Acorn Norfolk Limited

Acorn Park Adult Services

Inspection report

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Date of inspection visit:
07 June 2016

Date of publication:
11 July 2016

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

This was an announced inspection that took place on 6 June 2016.

Acorn Park Adult Services provides accommodation and residential care for up to nine younger adults with learning disabilities or autistic spectrum disorder. People live in one of three seperate houses. There were nine people living at the home at the time of our inspection.

There was a manager at the home who had applied to become the registered manager. 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.

People were safe living at Acorn Park Adult Services. People received support from staff who were kind and caring and treated people with compassion, dignity and respect.

People's dignity was promoted and staff treated people as individuals. They had developed good relationships with them and encouraged their independence. People were able to develop relationships with others within the community, gain voluntary employment and take part in activities that they enjoyed.

Staff were well trained and supported by the manager. They had the skills and knowledge to provide support to the people they supported. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant that they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to maintain their health when they became unwell or required specialist help with an existing condition. The culture of the home was open where the people who lived at the home, their relatives and staff could question current care practices without hesitation. People, their relatives and staff were listened to and felt that they mattered.

The quality and safety of the care provided was effectively monitored and the service demonstrated a learning culture. Good leadership was demonstrated at all levels.

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.

There were systems in place to protect people from the risk of abuse and harm.

There were enough staff to provide people with support when it was required and to keep them safe.

People received their medicines when they needed them and the premises where people lived was homely and well maintained.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to provide people with good quality safe care.

Staff asked for people's consent before providing them with care.

People received enough food and drink to meet their needs. They were supported by the staff to maintain their health.

Is the service caring?

Good

The service was caring.

Staff and volunteers were kind and compassionate.

People were listened to and treated with dignity and respect.

People's independence was promoted and encouraged.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were regularly assessed and these were being met.

People had access to a range of community based activities, and

were encouraged to maintain their hobbies and interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The manager had promoted an open culture where people and staff felt comfortable to ask for change or raise a concern.

People, staff and volunteers felt listened to and valued.

The quality and safety of the care provided was monitored and people were regularly asked for their opinions on this.

Acorn Park Adult Services

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 6 June 2016 and was announced. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. The inspection was carried out by one inspector and one inspection manager.

Before the inspection, we reviewed the information we held about the service. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the home, we spoke with three people who lived there, eight members of staff and the home's manager. We also spoke with relatives of one person living at the home. We received feedback from a community professional who had been involved with the home over the past 12 months.

We observed how care and support was provided to people and looked at the records relating to their care, the maintenance of the premises and the training of staff.

Good

Is the service safe?

Our findings

The home had systems in place to protect people from the risk of abuse and harm. We spoke with the people living at the home who told us that they felt safe living there. A relative we spoke with told us, "It's a nice, safe environment for them, it's a great delight to not have to worry about their safety."

The staff we spoke with had a good understanding of the different types of abuse that people could experience. They described the actions that they would take if any concerns arose, this included reporting them to outside organisations such as the local authority or the Care Quality Commission (CQC). Staff told us that they were confident that the manager would deal with any concerns appropriately. We saw that the home had a policy in place that gave staff guidance and details of who to contact if they had concerns.

We saw that risks associated with people's safety were managed well by the staff team, with risk assessments and detailed risk management plans in place. Staff we spoke with were clear that management of risks should include positive risk-taking so that people's independence would be encouraged. One staff member told us, "We focus on supporting people to make safe decisions, but people are able to live their lives." Staff were able to describe to us how their detailed knowledge of people helped them to keep people safe and reduce everyday risks. Potential risks to people identified by the home were shared with other providers of services people were using. Where people had complex needs, risks were mitigated by communicating with day services.

Staff knew how to support people to manage their behaviour if it became challenging. Staff described to us how they focussed on de-escalating the incident by providing constant reassurance, distraction and the offering of choices. Learning from any incidents was shared with the relevant professionals and amendments were made to the persons care plan. We found that peoples risk's to themselves and others were managed effectively.

