

Carebase (Redhill) Limited

Acorn Court Care Home

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 ●

Summary of findings

Overall summary

About the service

Acorn Care Home is a residential home providing personal and nursing care for up to 86 people. The service is provided in one building, which was divided into four units. Two of the units were on the ground floor and the other two were on the first and second floors. At the time of our inspection, there were 83 people using the service.

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

People felt safe in the service. There were systems in place to assess and manage risks to people. Staff understood adult safeguarding procedures, which meant any potential or real incidents of abuse were appropriately reported.

Although there were enough staff most of the time, there were times when the staffing levels were not adequate. The registered manager was aware of the issues and how to address them to ensure enough staff were available to meet people's needs. Staff were recruited appropriately following the provider's recruitment processes. These ensured staff were safe to work with people and had the necessary skills and experience to provide care. Staff received support, training, supervision and annual appraisals.

Overall, medicines were managed safely. However, there was one gap in the recording of medicines. The registered manager assured us that this would have been picked up through their auditing system. They said they would take appropriate action to ensure there was no gaps in the recording of medicines.

The service was clean throughout and there were systems in place to manage the risk of the spread of infections. Records of incidents and accidents were kept, and lessons were learnt, where appropriate, to ensure improvement in the service.

People had their needs assessed when they started using the service. Care plans were developed and reviewed to ensure people had the right support. Care plans were recorded electronically and on paper. Staff had access to both systems and knew people's needs. Staff were kind and respectful to people. People's privacy and dignity was respected, and staff had good knowledge of equality and diversity which meant that people's choices, preferences and human rights were respected.

People 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.

People were supported to have nutritious food that reflected their preferences and needs. Staff supported people to have access to healthcare.

There were various auditing systems in place to ensure that aspects of the service were quality assured and

actions taken, where shortfalls were identified. Surveys were used to gather feedback about the quality of the service. The registered manager worked with other organisations for the benefit of people using the service.

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

Rating at last inspection

The last rating for this service was good (published on 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Acorn Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector and two Experts by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors returned to the service on the second day to complete the inspection.

Service and service type

Acorn Court Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who commissioned the home's services. Due to technical problems, the provider did not send us the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We observed how staff provided care and communicated with people. We spoke with eight people who

used the service and 11 relatives. We spoke with five care staff and an activities' co-ordinator, a housekeeper, maintenance person, the deputy manager, a training advisor, the registered manager and three healthcare professionals. These discussions helped us understand how people experienced the service.

We reviewed a range of records. These included 11 people's care records and 10 records relating to staff recruitment, training and supervision. We also looked at information relating to the management of the service, including the provider's policies and procedures, people's medicine administration records (MARs) and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate the evidence found during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe within the service. Potential risks to people's healthcare and wellbeing were identified and guidance on how to manage the risks was in place.
- Regular health and safety checks were undertaken to ensure the facilities and environment were safe. Staff told us, and records and certificates confirmed, that fire risk assessment was completed and regular checks and tests were undertaken of fire alarms, emergency lights, call bells, room temperatures, and the passenger lifts. This ensured people lived in an environment where health and safety of the facilities were checked and tested.
- The service had fire emergency procedures in place. Firefighting equipment were regularly monitored and fire drills undertaken. Each person had a personal emergency evacuation plan (PEEP) in place, which provided guidance to staff and the emergency services regarding the level of support that people would require to evacuate from the home.

Systems and processes to safeguard people from the risk of abuse

- People were safe within the service. One person told us, "Yes, I feel safe here, the staff are kind and it's a nice place to be." Another person said, "I've never seen anything that concerned me." A visitor told us, "I feel people are safe."
- People were protected from the risk of abuse. The provider had a safeguarding policy in place and staff had received training on safeguarding. Staff knew how and where to report if they became aware of an incident of abuse. One member of staff told us, "I will report [safeguarding incident] to my manager. If I feel nothing is being done about it, I will report it to social services or the CQC." This meant staff knew how to deal with safeguarding incidents.

