

Mrs Sarbjit Soor

# Acorn 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 

### Overall summary

The inspection took place on 21 July 2015 and was unannounced. Our last scheduled inspection at this service was in July 2014, when one breach of a legal requirement was identified. This was in relation to medicine management. The provider sent us an action plan and we saw at this inspection, that the service was meeting the Regulation.

The provider of the service is an individual who is responsible for the day-to-day management of the service. Therefore they are not required to have a separate manager. Therefore, the provider is the registered manager of the service. 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 and associated Regulations about how the service is run.

People were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. They knew how to report concerns. Medicines at the home were managed safely. There were sufficient qualified and experienced staff to meet people's needs.

# Summary of findings

The care plans we looked at included risk assessments which identified any risk associated with people's care and guided staff about how to minimise these in order to keep people safe.

Staff received the support and training they needed to provide an effective service that met people's needs. The staffing levels were flexible to support with planned activities and appointments.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. Staff personnel records showed that appropriate checks were carried out before they began working at the home.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a balanced diet and sufficient food and drink to promote their health and wellbeing.

People were supported to see healthcare professionals in order to ensure their general health and well being were maintained.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

People's care plans were based upon their individual needs and wishes. Care plans contained detailed information about people's health needs, preferences and personal history.

There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had received training about how to keep people safe and knew the action to take if they suspected abuse.

People were supported by staff who were trained to administer medicines safely.

The service had robust arrangements in place for recruiting staff.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

People were supported to eat and drink to maintain a balanced diet and wellbeing.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Good



### Is the service caring?

The service was caring.

Staff were kind, caring and treated people with respect.

People received care and support from staff who were aware of their needs, likes and preferences.

Good



### Is the service responsive?

The service was responsive.

Staff had information about people's individual needs and how to meet these.

People were encouraged to be independent and make choices in order to have as much control as possible about what they did.

People's healthcare needs were identified and met by professionals in order to keep them well.

Good



### Is the service well-led?

The service was well led.

We saw and visitors felt that the atmosphere in the home was friendly and welcoming. Feedback from professionals was positive.

The staff said the provider was supportive and they enjoyed working at the home.

A quality assurance system was in place to check standards were being maintained and improvements made where required.

Good



# Acorn Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 21 July 2015 and was unannounced. It was carried out by one inspector.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service and also looked at the environment. We spoke with two people who used the service, the manager, one staff member, a visiting professional, friends and relatives. We looked at two people's care files and other records relating to the management of the home as well as the systems used to manage people's medicines, including the storage and records kept by the home.

# Is the service safe?

## Our findings

The service provided was safe. One person said, “Oh yes I am safe here, they are lovely.”

The other person nodded when asked if they felt safe. We observed from people’s body language and interaction with staff that they felt comfortable in the home.

Our last scheduled inspection at this service was in July 2014, when one breach of a legal requirement was identified. This was in relation to medicine management. The provider sent us an action plan and we saw at this inspection, that the service was meeting the Regulation. We saw that people were supported by staff to take their medicines safely. Staff told us that they had been trained in the safe handling and management of medicines. There were appropriate arrangements in place to manage and store medicines. They were delivered and booked in using the Medicine Administration Record (MAR). We looked at the MAR for the people who used the service and found that they had been appropriately completed. The provider told us there were no people using controlled medicines at the time of the inspection however, they confirmed that appropriate storage would be sought if the need arose. This ensured that people received their medicines as prescribed.

Policies and procedures were in place to protect people. Staff confirmed they had read the policies and told us that they had received training in safeguarding adults. A flow chart was displayed in a visible area which gave details about who to report safeguarding concerns to and included a contact number for the local authority and the police. Staff understood how to respond to incidents of abuse and were aware of how to report any concerns. A staff member said, “I know what to do. If I was worried then I would report it to the local authority, the police or CQC. We have a duty to keep people safe.”

Care and support was planned and delivered in a way that ensured people were safe. Risk assessments had been

developed in relevant areas such as moving and handling falls prevention, nutrition and hydration. Risk assessments considered the most effective ways to minimise risks and were reflective of people’s needs. They helped staff to determine the support that people needed if they had a sudden change of condition or experienced an increased risk.

There were sufficient staff available to support people in line with their care plans. Staffing levels were reviewed regularly and adjusted when people’s needs changed or when they needed support with appointments.

The service had a robust staff recruitment system. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. We spoke with the registered manager who told us that new starters were not allowed to work alone with people, until satisfactory checks had been received. New starters were able to shadow experienced staff until they were confident in their role.

We found there were systems in place to respond to emergencies that could occur. A fire safety check was carried out in July 2015 and no recommendations were made. Staff had completed first aid training and there was a first aider at the home. We saw checks were made to ensure the environment was safe and the provider had a lead role for health and safety. Checks carried out included checking fire alarm equipment. There was no one using moving and handling equipment at the time of the inspection. Electrical appliances and kitchen equipment were checked to ensure they were safe to use. A food hygiene inspection carried out in 2015 gave a score of 5 (excellent). The accommodation was generally clean and well maintained which ensured that people were cared for in a safe environment.

# Is the service effective?

## Our findings

The service provided was effective. People's needs, preferences and choices were met by staff who had the necessary skills and knowledge. Staff had received appropriate training. They found that the training was valuable and gave them knowledge and confidence to carry out their role effectively.

We saw training certificates indicating that staff attended training relevant to their role. Training included dignity and respect, safeguarding adults, diabetes awareness, emergency first aid, medicine management, infection control and health and safety. Staff told us, they were encouraged to identify any training needs during supervision. They felt supported by their manager and had regular supervision sessions with them. Supervision sessions are one to one meetings with their line managers. We saw staff records which showed supervision sessions took place.

