

Acorn Complete Care Ltd

# Acorn Complete Care Ltd

## Inspection report

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11 April 2023  
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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 expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

Acorn Complete Care Limited provides support to adults with a range of needs including those with a learning disability. At the time of the inspection 1 person was receiving personal care. The service was based in the areas of Haringey; where the provider was supporting people that lived in their own homes. Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

There were suitable staffing levels to meet the person's needs and the provider carried out employment checks to ensure that staff were recruited safely. The service took measures to help prevent the spread of infections. Medicines were managed in a safe way. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

A relative told us that their loved ones were treated with kindness and their privacy was respected by staff. They also told us that they felt the service supported people to express their views and were involved in making decisions about their support with help from their families. The person's support plan was detailed and person-centred.

### Right Culture:

A relative spoke positively about the management team and staff. The service carried out a range of audits to ensure a good quality service was provided. Staff understood people's needs well. This enabled the person to receive compassionate and empowering care that was tailored to their individual support needs. Staff knew and understood the person well.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us 15 December 2021, and this is their first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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.

Details are in our safe findings below.

Good 

### 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 well-led.

Details are in our well led findings below

Good 

# Acorn Complete Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and Service Type

Acorn Complete Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, we have received an application from the new manager to become the registered manager for the service.

#### Notice of inspection

The inspection was announced. The provider was given 15 hours' notice of the inspection. This was because

it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 April 2023 ended on 22 May 2023

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the manager. We reviewed a range of records. This included 1 person's care plans, risk assessments, recruitment records, quality audits, daily records, and training records. We spoke with 1 relative and 2 care workers.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.' [Adapt as required dependent on methods used].  
Confirm the dates of the inspection activity (refer to inspection using remote technology guidance).

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements to help safeguard people from the risk of abuse because staff knew them well and understood how to protect them from abuse.
- The provider had policies and procedures in place that helped to reduce the risks to people of abuse. A relative told us people were kept safe and said, "Staff are always on time and there are no changes within the staff team, which has helped the staff to get to know our [relative] well. There is also information in place for staff to follow to help keep our [relative] safe."
- Staff completed safeguarding training and they understood their responsibilities and how to report any concerns. One staff told us, "I would report any abuse I have witnessed or heard to the manager, who I believe would take appropriate action. We also have a whistleblowing policy which can be used in the case of remaining anonymous."

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

- Risks to people were assessed appropriately and mitigated. The service involved people to manage their individual risks and to make decisions about how to keep safe and a relative confirmed this.
- Staff had access to people care records so they knew how to support people appropriately and keep them safe.
- During the inspection we saw that staff kept accurate information and up to date records for people.
- The provider completed environmental risk assessments for staff working in people's home to ensure that the environment was safe for staff and the person. For example, those risk assessments covered, fire and trip hazards and risks for staff using equipment.
- Systems were in place for staff to complete accidents and incidents forms.
- People were supported to receive safe care as staff learned from incidents and accidents and safety alerts. The manager told us, "Accidents and incident forms are analysed and reviewed for any trends and to help put in steps to prevent recurrence. This is also shared with the staff team, the person and their relative, as well as the local authority."
- Staff also confirmed that they receive regular updates and meetings by the manager on any changes as part of lessons being learnt.

Staffing and recruitment

- The provider had enough staff, to meet people's support needs. A relative told us, "We have no concerns on the staffing levels and their skills. "
- The service recruited staff safely. The provider completed, pre-employment checks which were carried out to ensure staff were suitable for the role. This included employment references, proof of identification and

right to work in the UK. Disclosure and Barring Service (DBS) checks. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

- Staff told us they felt that there were enough staff to meet people's needs safely. One staff said, "There is more than enough staff [working for the service to ensure people are safe]."
- People's record contained clear and essential information of the person's support needs and risk. This ensure that new or temporary staff could quickly identify how best to support them.

#### Using medicines safely

- At the time of our inspection, the service was not supporting people with their medicines.
- The provider had a medicines policy in place and staff were trained and assessed before they administered medicines to people.

