Ark Care Homes Limited

Acorn House - Bideford

Inspection report

2 Eastbourne Terrace
Westward Ho
Bideford
Devon
EX39 1HG

Tel: 01237424248
Website: www.arknursing.co.uk

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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

Acorn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Acorn House accommodates six people living with a learning disability in one adapted building. At the time of our inspection there were four people living at the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This announced comprehensive inspection took place on 31 October and 2 November 2018. The provider was given short notice because we needed to be sure that someone would be in.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

The service provided safe care to people. A relative commented: "(Person) definitely feels safe and secure." People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Relatives commented: "We continue to be delighted by the standard of care (person) receives" and "The staff really 'get him'. (Person) is really settled and his adulthood is improving. Staff have worked really hard with (person) and he is doing more now." Staff treated people with dignity and respect when helping them with daily living tasks. The service ensured people led meaningful and fulfilled lives.

There were effective staff recruitment and selection processes in place. People received effective care and

support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered and home managers worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and continuous improvements were made in response to the findings.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 comprehensive inspection took place on 31 October and 2 November 2018. The provider was given short notice because we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spent time with everyone living at Acorn House. We spoke with two relatives and eight members of staff, which included the registered and home managers. We spent time observing the interactions between them and staff.

People living at the service were unable to communicate their experience of living at the home in detail with us as they were living with a learning disability. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two professionals.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People were not able to comment directly on whether they felt safe. We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy. A relative commented: "(Person) definitely feels safe and secure."

Staff demonstrated an understanding of what might constitute abuse. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered and home managers demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed. Safeguarding concerns had also been reported appropriately to both the local authority and CQC.

People's individual risks were identified and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for behaviour management, eating and drinking and accessing the local community. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.

The home manager explained that during the daytime everyone received at least one to one support. In

addition, staffing levels increased dependent on what activities people had planned. At night there was one waking night staff and another slept in. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by staff members who knew and understood them. In addition, the service had night-time on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines they were checked and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

People were protected because the organisation took safety seriously and had appropriate procedures in place. The premises were adequately maintained through a maintenance programme. Fire safety checks were completed regularly by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they understood their roles and responsibilities when protecting people in their care.

Good

Is the service effective?

Our findings

The service continued to provide effective care. People did not comment directly on whether they thought staff were well trained. Relatives commented: "I am grateful for the care of my son by the well-trained and qualified staff at Acorn House" and "Staff are always vigilant and attentive, but give (person) space and time to formulate his own choices and this is respected."

Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical or mental health.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and learning disability practitioners. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital.

Staff had completed an induction in line with the Care Certificate when they started work at the service. The Care Certificate sets a minimum standard that should be covered as part of induction training of new care workers. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working with people alone. This enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff commented: "The training is very good" and "The training was brilliant, in-depth." Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), behaviour management, learning disability awareness and first aid. Staff had also completed nationally recognised qualifications in health and social care.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported when it came to their professional development.

Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. This was through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

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's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for dental treatment. This demonstrated that staff worked in accordance with the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. One person had a DoLS authorisation in place and three people were awaiting DoLS assessments.

People were supported to maintain a balanced diet. People had preferred meals documented, which also helped inform the menu. A staff member commented: "We know people's likes and dislikes. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored regularly to ensure their general well-being.

People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails.

Good

Is the service caring?

Our findings

The service continued to be caring. Staff were skilled to give people reassurance and comfort. People responded to gentle humour and banter. Their reactions showed they were at ease with their place in the home's community and with the staff supporting them. Staff interactions were good humoured and caring. Relatives commented: "We continue to be delighted by the standard of care (person) receives"; "The staff really 'get him'. (Person) is really settled and his adulthood is improving. Staff have worked really hard with (person) and he is doing more now" and "I have nothing but the highest praise for the care (person) receives. Whenever we call or visit (person) it is evident that he is happy and that his views and preferences inform every aspect of his care. Staff work with (person) to build excellent relationships, they laugh and joke with him and he responds with evident pleasure."

Staff treated people with dignity and respect when helping them with daily living tasks. A relative commented: "They (staff) treat (person) with respect and the gentleman he is." People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality and sexuality.

Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. They did this skilfully through the use of people's preferred communication methods, such as signs, symbols and objects of reference to enable them to decide what they wanted to do. People were completing a variety of activities and accessing the local community during our inspection. Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life by thinking about other activities they could explore for people.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them; this provided them with reassurance.

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff demonstrated how they were observant to people's changing moods and responded appropriately, which showed how well they knew people. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of

involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

Good

Is the service responsive?

Our findings

The service remained responsive to people's needs. People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and behaviour management. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Staff had been proactive in supporting one person who struggled with attending to their personal care. Staff had worked alongside them and established that it was the shower head which was the problem. The person wanted one just like one of their relatives. A new shower head was purchased and now the person is keen to shower everyday. This has also enabled them to prepare for each day and there has been a significant increase in activities as a result. The responsiveness of staff had aided the person's overall well-being.

Activities formed an extremely important part of people's lives. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest. For example, arts and crafts, swimming, carnivals and attending social clubs. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family. A relative commented: "(Person) has a busy social life. Staff encourage him to take part in local trips and visits and he often goes to see a show, musical or event and we are invited to events taking place in the home such as charity events, bbq and Christmas meals which we value."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used

to express themselves. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, using pictures and symbols when planning people's days. Staff had also noticed that a person liked mirrors which helped them to communicate. As a result, mirrors were purchased and placed near where the person liked to sit. This had enabled them to communicate more effectively.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and knowing people's behaviours when unhappy. Relatives were also made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered and home managers recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

The service continued to be well led. 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. Relatives commented: "Since (home manager) has been at Acorn House (person) has improved. She has the right attitude. We are always updated and attend meetings when needed" and "Since (home manager) took over as manager she has gone out of the way to help us become part of (person's) life, reorganising staff schedules to enable (person) to visit and stay. Would I recommend Acorn house? – without hesitation."

Staff spoke positively about communication and how the registered and home managers worked well with them, encouraged team working and an open culture. Staff said, "We work as a team" and "The (home manager) is lovely. A breath of fresh air." Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. For example, key worker meetings took place to address any arising issues and the home manager ensured they spent time with people on a regular basis. This helped to identify particular activities and food choices. In addition, surveys had been completed by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. The home manager was also in regular contact with families, via phone calls and visits. The home manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Acorn House. For example, people were constantly encouraged to lead rich and meaningful lives.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals being involved. For example, GP, psychiatrist and specialist epilepsy nurse. Regular medical reviews took place to ensure people's current and changing needs were being met. A professional commented: "My contact with Acorn House is to review epilepsy and emergency rescue medication protocol. I have no concerns with the epilepsy support offered by the support staff. They have good record keeping, support people to attend outpatient clinics and will contact me if they require

advice."

Audits were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans updated and maintenance jobs completed.

The registered manager had notified CQC appropriately about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.