Staffing and recruitment

- People's views about staffing levels were mixed. One person told us, "Sometimes there are not enough staff." Another person said, "There are enough staff." Staff told us they were sometimes under pressure when other staff went off sick at short notice.
- The registered manager explained that the service had a bank staff system which they used to cover staff absence. They stated that on occasions where staff phoned in sick at short notice, heads of units and the managers were at hand to provide support. A social care professional wrote, "I had no concerns raised with staffing levels."
- The registered manager reviewed the staffing levels based on people's dependencies. The number of staff working on the day of the inspection reflected the staffing rota. We observed that there were enough staff to provide care including support with meals.
- The provider followed safe staff recruitment practices. Staff underwent pre-employment checks, which

included checks on their evidence of personal identification, employment histories, qualifications, criminal records, right to work in the United Kingdom and references to confirm they were of good character.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There was only one unexplained gap where it was noted staff did not sign on the records to confirm they had administered the medicine. The nurse in charge stated staff would have noticed and addressed this through their auditing system. They told us they would check why there was a gap.
- Medicines were stored securely and at the correct temperature on the day of inspection. The temperatures of the fridge and room where medicines were stored were checked daily and recorded.
- Monthly medicine checks took place. Medicines audits had been carried out by external pharmacists to ensure that procedures were followed.
- Appropriate procedures had been followed in the administration of controlled drugs.

Preventing and controlling infection

- The service was clean and well maintained. One person told us, "Staff clean my room, I am satisfied with it." A relative said, "I have no concerns about the cleanliness of the home." A healthcare visitor commented, "The home is always clean." We observed domestic staff cleaning communal areas and bedrooms throughout the day.
- People were protected from the risk of infections. Staff had attended training in infection control and were aware of the provider's infection control procedures. They had access to personal protective equipment (PPE) such as disposable gloves and aprons and we observed them using these when supporting people.
- There were systems in place for handling, transporting and washing laundry items dirty clothes at appropriate temperatures. These reduced the risk of cross infection.
- A health and safety committee, which comprised of managers and head of units, met quarterly and discussed health and safety aspects of the service. A plan of action was put in place to address any safety issues to ensure the service was safe.

Learning lessons when things go wrong

- Incidents and accidents were recorded as and when they occurred. Staff reviewed people's risk assessments to ensure similar incidents and accidents were avoided. The registered manager produced monthly reports of incidents and accidents, which helped the service learn and manage incidents and accidents better.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Initial assessments of needs had been completed before people moved into the service. Referrals had been received and reviewed by the registered manager to determine the service was appropriate for people. Records confirmed that the registered manager or the deputy manager completed preadmission assessments. This ensured that the service had enough information and was confident to meet people's needs before they were admitted.

Staff support: induction, training, skills and experience

- Staff had knowledge and experience of supporting people. One person said, "Staff know how to care for me." A relative told us, "Yes, I think the staff are mostly well trained."
- Staff received an induction when they started work at the service. They told us that they shadowed experienced staff and completed training on the policies, procedures and practices of the service when they started work. Staff told us they found their induction useful. Where new staff had no previous experience of working in a care setting, they were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard of new care workers.
- Staff attended training in areas relevant to their roles. The training at the service included online and face-to-face training. The service had a trainer who provided advice on staff training and ensured staff received training appropriate to their roles.
- staff had regular refresher training to update their knowledge. They were knowledgeable regarding the care of people. A member of staff said, "I had a lot of training." Certificates and training records confirmed staff had completed various training programmes.
- Staff received supervision and annual appraisals. One member of staff said, "Yes, I had supervision with my line manager." We saw records which confirmed staff had received supervision and annual appraisals.

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

- People's views about the food were mixed. One person told us, "I don't like the food." But another person said, "The food is really good." A third person told us, "I like the meals, they're lovely." A relative said, "I think the food is quite good. There are three courses at lunchtime and [my family member] usually eats all three."
- Staff supported people with their meals. We saw staff sat by people's side and had their own meals while supporting and talking with them. This helped people enjoy their meals.
- People's dietary needs were assessed. Care plans contained preferences and guidance for staff on how to meet people's dietary needs. Staff completed people's dietary needs assessments. This ensured people had suitable arrangements in place to meet their dietary needs in relation to aspects such as their medical and cultural needs.

