staff said that they enjoyed working at the home and supporting the people who lived there.

The provider had on-going systems in place within the home to monitor and improve the quality of the services people received.

Good



# Acacia House - Peterborough

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 14 October 2014. 24 hours notice of the inspection was given to the manager and staff because the service is small and we needed to be sure that they would be in.

This inspection was completed by one inspector. Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including information received and notifications. Notifications are for events that happen in the home that the manager is required to inform us about. We also looked at the local authority contracts monitoring report and spoke with a social worker.

On the day of our visit we observed how staff interacted with people who lived in the home. We used observations as a way of viewing the care and support provided by staff to help us understand the experience of people who were present on the day of the inspection, but could not talk to us. We also spoke with the registered manager and two care staff. The following day we spoke with two relatives of people who lived in Acacia House – Peterborough.

As part of this inspection we looked at two people's care records and staff records. We looked at other documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records.

# Is the service safe?

## Our findings

Relatives of people who live in the home told us that they had no worries around the care and support their family member received. They said that they thought that they were kept safe. One relative told us that, “I have no problems or concerns with the staff or care provided, they look after [family member] beautifully” and another relative said, “I am very happy, I have no concerns.”

Staff we spoke with told us that they knew how to recognise and report any suspicions of abuse. Staff said that they were aware of the whistle-blowing policy and safeguarding policy. They were also clear that they could report any concerns that they might have to external agencies. This showed us that staff knew the processes in place to reduce the risk of abuse.

The manager told us that due to people’s complex health and care needs, they sometimes displayed physical agitation when anxious and as such could harm themselves or others. The manager told us that all staff had been trained in Non-Abusive Psychological and Physical Interventions (N.A.P.P.I), and staff we spoke with confirmed this. They told us that they had never used any form of restraint because known distractions, reduced people’s anxiety in a positive way. During our visit we saw distraction used by staff to calm people before their physical agitation started to increase.

Individual risk assessments had been undertaken in relation to people’s identified health care and support needs. We saw that specific risk assessments had also been identified around the use of transport, accessing the community and stranger danger. These were put in place, by staff, to keep people as safe as possible. We observed a staff member support someone with verbal prompts to not eat their lunch too quickly as they were at risk of choking. This was done in a way that made sure that the person being supported still maintained their independence and the support given in line with their plan of care. This showed us that staff supported people to live as independent a life as possible and that people had the risk reduced of receiving support that was inappropriate or unsafe.

We observed staff working at the home throughout our visit supporting people who lived there. We then looked at the manager’s staff numbers/ staff skills set analysis. This analysis was used to work out the minimum number of staff there should be on duty at any time and that these staff numbers and their skills, met people’s care and support needs safely. Staff we spoke with confirmed to us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that staff that provided care and support during our visit, were available to people at all times and assisted people in a patient, unrushed and safe manner.

The manager told us that staff employed by the service had been through a recruitment process before they started work, to ensure they were suitable and safe to work with people who lived in the home. Records we looked at showed that all necessary checks were in place and verified by the provider before the staff member was deemed safe to start work.

We saw medications were stored safely within the home. People’s complex health and support needs meant that they had been risk assessed as needing staff assistance to administer their medication. The care records we looked at detailed for staff, how prescribed medication should be given and how a person should be supported. Medication Administration Records (MARs) showed that medicines had been administered as prescribed. We saw that one staff member signed to say they administered the medication and another staff member signed to say that they had witnessed this. The manager told us that this medication administration process was in place to maintain people’s safety.

We found that there were fire and emergency evacuation plans in people’s care records we looked at. Practiced emergency evacuations had taken place with staff that had been trained in fire safety. This was confirmed by the staff members we spoke with. Records showed that these emergency evacuations involving people who lived in the home had taken place at different times of the day and night. This demonstrated to us that the provider had a practiced process in place to assist people to be evacuated safely in the event of a fire or emergency.

# Is the service effective?

## Our findings

Relatives of people we spoke with told us that they were encouraged to be involved in the review of their family members care and support. Relatives said that communication was good between the manager and them. They told us that they felt involved in their relatives care and kept informed of any changes by the manager. One relative went on to tell us that, “Staff have been wonderful and very helpful. I have no problems with the care, and communication with the home [manager] is good.”

Staff were knowledgeable about people’s individual support and care needs. We saw how a staff member effectively used a distraction technique to calm a person when they were becoming anxious. Staff told us, and this was supported by the records we looked at, that they received training to deliver effective care and support that met people’s individual health care and support needs. Staff told us they were supported by the provider to gain further qualifications such as National Vocational Qualifications (NVQ) in health and social care to expand on their skills and knowledge of people and their care.

