

Mr & Mrs Y Jeetoo

Acorn Lodge - Surbiton

Inspection report

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23 March 2016

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Ratings

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

Overall summary

This inspection took place on 23 March 2016 and was unannounced. At the previous inspection on 16 July 2014 we found the service to be meeting all the regulations we inspected.

Acorn Lodge - Surbiton provides personal care and support for up to ten people with mental health needs within a care home setting. There were eight people using the service at the time of our inspection.

There was 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 2008 and associated Regulations about how the service is run.

The premises and equipment were well managed with a range of checks in place to assess, monitor and improve health and safety. A maintenance team was in place to carry out repairs promptly.

Medicines management was safe with robust processes for checking people received their medicines as prescribed. There were sufficient medicines in stock for people and medicines were checked on receipt from the Pharmacy by two staff.

Staff understood the signs which could indicate people may be being abused and how to respond to this to keep people safe. Staff received training in safeguarding to keep their knowledge current.

Staff were recruited through robust procedures to check they were safe to work with people at the service. There were enough staff deployed to meet people's needs. The registered manager supported staff through a programme of induction, supervision and appraisal. A training programme for staff was in place which the registered manager kept under review.

The service was meeting their requirements in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), and staff had been provided training in these areas. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People received choice of food and drink and were positive about the food they received. Staff monitored whether people were getting enough nourishment and took the appropriate action when there were concerns people were not. Staff also supported people to access a range of healthcare services to monitor and maintain their mental and physical health.

Staff supported people in a kind and caring manner and knew the people they were supporting well. People were supported to be as independent as they wanted to be. People were involved in making decisions and reviewing their own care and information about their background and their preferences was recorded in

their care plans to guide staff in supporting them. Care plans were regularly reviewed and contained accurate information about people and so were reliable to staff. People, their relatives and staff were involved in the running of the care home and were consulted on in various ways.

The service provided people with sufficient activities they were interested in to keep them occupied. People's cultural, religious and spiritual needs were also catered for.

People were confident in how management would respond to any complaints they made and the complaints procedures had been made accessible to people. Details of complaints and the action which had been taken in response to them had been clearly recorded for auditing purposes.

There was a registered manager in post who had managed the service for many years. They were aware of their role and responsibilities, as were staff. A range of audits was in place to assess, monitor and improve the quality of the service. The registered manager encouraged open communication with people using the service and staff, consulting with them in various ways on the running of the service.

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. The premises and equipment were managed in a safe way with robust checks in place and staff available to carry out necessary repairs. People using the service felt safe and staff understood how to respond to signs people may be being abused. Medicines were managed in a safe way. There were enough staff deployed to meet people's needs and staff were recruited following robust checks of their suitability for the role.

Is the service effective?

Good ●

The service was effective. The registered manager supported staff through a programme of training relevant to their role, supervision and appraisal. Staff understood their responsibilities in relation to consent and the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People received food they enjoyed and staff supported people to see relevant professionals when they were concerned about their nutritional status. Staff also supported people to see a range of healthcare professionals to help maintain their mental and physical health.

Is the service caring?

Good ●

The service was caring. Staff knew the people they were supporting well including their backgrounds and preferences. Staff treated people with dignity and respect including keeping information about them confidential. People were encouraged to be as independent as they wanted to be.

Is the service responsive?

Good ●

The service was responsive. The service provided people with sufficient activities they were interested in to keep them occupied. People's cultural, religious and spiritual needs were also catered for. People were involved in planning and reviewing their own care and care plans reflected how people wanted staff to support them. There was a suitable complaints system in place.

Is the service well-led?

Good ●

The service was well-led. There was a registered manager in post

who had managed the service for many years. They were aware of their role and responsibilities, as were staff. A range of audits was in place to assess, monitor and improve the quality of the service. The registered manager encouraged open communication with people using the service and staff, consulting with them in various ways on the running of the service.

Acorn Lodge - Surbiton

Detailed findings

Background to this inspection

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

This inspection took place on 23 March 2016 and was unannounced. It was carried out by a single inspector.

Before our inspection, we reviewed the information we held about the service such as statutory notifications relating to allegations of abuse and minutes from a recent safeguarding conference.

During our inspection we spoke with three people who used the service and spent time observing how care and support was provided to them. We also spoke with the registered manager, the operations manager, deputy manager and a care worker. We looked at records, which included four people's care plans and risk assessments, medicines records and records relating to the management of the service.

After the inspection we received feedback via e-mail from a Community Mental Health Team member who worked closely with the home.

Is the service safe?

Our findings

Staff managed people's medicines safely. One person told us, "I have medicines, I always take them twice a day. It comes at the right time [from staff]." There were no omissions on the Medicines Administration Records (MAR). This indicated people received their medicines as prescribed. Staff had a robust system in place to check medicines had been administered appropriately. Each time they administered medicines they counted and recorded the quantity remaining, checking it was the expected quantity. There were sufficient stocks of medicines available for people. Staff checked the temperature at which medicines were stored and knew the action to take if the temperature became too high and risked damaging medicines. Two staff checked medicines received by the home were as expected, although they did not always record their findings to ensure a full audit trail.