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

- The home was designed to meet people's needs. All the floors were accessible with passenger lifts and people had their rooms personalised with family photos and personal effects.
- The corridors were bright, wide and there were handrails which people could use when needed. One person commented, "They've made lots of improvements lately, which have really brought the home up. It's all nicely decorated."

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

- People had access to a wide range of healthcare services and support. A relative told us, "The doctor and the mental health team have been involved [in person's care]" Three visiting healthcare professionals gave positive feedback how the service supported people to have access to health care.
- Records showed staff effectively worked with professionals such as and dietitians, community psychiatry nurses, speech and language therapists, chiropodists and dentists to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People consented to their care. We observed staff gave people choices and waited for them to decide. For example, we saw during lunchtime staff asked one person and waited to hear if they consented to use a clothes protector. We observed staff explaining to and asking people if they could take their medicines.
- Staff had attended training in MCA. Staff told us and records confirmed that they had completed training in MCA. One member of staff explained their understanding of MCA and how to make best interest decisions if people lacked capacity to make their own decisions.
- The registered manager had received DoLS authorisations for four people and was waiting for similar decisions for some people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were caring and kind to people. One person said, "I like it here, [staff] are all nice to me and we have a laugh." Another person told us, "The staff are very kind, they are good fun." A relative commented, "The staff are very kind." A healthcare professional told us, "Staff are always polite, respectful and caring."
- Staff had a good knowledge on equality and diversity. A member of staff told us, "I have attended training on equality and diversity. My understanding of equality and diversity is that everyone has a choice; everyone is different; we have to treat everyone as an individual."
- Care plans identified people's needs, likes, dislikes, relationships, interests, hobbies and how they wanted they wanted staff to support them. This meant staff had information about people to meet their needs.

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

- People were involved in making decisions about their care. A relative said, "We, the family, were involved in setting up the care plan." People or their representatives had signed to confirm they were involved in and agreed to care.
- People's communication needs were assessed and guidance provided for staff how to communicate with them. For example, one person's care plan stated, "When talking to [person] ensure that you allow [them] to think about what you have said and ensure that [person] has understood what you are telling [them]."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. A member of staff explained that when supporting people with personal care they shut the doors and curtains to ensure people's privacy was respected. We observed, and relatives confirmed, that staff knocked on doors and announced themselves before entering people's rooms.
- Staff encouraged people to maintain their independence. Information about what people could do to maintain their independence was included in their care plans. We observed people had appropriate equipment to assist them to maintain their independence.
- Staff protected people's privacy and dignity. We noted, for example, family members were asked to leave the room to protect people's dignity during personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and were supported to have choice and control. One person said, "If I want something, [staff] go and get it. No matter what I've asked for, I have had it immediately." Another person said they chose when to get up, when to have personal care and breakfast. A relative told us staff supported a person to attend medical appointment on a day of the person's choice.
- Care plans were person centred which meant people's needs, preferences and how they wanted staff to support them were detailed.
- Care plans were reviewed regularly to ensure changes in people's needs were identified and met by staff.
- Staff had daily handover sessions which helped them to be up-to-date with people's care needs.

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 lived fulfilling lives and were supported in innovative and creative ways to avoid social isolation and links with the community were developed. We observed local children from a local nursery and their families who sang and entertained people. Staff informed us the group came twice a week on a regular basis.
- Staff arranged various activities included day trips and inviting entertainers and musicians to the service. A relative said, "Given how complex the needs of a lot of the residents are, I think they do very well. The activities are very good. There's always something going on and the staff join in."
- The service provided a bistro, which gave a café atmosphere where people were served with hot drinks, snacks and meals, where they sat and read newspapers. This also provided opportunities for families and visitors to meet people.
- A cinema room with a television with a large screen was available for people to watch films. The registered manager told us that the room was used regularly and relatives were welcomed to join people to watch the films.
- The provider encouraged family relationships and community links, so visitors were always welcomed. We noted that staff welcomed relatives even when their loved ones were no more at the service. We were informed of relatives who continued to visit regularly and were provided with meals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or hearing aids. One person's care plan stated that staff should ensure their glasses were cleaned.
- Information such as care plans or meeting minutes could be printed out in large print. The registered manager was clear about their responsibility to ensure information was available in accessible formats.