The manager told us about the Mental Capacity Act 2005 (MCA), and the changes to guidance in the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated to us an understanding of how they put their MCA 2005 and DoLS training into practice. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance.

The manager confirmed that they had made a number of appropriate applications under DoLS to the supervisory body (local authority) to effectively keep people safe. Records showed us that all five applications had been approved. People’s capacity to make day to day decisions had been assessed by the provider where appropriate. Staff we spoke with showed an understanding of MCA 2005 and why capacity assessments were necessary for people who lived at the home. A staff member told us that, “Regardless of capacity, I try to involve [people] with choice and remain as independent as possible.” This showed us that the service was working with the most up to date guidelines to protect people’s rights and freedoms in the home.

Care records gave staff information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. A relative we spoke with told us that staff had been effective in improving the independence of their family member. They said that their relative could now undertake, with some staff support, more domestic tasks than they ever could when they lived at home with them.

People’s care and support plans, as well as their regular reviews of care, were signed by the person’s documented next of kin. There was an explanation on file when the person was unable to sign the record themselves. Relatives we spoke with confirmed that they were asked to be involved in these reviews and told us that these meetings gave them an opportunity to feedback and make any suggestions they may have regarding the current care and support of their family member.

Relatives said that they felt that the staff involved external health care professionals when needed. This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. One relative told us that, “The home reacts quickly if they have a concern with my [family members] health.” Another said, “They are quick to call a doctor.” This showed us that there was an effective system in place to monitor and react to people’s changing health care needs.

One relative told us how the staff had effectively managed their family member’s weight to ensure that they remained at a healthy weight. We saw that advice from external health care professionals were also sought by staff when needed. We noted that advice from Speech and Language Therapists (SALT) had been obtained by staff as some people ate their food quickly and could have swallowing problems. This was confirmed in the records we looked at. Our observations over lunch saw staff effectively encourage a person to slow down when eating, to ensure they did not choke. Another person’s relative told us how staff ensured that their family member had a glass of water to hand when eating because their family member could be at risk of choking if they ate too quickly.



# Is the service caring?

## Our findings

We spoke with two relatives of people who lived in the home. Both relatives made positive comments about the staff. One relative told us that the staff and home were, “Top of the range in my opinion. It is a great home.” Another relative told us that they were, “Very happy, I have no concerns.”

We noted that there was a friendly atmosphere created by the manager and staff in the home. People were comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, with their interests in an unrushed manner. We noted that people were prompted to undertake domestic tasks independently such as putting dirty cups in the sink. We found that these prompts were made in a caring and supportive way. A relative told us that after their family member had been home to visit them, they always returned back to the home happily. They said, “When [name] goes back to the home, [name] is smiling so I can only assume that [name] is happy living there.”

Staff we spoke with talked with warmth and kindness about the people they were supporting. We asked a staff member what was the best thing about the service. They said that, “I really love my job,” and that the, “challenges are that every day is different, but that also is what is great about the service.”

It was clear to us on speaking to relatives of people, that the manager encouraged involvement from them and people who used the service where possible. One relative told us that, “The home is a nice place to be, I am welcomed when visiting.”

We saw that people were appropriately dressed for the temperature in the home. People seen were clean and tidy which maintained their dignity. This was confirmed by another relative we spoke with who told us that their family member, “Is well presented and shaved.”

Each person had a designated member of staff called a key worker. Parts of the key worker duties were to evaluate how happy people were on a monthly basis using a pictorial/easy read form. Records we looked at confirmed that these meetings took place and, where a person was unable to communicate their answers, a description of their facial expression or body language was recorded after each question. We saw that important documents such as, the service user guide, people’s individual support plans, contracts, and aims and goals were also written in a pictorial/easy read format. This showed us that the provider gave people information about the service in appropriate formats to aid with their understanding of the material.

The provider’s statement of purpose was included in people’s care records. This included information about advocacy services that were available and the contact details of these services. The manager told us that no one living at the home had a formal advocate in place. Care records we looked at and relatives we spoke with confirmed to us that people had nominated family members who acted in their best interest.



# Is the service responsive?

## Our findings

On the day of our visit three people were out at college, out horse riding and one person had returned to the home after being away on holiday. Relatives we spoke with during our inspection confirmed to us that their family member was encouraged to take part in hobbies and interests. The manager told us that people were also encouraged to access the local community to visit fetes and local shops. This showed us that people had opportunities to get out and about in the local community, take part in social interests and undertake educational courses.