People told us they felt safe and one person told us, "I feel safe, I feel secure." Staff understood the different forms of abuse and what to do if they suspected someone was being abused, such as how to report this. Staff received training in safeguarding people at risk to keep their knowledge about how to keep people safe current.

The registered manager ensured people had risk assessments in place regarding risks specific to them, such as risks relating to their mental health, behaviour which challenges the service, self-harm, substance misuse and self-neglect. Risk management plans were also in place to guide staff on how to support people in relation to these risks. Risk assessments and management plans were kept up to date with accurate information which meant they were reliable for staff to follow in working with people in the safest ways.

The registered manager managed the premises and equipment safely, checking and maintaining them appropriately. This included checks of health and safety of the environment, gas safety, central heating, electrical wiring, water temperatures to reduce the risk of scalding and portable electrical appliances. The London Fire and Emergency Planning Authority (LFEPA) had recently inspected to check fire safety and listed a number of areas where the service needed to improve. The registered manager showed us the work they had carried out to meet the LFEPA requirements such as commissioning an external fire risk assessment and installing smoke sealant strips on all fire doors. The service had full time maintenance staff who were on call to carry out necessary repairs promptly.

There were enough staff deployed at the service. People using the service and staff told us this and our observations during our inspection were also in line with this. Most people spent time outside of the home on various activities during the day independently meaning the required staffing levels were relatively low. However, additional staff were put on shift when people required support for appointments and some activities where required. We observed staff were readily available to support people who required their assistance throughout the day.

The provider recruited staff using robust checks of their suitability for the role. Such checks included an interview, obtaining references from previous employers, criminal records, training, qualifications, identification and proof of address.

Is the service effective?

Our findings

The registered manager provided staff with the necessary support to carry out their roles. A programme of training was in place for staff to provide them with the necessary knowledge to understand and meet people's needs. The registered manager oversaw individual staff training needs and booked staff on the training they required. Staff completed training in topics related to mental health, care planning, risk assessing, person-centred care, first aid and infection control amongst others. Staff also completed distance learning courses in conjunction with further education colleges such as the Diploma in Health and Social Care, mental health awareness and medicines management. New staff in the organisation completed the Care Certificate during their induction period. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. Staff received regular supervision and appraisal from the management team to support them in their work.

The provider was meeting their obligations in relation to the Mental Capacity Act 2005 (MCA) so they supported and encouraged people to make decisions for themselves when they had capacity to do so. 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 we spoke with had received training in the MCA and were clear about their responsibilities in relation to this.

The service was meeting their requirements in relation to DoLS and had considered whether people required any DoLS authorisations in place as part of keeping them safe. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection people using the service did not require DoLS authorisations.

People received choice of food they liked and specific diets such as vegetarian were catered for. When we asked one person about their meal they told us, "It's hot enough for me, it's filling." Staff told us people expressed what they wanted to eat and the menu was reviewed in 'house meetings' to ensure it incorporated people's preferred meals. Staff monitored people's nutritional status by checking their weights each month. When there were concerns about a person not eating enough staff had supported them to see their GP and nutritional supplements had been prescribed.

Staff supported people to maintain their mental and physical health. People told us they could see various healthcare professionals when they needed to and there were clear records relating to these visits. One person told us, "I see the GP, sometimes by myself and sometimes with staff. I need to book an appointment with the dentist soon. I see the optician too." Most people had frequent contact with the local community mental health team (CMHT) and were on a care programme approach (CPA). The CPA is a way that services are assessed, planned, co-ordinated and reviewed for people with mental health problems or a range of

related complex needs. A CMHT professional told us there was good communication between staff at Acorn Lodge and the CMHT and staff would alert CMHT if there were any issues.

Is the service caring?

Our findings

People using the service spoke positively about the staff who supported them. One person said, "Staff are good and kind, they listen to me." Another person told us, "Staff are nice and helpful." A professional told us they were happy with the way staff cared for the person they worked with at the service and that staff, including the manager, were helpful and caring. Our observations were in line with these comments. We observed staff had built good relationships with people and had a good rapport with them. They spent time sitting and talking with people in an interested, considerate manner, checking they were receiving the necessary support.

People told us staff knew them well and there was a low staff turnover with most staff working at the service for several years. One person told us, "It's basically the same staff [who always work here]". When we asked another person if staff knew them they confirmed they did. Our discussions with staff showed they knew the people they supported well as they were able to tell us their likes and dislikes, backgrounds and about their individual needs in line with their care plans.

People also told us staff treated them with dignity and respect. One person said, "Staff knock and give me privacy when I need it." Training in maintaining confidentiality was part of the staff training programme and staff we spoke with understood the importance of this to their role such as locking away confidential information about people.

People were involved in making decisions and planning their own care. One person told us, "I have a care plan, it's about how I'm doing, what I like to do. It's useful." The operations director told us how they had revised the care planning system so that care plans reflected what was important to people. Staff sat with people and asked them various questions about their care, recording their responses. Staff supported people to access advocacy groups at a local café each week to encourage them to speak up about any issues or concerns they had. Several people accessed this service on the day of our inspection.