#### Preventing and controlling infection

- The service had effective systems in place to manage infection control to keep people safe. A relative told us, "The staff have access to gloves and aprons which is supplied by the service for staff to use."
- The provider's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed the correct procedures for supporting people with preparing their meals.
- All staff received infection prevention and control, training. The training included the correct use of using personal protective equipment, which staff and training records confirmed this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed comprehensive needs assessment for people before the service began their support. This approach helped to ensure that the service was able to meet people's needs and wishes.
- A relative told us they were involved with their family member's assessments of needs. Comments included, "We were invited by the manager to take part in the needs assessment with our [relative] before the support started. This helped to ensure that the right support and staffing were in place and that our [relative] were being listened to."
- Support plans reflected a good understanding of the person's needs, including relevant assessments of the person's communication support needs. Assessments were up to date and regularly reviewed.

Staff support: induction, training, skills and experience

- People were supported by experienced staff, who had received the relevant training to help ensure that the person received good and safe care and support.
- A person and a relative told us they felt staff were skilled and experienced to support people appropriately. The relative told us, "In my view the staff have the right skills and empathy to be able to support [person]. In 1 word they are excellent at what they do."
- Staff were able to describe how their training related to individuals and their support needs.
- Staff received regular supervision and spot checks were carried out to make sure staff were delivering appropriate care to meet the people's needs.

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. People's support plan had information on how to support the person with meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff had received training to support people to avoid malnutrition and dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by their family members and staff to attend annual health checks.
- People were referred to health care professionals when required. This ensured that the person received the right support from health professional to help live healthy lives.
- Staff were confident on how to support people to access their healthcare practitioners if needed. For example, one staff told us "Family lead on contacting [people's] health practitioners. However, if I was

concerned about a [person's] health I would call 111 or 999 for advice."

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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

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 Mental capacity assessments (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA..

- Staff empowered people to make their own decisions about their care and support. A relative told us, "Staff empower my [relative] to make their own decisions, which staff respect."
- The provider operated within the legal framework of MCA and had up to date policies and procedures in place for staff to follow if it was identified that people did not have the mental capacity to consent to their care.
- Staff respected the rights of people with capacity to refuse their support if they chose to. For example staff told us, "It is very important to support [ the person] to make their own choices and respect others when they refuse care. However, I would always report this to my manager and record it in the [person's] care record."

# 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 were matched well with their allocated care workers and felt respected and were happy with their support. A relative told us, "We can only speak positively about the service. Our [relative] requested for female staff only, which they have provided."
- People received kind and compassionate support from care workers who used positive and respectful communication, which people understood and reacted well too. A relative told us, "The staff are very patient and respectful. They care for the person they support."
- Staff demonstrated that they knew people's care needs well and how to support them in line with their preferences. One staff said, "I am constantly updated [of any changes by the management team]."
- All staff had completed equality and diversity training and people's spiritual and cultural needs were respected.

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

- People and their relative felt listened to and valued by staff. For example one relative said, "We feel staff know our [relative] well and they always listen to their wishes and decisions they make."
- Staff took time to recognise people's individual communication styles and built a positive rapport with them. One staff said, "It is very important when communicating with [person] we communicate in the ways that [person] understand and don't rush [person]."
- The care plan reflected people's views on how their care is to be given which was captured in the initial needs assessments.

Respecting and promoting people's privacy, dignity and independence

- people's independence was promoted. Care records reflected the people's independence and areas of support that were required. This information gave staff clear guidance on how to encourage people to maintain their independence and skills.
- A relative told us that staff understood when people needed their space and privacy and staff respected this. One relative said, "We have surveillance cameras in place, which we are able to see how staff are interacting with our [relative]. Staff are very respectful, and they also give privacy and dignity which support is given."
- Staff received equality and diversity training. One staff said, "I feel very confident in what I do due to the management ensuring that I receive up to date training."

