Acorn Community Care

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 25 October 2018 and was announced.

Acorn Community Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides support to younger adults, older adults and people living with learning disabilities or autistic spectrum disorder. Acorn Community Care is situated in the market town of Norton and provides large care packages to those living in the local area. At the time of inspection three people with a learning disability or autism were receiving a service from the provider. All three people received care over a 24-hour period in their own homes.

The care service had 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.

A registered manager was 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.

Since our last inspection the local authority had identified minor concerns with the provider following a visit from their quality assurance and contracting team. The provider had developed an action plan to remedy these issues and was still working to improve their practice.

At the last inspection in April 2016 the service was rated good. At this inspection the service had not maintained this rating and required improvement. This is the first time it had been rated requires improvement.

The provider did not consistently maintain complete records for staff and people that use the service. Records of staff interviews, identification documents, proof of their right to work in the UK and vehicle documents were not always kept showing how their suitability for their role had been assessed. Staff induction and probation reviews were not consistently recorded to show how they were introduced to their role and responsibilities and how this had been monitored. Staff completed training to provide them with the knowledge and skills required to support people. There were some gaps in training records, including Mental Capacity Act 2005 training. The staff we spoke with demonstrated an awareness of this legislation.

The provider had not always completed and recorded assessments prior to people receiving support from the service to consider their needs and how they would meet these.

The provider had started to introduce a system of audits to monitor safety and quality in the service.

Safe recruitment practices were not always followed. A member of staff had started work before their Disclosure and Barring (DBS) check had been returned. We have made a recommendation about this.

Processes were in place to support the proper use and safe handling of medicines. The provider had recently started to complete medication competency checks to assess staff's knowledge and skill to administer medicines.

Risk assessments were used to identify and manage risks to people. They were reviewed to ensure they remained appropriate. New risk assessments were completed when new risks were identified. Positive behaviour support plans were in place to support people with behaviours that could challenge the service.

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

People received support to lead healthy lives. Care files contained details of the health professionals involved in people's lives. Staff supported people to access support from health and social care organisations when needed.

People were treated with dignity and respect. They were encouraged to lead independent lives. People had their own tenancies; a contract between themselves and their landlord and were able to personalise their property.

People had the opportunity to pursue their hobbies and interests, accessing community amenities. They were supported to maintain their existing relationships and extend their friendship network with others accessing the provider's services.

People and staff engaged with the provider through meetings and quality questionnaires. Relatives and representatives knew how to raise complaints and felt assured these would be listened to.

We found the provider was in breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Robust recruitment processes were not always followed to reduce risks to people using the service and show how staff suitability for their role was considered.

Medication competency checks were in development to observe and assess staff supporting people with medicines.

Procedures were in place to support the safe use of medicine within the service.

Risks to people were identified and managed through risk assessments and positive behaviour support plans.

Is the service effective?

Good

The service was not always effective.

Assessments were not always recorded by the provider before people started receiving support from the service.

The provider had identified training requirements for staff. These had not all being completed and checked to ensure they remained in-date.

Staff were aware of how to support people to make decisions for themselves and advocacy services available to help people's views be heard.

People had access to healthcare professionals to support them to lead healthy lives.

Is the service caring?

Good

The service was caring.

People could make decisions about their lives and were treated with dignity and respect.

The provider understood how to make information accessible to

people.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

Staff understood people's hobbies and interested and supported people to pursue these.

People had the opportunity to go away on the holiday individually or as part of a group.

People were supported to maintain their existing relationships and form new friendships.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not always maintain complete and up to date staff and service user records.

The provider's audit systems were in development to maintain safety and quality in the service.

People had the opportunity to engage with the service and provide feedback through quality questionnaires and attending staff meetings.

Staff felt there was a positive atmosphere at the service and enjoyed their roles.

Acorn Community Care

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 25 October 2018 and was announced. We gave the service 72 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we reviewed information that we had received about the service, including the notifications and the Provider Information Return (PIR). This 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 contacted the local authority commissioning and safeguarding teams. We used this information to plan our inspection.