Assessment and management of risk were regularly reviewed by the manager. Records were comprehensive and took in to account when the level of risk may fluctuate due to a person's mental health. Management of risks included using the least restrictive methods, such as de-escalation techniques, and ensured any restrictions needed to keep someone safe were time limited. People living in the home told us that they felt their freedom was supported and respected.

There were arrangements in place to deal with emergencies such as for fire. People had detailed plans in place which identified the support they needed if they were required to evacuate the building. Staff we spoke with knew what to do in the event of a fire.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certified evidence that showed equipment was routinely serviced and maintenance checks were carried out. The premises were well maintained, and people were able to move around the home and gardens safely and independently.

There were safe staff recruitment practices in place and we saw appropriate recruitment checks had been conducted before staff and volunteers started work. This was to ensure that people were supported by staff that were deemed as being suitable by the provider for their role.
We observed that the staffing levels were sufficient on the day of our inspection to assist people promptly when they needed support. A member of staff told us, "There's always enough staff on duty, occasionally we need to use agency staff to cover sickness, but they are familiar staff and know people well."

We saw that people had all been assessed as requiring one to one support during the day, which enabled people to stay safe and do what they wanted to do. The staff rota that we viewed confirmed this. Staff had a good understanding of all the people's needs, so could be deployed to work in any of the homes three separate houses. The number of staff working in each house varied according to the number of people who were living there. A senior member of staff was available on each shift, and provided support across all three houses. The manager told us that senior staff were deployed to be based in the house were it was deemed there was the greatest support need. There was a flexible approach to this, and senior staff would move to be based in another location should they be required. The manager told us that a senior member of staff provided on call support to staff during night times.

We saw that medicines were managed and administered safely. Medicines were stored securely and records we looked at showed that they had been given to people when they needed them and at the right time of day. All of the people living at the home had chosen to have their medicines managed on their behalf by the home.

Staff told us that whenever a new medicine was prescribed for someone, the homes manager spoke with all staff to ensure that they understood what the medicine was for. Staff we spoke with told us that they felt confident in supporting people to take their medicines.

People had very clear protocols developed so that they could be supported to take their medicines safely. This included information about how to avoid triggers that may cause the person to become upset and distressed. Protocols were in place for when people required PRN, [as and when] medicines. PRN medicines could only be given when the protocol had been followed and authorised by the senior member of staff on call.

Good

Is the service effective?

Our findings

At this inspection, we found the manager ensured people received effective care. We saw that the manager and staff had the skills and knowledge required to support the people living at the home. A person living at the home told us, "I think they, [staff] have the right kind of training to work here." One relative of a person living at the home told us, "Staff know what they are doing, I have been really impressed with them. They have made such a difference in our [relatives] life." A member of staff that we spoke with told us, "I feel really well trained working here, we do lots of training, Makaton sign language training is really encouraged."

From our discussions with staff and our review of the records we found that all staff had completed an induction and training programme that the provider considered essential. The training programme included food hygiene, fire safety, manual handling, first aid, administration of medicines, safeguarding adults, health and safety, infection control, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff also received specialist training in de-escalation and supporting people with behaviour that may challenge others.

Staff told us they received two hours of supervision every month. They told us this provided them with a useful support mechanism that helped them work more effectively with people. Identification of their training needs and the provision of effective training meant that they remained knowledgeable and skilled in the areas they required for their work. Records we looked at evidenced this. We saw there was a wide range of topics discussed in supervision sessions. This included discussion about key working with people, individual training needs and other important issues to do with the running and management of the home.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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.

Throughout the inspection we saw staff and volunteers asking people for their consent before providing support to them. People had been involved in the writing of their care plan, and consented to receiving the support detailed in them if they had the capacity to do so. We saw in people's records that when it had been considered necessary, MCA assessments had been completed regarding the use of restraint, or the management of people's medicines and decisions made in people's best interests. The manager had made appropriate DoLS applications for some people living at the home.