# 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.

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

- The provider ensured that people received support that was focused on their quality of life and chosen outcomes. For example care plans were completed with people and their relatives. There were also plans in place for people to reach their goals and aspirations and information about people's likes and dislikes.
- People were able to choose their personal preferences, on who they wanted to support them, which was captured at the initial needs assessment by the manager which relatives and the assessment records confirmed.
- Staff knew people well and were flexible in their approach. A relative told us, "Staff have got to know our [relative] well and are very flexible in their approach and care they provide. This is the 4th care agency we have used and by far is the best agency".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured that people had access to information in a format that people could understand. For an example, the service was able to complete a person's care records in large print or in a pictorial format if required.
- Staff had the skills and training to support people's individual communication needs. The manager told us, "As part of staff induction programme, all receive communication training, this helps staff understand that people have different ways for communicating and gives staff the skills that they need."
- The provider had a communication policy in place that gave staff guidance on different methods of communication that can be used to support people. This included information in a picture format and large print.

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

- People were encouraged and supported to develop and maintain relationships that were important to them. A relative told us, "We are very much involved with our [relative's] care and support.

- The service had support plans in place and goals were developed with people and their family to enable them to reach their full outcomes.
- Staff understood their role and the importance of people developing and maintaining relationships with others to help prevent social isolation.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no formal complaints since the service had been registered and a person and a relative, we spoke to confirmed this.
- People were clear on how to raise concerns and complaints and was given a list of contact information, so they were able to call the provider if required. A relative said, "The manager is always available to take calls, also they are very approachable if we have any questions."
- Staff were clear of their responsibilities of how to manage and report complaints. One staff said, "Management are extremely passionate in what they do, this reflects onto us carers."
- The manager spoke positively about the importance of continually Improving their care quality of the service. For an example, the manager told us, "The aim has always been about the quality of care and to ensure [an individual] has a voice on how they wished to live their lives. I treat complaints very seriously and ensure the complainer is kept up to date on the actions and outcomes that have been taken."

#### End of life care and support

- At the time of inspection, no one at the service was being supported with end-of-life care.
- The provider had an end-of-life care policy which gave guidance to staff about how to provide this type of care sensitively.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider was passionate about ensuring that staff were valued and promoted people's rights and enabled people to develop.
- The management were visible in the service and carried out regular visits and spot checks to ensure the service was running well in a person-centred way. We looked at the provider's audit systems, which confirmed that checks were completed, and actions were taken to help develop good outcomes for people.
- Staff told us they felt respected, supported and valued by the provider and were able to raise concerns with the management team if needed to. One staff said, "The management is very approachable, they encourage staff to develop our skills. The communication is outstanding, and I am able to raise concerns if I needed to."

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; Continuous learning and improving care

- The provider was aware of their registration requirements with CQC and of their duty of candour. The manager told us that if something did not go to plan, The service would apologise to people, and those important to them. The manager said, "It's important to know when to say sorry if something went wrong. I believe openness is the goal and working together to learn from mistakes that has happened."
- A relative told us they felt the service was open and transparent. One relative said, "The staff are very open and honest. I feel that if something went wrong the service would inform us."
- The provider kept up to date with national policy to inform improvements to the service.
- The service had systems and processes for monitoring the quality of the service and these were operated effectively. These systems Included surveys that were sent to people and relatives, audits, and spot checks to improve and help to develop the service.

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

- The manager had the right skills and experience to perform their role and was clear about people's needs. They also had a good oversight of the services they managed. The manager said, "I feel being a good manager is to lead by example and to share experience with each other. Also, not to make staff feel anyone is better than anyone else."
- The provider had a governance system in place, which helped to analyse any learning and making Improvements where identified.

- The provider had systems in place for supporting staff, this comprised of inductions for new staff, regular supervisions and appraisals to help support the delivery of safe and good quality care.
- The provider invested in their staff team by providing them with good quality training to help meet the needs of the people that are supported by the service.
- The provider had policies and procedures in place which reflected good practice guidance and legislation. Those were reviewed regularly to ensure they were up to date.

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

- There were systems in place to ensure, that people, and those important to them, worked with managers and staff to help develop and improve the service. This was through regular reviews, discussions with staff, meetings.
- The provider requested feedback from people and relatives to develop the service. A relative told us, "We receive questionnaires to complete regarding the service performance and any suggestions that we may have to help improve the service."
- Care plans showed that joint partnership working was taking place to review people's health and wellbeing. For example there was information of professionals that can be contacted by staff.
- The service was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area.
- The provider was clear on how to refer people to other organisations if needed such as, advocacy services and health and social care organisations. This helped to support people using the service to engage with others if they wish to.