Improving care quality in response to complaints or concerns

- The provider had procedures in place to respond to complaints. People and their relatives knew how to make a complaint and felt comfortable raising concerns. A relative told us, "I think I have the complaints procedure. [Staff are] very good at listening to me."
- The registered manager recorded, investigated and responded to complaints.
- Information on how to make a complaint was available on a notice board in the service.

End of life care and support

- Staff had end of life training and supported people to make decisions about their end of life care. These were recorded in people's care plans along with 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPRs) if required.
- People were made comfortable. A relative said, "[Staff] made [person's] end of life comfortable. They treated [the person] with love".
- The service had good links with the local hospice and were able to support people who wished to remain at the service to receive end of life care. At the time of our visit three people had open access to a hospice.
- Staff were supportive and sensitive to the needs of people receiving end of life care. There were rooms for relatives wishing to stay nearby to people at the end of their lives. On the day of our visit we saw a reception organised at the service for friends and relatives of a person whose funeral was had taken place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People, relatives and professionals were satisfied with the care provided. A relative said, "I think [the service] is exceptionally well run and the care is excellent." Another relative told us, "My [spouse] receives the best care possible and all their needs are taken care of." A healthcare professional told us, "Staff are welcoming, polite and responsive to people's needs. They take our advice onboard."
- The registered manager promoted an open culture and was available to people using the service and staff. We saw the registered manager and deputy manager being visible and interacting with people, staff and visitors.
- People, relatives and staff spoke positively about the registered manager. Comments included, "The manager is very pleasant. I don't have any issues. The manager is always very friendly when she sees me. The manager is polite and addresses issues without a delay."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility around the duty of candour. They were open and transparent sharing information during the inspection.
- People, their relatives and professionals knew the registered manager and felt they could raise concerns. A relative said, "I think if we had any problems, [the registered manager] would deal with them, [the registered manager] seems pretty on the ball." A healthcare professional wrote, "At no time have I experienced any reluctance on the part of [the registered manager] to ask for help or to share information."

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

- The registered manager and staff understood their roles and there was a clear management structure in place.
- Staff felt supported by the registered manager and there was good communication within the staff teams through handovers and team meetings. Comments from staff included, "We are supported and are happy here. There is a communication book to know what has been going on when we are off. When we start work, we read people's care plans on the computers and in the folders."
- There were various processes to monitor the quality of services provided to make improvements as required. The audits completed by the registered manager included monthly medicine audits, care plans,

policies, procedures, complaints and incidents and accidents. Similar audits were also undertaken by the business manager and a pharmacist. Any shortfalls identified during the audits were acted upon to ensure the quality of the service was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People, relatives and staff attended regular meetings which gave them the opportunity share their views and influence the quality of the service.
- People and staff were engaged in how the service was run. An independent organisation carried out surveys seeking feedback from people, relatives and staff. The last survey was positive about the service and the comments included, "I am very pleased with all the care my relative is receiving. This is an excellent care home and I am very pleased I chose this for [my relative]. I am more than satisfied with all sides of Acorn Court especially since [the registered manager] came."
- Staff, nurses and management meetings were held regularly. This gave staff and management an opportunity to share information, experience and make improvements.

Continuous learning and improving care

- The management team attended the provider's managers' meetings, providers' meetings and multidisciplinary meetings which gave them the opportunity to learn from information, experiences and practices they shared.
- Complaints, incidents and accidents were monitored and analysed to ensure the service drew lessons.
- The service was accredited with the 'Gold Standard Framework [GSF].' The GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives. It is concerned with helping people live well until they die.

Working in partnership with others

- The registered manager worked with other professionals such as the GPs, opticians, physiotherapists, dieticians, speech and language therapists and palliative care nurses.
- The service worked positively with other organisations and feedback from one such organisation stated, "The home is exceptional, both in terms of the facilities and the team you have gathered around you."