Staff had not received a formal appraisal. The provider showed us a format for annual appraisals which they told us will be implemented with immediate effect. Annual appraisals provide a framework to monitor performance, practice and help to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. They were clear that, when people had the mental capacity to make their own decisions, this would be respected. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The staff had knowledge of this and said they would talk to the registered manager for further advice if needed. We spoke with the registered manager who told us that a social worker was coming to carry out an assessment for a person in the next fortnight to carry out a DoLS assessment in order to assess whether the person's human and legal rights were respected.

We saw that staff offered choices and respected people's decisions, for example, one person refused to have their lunch. Staff returned to offer it to them at frequent intervals to encourage them to have their meal showing that staff respected their choice. People were supported to eat and drink sufficiently to maintain a balanced diet. Meals were flexible to meet their needs. People told us that they enjoyed their meals. Menus were planned in advance but were not rigid, so that people could have a choice if they did not want what was on offer.

People received support from healthcare professionals in line with their needs. Staff supported people to attend appointments when needed and were swift to act when their care needs changed. Staff were well supported by external healthcare professionals who they called upon, when people required more specialist support. We saw from records that a variety of external healthcare professionals provided support with meeting people's assessed needs and that visits to and from health care professionals were recorded. We saw the environment was calm and all areas were appropriately decorated and furnished. The garden was well maintained, accessible and enjoyed by people who used the service.

# Is the service caring?

## Our findings

The service provided was caring. We saw that people were happy with the care and support provided by the staff. One person said, "Yes, they are all very good." Another person smiled when asked if they thought the staff were caring. A visiting professional told us, "The staff seem motivated and caring."

We saw that people were happy and smiling and had good relationships with the staff. Staff were able to describe each person's likes, dislikes and what their care needs were. We observed that staff offered choices of activities and food to people and respected their choices. People were encouraged to be as independent as possible. When staff assisted people with personal care they ensured that doors were closed to protect their privacy and dignity.

We observed that staff interaction with people was caring and understanding. People were at ease with the staff. The

staff were knowledgeable about people's background, interests, likes and dislikes. The staff on duty met people's needs in a competent and sensitive way. Staff spent time with people individually and showed concern for their well being. The provider said, "We provide a homely service, I treat them as my own."

All staff were aware of maintaining people's confidentiality and we saw that the confidentiality policy was signed and a copy kept within each staff member's file. Staff told us how they treated information confidentially and said they would only share information as required for that person's care with other professionals as required.

We saw that all staff had received training in end of life care and knew how to respect people's wishes and support people and their families with kindness and respect during this time.

# Is the service responsive?

## Our findings

The service provided was responsive. People's care plans were basic but personalised and contained details of their likes and dislikes, what they liked to be called and their life history. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. Relatives and friends told us that they were involved in discussions about people's care plans and that staff knew how to look after them. A person's friend who regularly visited told us "They are quite happy there. The staff are lovely and provide one to one care." A professional who frequently visited the home made the following comment in a questionnaire they completed, "I have made several visits to this home and I feel the care delivered is to a high standard. The environment is very pleasant and welcoming. Well done for your great work. Keep up with it."

Care plans were in place and were reviewed six monthly with the involvement of people who used the service and their relatives, if they wished. They were reviewed and updated more frequently if people's needs changed, for example, when a person returned from hospital. We saw that staff encouraged people to make choices and have as much control as possible over what they did and how they were cared for. We heard staff asking for permission before they did anything for people. They also knocked and asked for permission to enter their rooms.

Arrangements were in place to meet people's social and recreational needs. We observed that people were read to, played table top games with staff and went out in fine weather. Staff gently encouraged people to participate in activities if they chose to. We saw that staff sat beside people in order to engage them in the activities. We noted that the television was not switched on, unless requested by people. This meant that people were not isolated and received companionship with in the home.

The service was responsive to people's healthcare needs. From the notes we looked at, we saw that the GP was promptly contacted if a person became unwell. The relevant information was shared with other agencies and professionals when people moved between services and relatives were kept informed. People's healthcare needs were therefore identified to ensure that they had access to the necessary treatment.

The service's complaints procedure was displayed on a noticeboard in a communal area. Relatives informed us that they felt confident that if they raised any concerns, they would be listened to and acted upon swiftly. They told us they would speak to the manager or a member of staff. When we asked people if they had any concerns at the time of our visit, they told us they had nothing to complain about.

# Is the service well-led?

## Our findings

The service was well led. The provider was also the manager of the service. They had responsibility for the day-to-day running of the home. Relatives told us that they were happy with the management of the home. We saw that people were comfortable at the home and the provider dealt with any issues as and when they arose.

On the day of the inspection, we saw that the provider was readily available to staff and people to answer any queries and provide support, guidance and advice. Relatives of people who used the service told us that they found the provider to be “approachable” and “helpful.”

The provider sought feedback from relatives and people who used the service by means of an annual quality assurance questionnaire. Responses from these were analysed and an action plan put in place to respond to any issues that had arisen. Relatives and friends confirmed that they had been consulted and had given positive feedback about the quality of service provision.

There were clear management and reporting structures in place and staff were aware of the lines of responsibility. Staff told us that there was good communication between all staff within the home via the daily logs. They told us that they were informed of any changes that occurred in the home through staff meetings, which meant they received up to date information. One member of staff told us, “They tell us about any changes so that we all know what’s happening.”

Minutes of staff meetings showed these took place regularly. Staff told us that they were able to raise issues about the service with the provider and felt listened to. They told us that they had no concerns and got the support they needed to carry out their role.

Audits had been completed by the provider in areas such as infection control and prevention,, medicines administration and fire safety. The provider took appropriate action where required to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement, in order to provide a safe environment.