Staff encouraged people to be as independent as they wanted to be. One person told us, "I do the washing up and sweep the floor, I tidy my own room." Some people were also involved in preparing snacks independently or with some staff support. Also, several people often left the house independently to go to various activities most days. On the day of our inspection one person told us how they enjoyed reading about history at the local library then they left independently to do just that. Another person left by themselves to go out to lunch and then to play a sport with a local team. A third person went to work at a centre where they repaired particular machines and made small items to be sold for charity.

Is the service responsive?

Our findings

There were enough activities provided for people. One person said, "On Friday I go swimming, on Wednesday I go to computer class. The other days I go to the library, I like reading." Another person told us, "I like going out on walks to the shops and sunbathing. I do jigsaws, I've enough to do." A third person said, "I like going to my day centre on Thursday's." Group activities were also offered to people including holidays. One person told us, "They ask if I want to go on holiday but I say no."

Staff supported people to celebrate cultural events relevant to them, such as Christmas and birthdays. For Christmas the service had arranged a party for all the people living in the organisation's care homes and pictures of this were on display in the lounge. Staff had also discussed with people whether they wanted any particular foods relating to their ethnic origin and provided these where people wished. People's religious and spiritual needs were also considered as part of their care planning. One person went to church independently twice a week.

People's care plans reflected how they liked to receive their care and support as people were involved in the care planning process. Care plans contained information about their personal history, likes and dislikes, interests and their preferences for how staff should support them. Staff had asked people what was important to them in terms of their care and care plans documented their aims in different areas of their lives such as their health, relationships and skills. Staff reviewed how people were progressing in relation to these aims with the people themselves. People's preferences for their personal care had also been recorded, and people had been encouraged to sign to give consent to this. However, staff were aware people could withdraw consent at any time they wished.

People's care was reviewed regularly to check it remained suitable for them. A keyworker system was in place. A keyworker is a member of staff who works closely with a person to check their care is meeting their needs and their care is being carried out according to their care plan. One person told us, "I've got a keyworker, she checks how I am." People met with their keyworker regularly and they discussed any issues of concern the person had, any areas they would like more assistance with and any changes they would like to make to their care. These meetings were all documented for staff and the person to refer, to check the person was making the progress they expected to.

Records showed care plans were regularly reviewed and updated by the manager and staff. In addition people and others who were important to them were invited to reviews of their care led by social services and by the local mental health team to check their care at Acorn Lodge continued to meet their needs.

A suitable complaints procedure was in place which had been made accessible to people, being on display in the home and discussed at 'house meetings'. People we spoke with knew how to complain and had confidence in how staff or the registered manager would respond should they raise any issues. One person told us, "I've never made a complaint but [the manager] would reason it out and help me." Records showed details of complaints made were recorded as well as the action the registered manager had taken to resolve them.

Is the service well-led?

Our findings

The registered manager had been in post for many years and they understood their responsibilities in running the home well. They shared their time between Acorn Lodge and Cherry Lodge, a similar service under the same provider. People using the service and staff spoke positively about the registered manager. A healthcare professional told us the Manager was helpful and caring as well as being supportive of his staff and giving them clear instructions on how to manage clients. The registered manager was supported by a deputy manager who recently began working at the service. The registered manager and the staff team were aware of their responsibilities and carried them out well. We observed a staff handover and found that shifts were organised well with shifts plans in place so that staff were aware of what was expected of them during their working hours.

The provider had a range of audits in place to assess, monitor and improve the quality of the service. These included monthly reports sent to senior management which summarised key issues in all areas of running the home. In addition the operations director visited each month to audit various aspects of the service, focusing on a different area each month. Records showed recent visits reviewed medicines management and people's finances. As a result of these audits the registered manager completed specific actions and these were reviewed at the next monthly audit. The registered manager identified staff training requirements and enrolled staff on the various training courses they needed to do. The registered manager had a schedule for reviewing care plans and risk assessments in place and staff recorded when these reviews had been carried out to aid auditing. The registered manager signed care plans and risk assessments after checking through them to verify the content was accurate and appropriate. The provider carried out audits of various aspects of the environment including health and safety each month and these included most of the expected safety checks.

The provider involved people using the service and staff in the running of the home. Regular 'house meetings' involving people using the service were held where people's feedback was gathered on various aspects of the service. One person told us, "I go to house meetings." Staff told us how a person using the service enjoyed taking the minutes and typing them up. In addition regular staff meetings were also held. Recent minutes showed feedback received from people at 'house meetings' was discussed and best practice in various areas of the service such as infection control and medicines management was reinforced to the team. Staff told us they felt listened to and were able to raise any issues at team meetings for discussion and guidance. We found that good records of these meetings were kept for auditing purposes. The provider also carried out annual consultations with people and staff via questionnaires. Recent reports of these consultations showed feedback was overall positive. The provider created an action plans for improving the service based on these consultations. They regularly reviewed progress in achieving their objectives and records showed they were on track for making the improvements in the expected timescales.

The provider was aware of their regulatory responsibilities. This included submitting notifications to CQC, as required by law, of incidents such as incidents involving the police without delay.