People living in the home were actively involved in the purchasing and preparation of food. People told us that they enjoyed doing this, and during our inspection we observed people menu planning and writing shopping lists. One person told us, "I look at the cook book and find the recipes I want to cook, and then we go and buy the ingredients to cook the meal." Staff supported people to prepare food for them and other people living in the house, and we saw people baking cakes, which we were told was a popular activity.

People told us that they enjoyed the food provided. We saw that people were offered drinks regularly, or were supported to make them. Food and fluid for some people was monitored if it needed to be. Where people needed their intake of food or fluid monitoring, this was clearly identified in their support plan, and amounts were recorded and reviewed. The home liaised with community dieticians to ensure that the right support was given. People received enough food and drink and were supported to have a healthy and balanced diet.

People were supported by the manager and staff to maintain good health. All people living at the home were registered with a GP and a dentist. Staff told us that they knew people well enough so that they could recognise the signs of when they were not well. This was seen by staff as important as not all people were able to say how they felt. The manager told us that they worked directly with local community professionals to ensure that people's health was regularly reviewed and supported by the appropriate experts. One person we spoke with told us that they made their own appointments with their GP. We saw in people's daily records that detailed information obtained during appointments with healthcare professionals was added to people's care plans and changes made where required.

Good

Is the service caring?

Our findings

During our inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person using the service said, "The staff just do everything they can to help me do what I want." They also told us, "Staff are so kind, they really help me to be more independent." A relative of a person told us, "I don't ever recall [person] being happier."

We observed that interactions between people and staff were positive. People living at the home told us they were consulted about their care and support needs. We saw that people had an appropriate care plan in place that was regularly reviewed and which included some historical information about the person. Some people had written information about themselves in their own care plans. Relatives of the people living at the home had been encouraged to contribute to help people share their life history and backgrounds. Staff told us this helped them understand people better at the start when people had just moved in and before staff had a chance to get to know people properly.

People had been involved in planning their own care. The records we saw had been signed by people to show they agreed with the content of their care plans if they were able to. A number of people living at the home used alternative communication methods such as picture symbols. The staff we spoke with demonstrated that they knew how to use these symbols if needed, to enable effective communication.

Staff had a detailed understanding of how people wanted to spend their daily lives. They knew what was important to people and could tell us how each person liked to spend their day, what was important to them, and what was essential for them to get the most from an activity. For example staff told us about how important it was for one person to plan their day so they knew what to expect.

People living at the home told us that they felt listened to, and that their views were acted upon. We saw that house meetings took place regularly, and that these were led by people living in the home. Staff supported people to get the most out of these meetings, by assisting with collating agenda points and sharing the minutes. One person told us that whenever they wanted to talk through something, the manager or a member of staff would always make time to listen to them, and try to help them with the problem they had.

During our inspection we saw that people's privacy was maintained, and their dignity promoted. We asked staff how they tried to ensure people's dignity was preserved at all times and especially when giving personal care. Staff gave us appropriate examples of how they achieved this with people. Where people's privacy and dignity was at risk of being compromised when they were distressed, we saw that plans to mitigate the effects of this had been implemented.

Staff were observed to give people time and space to do the things they wanted to do and to make their own choices. Some people preferred to spend time in their own rooms. A member of staff told us they tried to help people remain as independent as possible as well as making sure people's privacy and dignity was respected. We observed that staff knocked on people's doors. We saw that people's information was kept

confidential and secure, and staff told us about the importance of doing this.

Good

Is the service responsive?

Our findings

People told us that they were given the care and treatment that they needed. They said that staff were responsive to them and asked how they wanted their care to be provided. People were actively engaged with regular activities, based in the community and were supported to choose what they wanted to do. One person told us, "Staff knew that I wanted to work, I like charity shops so they helped me to find a job."

Peoples care needs and preferences had been assessed. These were recorded within their care plans and had been regularly reviewed to make sure the information contained within them was accurate. There was information in place that provided staff with clear guidance on people's individual daily routines and how they wanted to be cared for. A member of staff told us, "o one gets a blanket approach to care here."