Care records we saw showed that people's general health and health specific issues, such as epileptic seizures, were documented and monitored, and where necessary, referrals made to the relevant health care professional if there were any concerns. People who lived at the home had varying complex health and support needs that required staff understanding, and personalised support and care. Staff we spoke with gave us examples of their knowledge of people's different requirements and we saw that staff were responsive to people's needs throughout the day. A relative told us how their family member had spent some time in hospital. They said that the manager responded by sending a staff member to visit the person in hospital each day to offer the person support to aid their well-being.

Regular key worker meetings were held with people who used the service. These meetings were held to discuss how things were going for the person who lived in the home and to listen and respond to people's suggestions or concerns. Where people were unable to communicate their views, we saw documented evidence of staff recording people's body language as a reply to each question asked. Relatives we spoke with confirmed to us that the manager actively encouraged them to be involved in the review of their family members care plan assessment. A relative said, "I am asked to be involved in [name's] review of care, I don't always attend, but that is my choice." Both relatives told us that communication with the manager and staff was good and that the manager made sure that they were updated about the care of their family member and any changes in the service provided.

All of the relatives we spoke with during our visit had positive comments about the home. They were happy with the service provided to their family members, the staff, the manager and how the service was led by the manager. We saw evidence that people and their relatives were asked to attend meetings with the manager and their family members key worker, or complete a satisfaction survey. Relatives told us that this gave them the opportunity to make any suggestions they may have about the service and its values. One relative told us that, "Staff have been wonderful and very helpful."

Our observations throughout the inspection showed that staff asked people their individual choice and were responsive to that choice. Staff told us and we observed how they engaged with people who were unable to communicate verbally to make choices. We saw that this was done by listening to a person's answer and/or understanding what a person's body language and facial expressions were telling them or using pictorial aids.

Records showed that people who lived in the home had regular 'house' meetings so they could express their views through body language or speech where possible, about what was important to them. Minutes of these meetings showed that responses to issues raised such as a request for cable TV were recorded and feedback was given to people at the next meeting held to follow-up.

We saw that in July 2014 the provider had given out surveys to both people who lived in the home and their relatives to ask them to formally feedback on the quality of service provided. These surveys asked them what was going well and if there were any improvements needed. Reports collated from the feedback of these surveys showed us that the responses about the service were positive with no further improvement actions required.

The service user guide, which sets out an overview of the service provided at the home, was given to people when they first started living at the home. This guide was available in an easy read /pictorial format and explained the provider's complaints procedure and timescales. Relatives we spoke with said that they knew how to raise concerns. They told us that the manager was always willing to listen to their views and responded to their concerns. One relative said, "I can make suggestions and I feel listened to."

# Is the service well-led?

## Our findings

The home had a registered manager in post that was supported by care staff. Our observations showed that people who lived in the home were relaxed and comfortable around the manager and staff. Staff knew people living in the home well. We saw that the manager and staff who were present during our inspection were available to people who lived in the home and assisted them when needed. On speaking with the manager and staff, we found them to have a good knowledge of people and their care and support needs.

We found that there was an 'open' culture developed by the manager that encouraged people and their relatives to make any suggestions they might have, to improve the quality of the service provided. Relatives and staff members we spoke with told us that the manager made themselves available and approachable to these suggestions.

During our visit we spoke to the manager about notifications. Notifications are for events that happen in the home that the manager is required to inform the CQC about. Our findings showed that the manager informed the CQC of these events in an open and timely manner.

We saw that staff meetings were held regularly. The minutes showed that staff were able to discuss what was going well and whether there were any improvements needed. Staff told us that they could use these meetings as a place to make any suggestions or raise concerns that they might have. One staff member said, "If you raise a concern or make suggestions, the next meeting will follow up on anything raised." This was confirmed in the staff meeting minutes we looked at.

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who

lived in the home. Staff told us that they felt well supported by the manager and provider to carry out their roles. They knew the lines of management to follow if they had any issues or concerns to raise. They also demonstrated their understanding of the whistle-blowing procedure.

All of the staff we spoke with told us they enjoyed working in the home. One staff member said, "I really like working at the home, I enjoy working with [people who lived in the home]." Another member of staff told us, "I really love my job."

The manager demonstrated there were arrangements in place to regularly assess and monitor the quality and safety of the service provided within the home. Examples of weekly safety checks that were undertaken included prescribed medication stock checks, activities that took place, overall cleanliness of the home, fire drills and fire alarm tests. These checks monitored various aspects of the service and documented any actions required by the provider to improve the service.

The provider information return we looked at prior to the inspection explained how the home was seeking to continually improve the service through an improved staff induction and staff training. This was confirmed by the manager. These improvements would continue to build on the processes and knowledge already in place that put people at the centre of their care and support plans.

Incident forms were looked at by the manager. Any learning or any actions taken as a result of the incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.