Staff told us that people were able to get up at the time of their choosing, and that 'everyone had their own routine'. We saw that the home used a daily handover system, in which all changes and incidents were shared. Staff had a 15 minute handover period at the beginning and end of their shift, which allowed them enough time to receive or share the information that they needed to know about people's care needs. We looked at peoples care records with their permission, and could see that these were regularly reviewed and updated to make sure they provided an accurate picture of people's individual needs

People living at the home had day time activity plans and records of what they did each day. Staff told us that they spent time with people to create story boards to build up and identify interests in activities that people could participate in. Staff arranged regular visits to new venues or activities so that people could become familiar with them and build up their confidence. Staff explained to us that through this period, a review was built in for staff to 'learn and rethink' how an activity was progressing. Staff documented this in a diary, and took photos so that review sessions could take place with the person.

People were actively involved in a range of activities within the community and at the home. Staff and people living in the home told us that there was an emphasis on facilitating activities that promoted peoples independence and supported them to achieve personal goals. People living at the home told us that they really enjoyed the activities they did. One person told us that they had been actively supported to be involved with the local church, which was important to them when they moved into the service. People were encouraged to partake in activities that were enjoyable and also beneficial to their wellbeing, such as swimming. A member of staff we spoke to told us, "People have choices here, people really do get to choose what they want to do. People tell us their plans for the day, and we do it. It's great that we help people to live the lives they want to, not just tell them, 'this is what we are doing today'."

People and their relatives told us they did not have any complaints but that they felt confident to raise any concerns with the staff or the manager. The home had a complaints policy and procedure in place. We saw that a recent complaint had been addressed and that learning from this had resulted in changes to the homes complaints procedure.

Good

Is the service well-led?

Our findings

The manager had promoted a positive culture that was person centred, open and empowering. They demonstrated good leadership. People told us that there was a relaxed atmosphere in the home and they felt their views and opinions were valued by the staff and manager. A relative told us, "I am really impressed with the manager, they really stand out, any problems we have had are always resolved." A member of staff told us, "The service is well managed, [manager] is a great communicator and very 'hands on'. The team leaders are really good, and it's really positive here. Lots of ideas keep coming up, people always work together."

It was clear from our observations as well as from discussions we had with the manager, staff and people living there, that the ethos of the home was to encourage people to maximise their independence.

The manager and staff were clearly passionate about providing people with care that met their individual needs and preferences and that encouraged people to live the lives they chose. When we spoke with people living at the home, they told us about how much they enjoyed their lives, and how in control of them they felt. People were very much involved in their local community, using facilities as well as contributing positively, for example volunteering at a local charity shop.

The staff we spoke with told us that they felt supported in their role and that morale was good. They had a good understanding of their role and responsibilities and felt they received good guidance and support from the manager. Staff told us that the manager was very visible, and responsive to any requests for support. They told us they would be happy for a relative of theirs to be looked after within the home. They added that staff meetings were held where they could discuss issues relating to the running of the home or the people who lived there.

The manager showed us records that demonstrated regular audits of the home's services, policies and procedures had been being carried out. We saw that accidents and incidents were recorded and monitored. The registered manager also carried out an annual satisfaction survey that was completed by relatives of people living in the home and had recently started a monthly service user satisfaction review. Audits and checks were made in areas such as medicines, infection control and records. Where shortfalls were identified actions were taken to address them. For example, providing further training for staff where shortfalls in their practice had been identified.

The homes provider completed their own quality assurance visits two or three time per year. We could see that actions identified in these visits were addressed and changes implemented. The manager showed us records of a monthly report that they completed which was sent to the provider's nominated individual and site director. This meant that the manager regularly monitored the quality of care to ensure it was of high quality.

Staff we spoke with demonstrated a good understanding of the whistleblowing procedure. They told us that they would make use of it if they felt it was necessary.