Inspection site visit activity started and ended on 25 October 2018. The inspection team consisted of one inspector. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. We reviewed two staff recruitment files. We looked at three service user care files, including their medication records and accident reports.

We spoke with one person that uses the service and one person's relative. Two professionals provided us with feedback following their experiences of working with the provider; one professional was an advocate, who had worked with the service to help a person using the service express their wishes in decisions relating to their care. The other professional was a social care worker. We spoke with three care workers, the assistant manager and the registered manager.

Requires Improvement

Is the service safe?

Our findings

Safe recruitment processes had not always been followed. Background checks had not been completed and one member of staff had been employed for six months prior to their Disclosure and Barring Service (DBS) check being returned. DBS checks return information from the police national database about any convictions, cautions, warnings, or reprimands and help reduce the risk of unsuitable people working with vulnerable groups. Whilst the DBS check was later completed and there was no risk or actual harm that occurred, recruitment practices required improvement to make sure people were not put at increased risk of being supported by unsuitable staff. The registered manager provided rotas which showed the care worker without a DBS check had worked alongside another member of staff. The assistant manager had completed a risk assessment with the provider based on information disclosed to them by the person prior to their DBS check being seen. This considered risks to people and how they could be reduced.

There was no interview record for one member of staff to show how their suitability for the role was considered. The registered manager acknowledged interviews should be recorded. One staff file did not contain any identification documents to evidence and confirm who the person was or that they had the right to work in the UK. The care worker had not provided their driving licence or car insurance details to evidence they were authorised to drive and their vehicle met legal requirements. This meant the provider could not be sure the member of staff was safe to drive and provide transport for people that used the service. The assistant manager advised all staff had been asked to provide their driving licence and insurance documents. We saw a memo that had been sent to staff requesting this information.

We recommend that the service follows legislation and the provider's recruitment and selection policy and procedure to help ensure the use of safe suitable staff.

At the time of inspection, the provider had started to introduce medication competency checks, but had yet to complete these for all staff. Medication competency checks are used to observe and assess if staff have the knowledge and skills needed to provide medicines support to people.

The provider had procedures in place to support the proper and safe use of medicines. Staff used medication risk assessments to assess risks relating to people managing and taking their own medicines and identify the level of support required from staff. Each person had a set staff team supporting them. Within each staff team a care worker took responsibility for ordering the person's medication to ensure sufficient stock was maintained. Medication Administration Records (MARs) showed people received support to take their medicines. Medicine balances were recorded after each administration to ensure all medicines were accounted for.

The provider had a safeguarding policy in place, which referred to current legislation and the local authority policy and procedure. Staff were aware of their safeguarding responsibilities and knew to pass on concerns to their manager. One care worker described a person they supported who was at risk of self-neglect. They explained the signs they would look for which may indicate this was happening. This demonstrated staff could apply their knowledge of safeguarding to inform their practice and keep people safe.

Staff understood whistleblowing and knew how to raise and escalate concerns in-line with the provider's policy. Staff were aware of external organisations, such as the local authority and Care Quality Commission that could provide support if their concerns were not addressed by the provider.

Risk assessments, relevant to people's needs, were used to identify risks and record how these could be reduced to maintain people's safety. Environmental assessments identified risks in people's homes and included information on utility shut off points. One person had a risk assessment for road safety which balanced the need to support the person to be safe while respecting their dignity. Risk assessments were reviewed annually and updated when needed by the provider. This demonstrated ongoing risk management.

The provider had a Herbert Protocol in each person's care file. This is a national scheme introduced by the police to encourage care staff to compile useful information to be used in the event a vulnerable adult goes missing.

Positive behaviour support plans were used to support people with behaviours that could challenge the service. These plans contained details of triggers and described how the person may present when in a heightened state. One person had been assessed as requiring restraint by health services to support their behavioural needs in high risk situations. The provider followed a support plan developed by a specialist external organisation and staff had received specialist training in restraint. They described how they would record any restraint and monitor the person following this. The person's records showed staff had not needed to use this and had de-escalated situations using other strategies.

Staff rotas showed there were sufficient numbers of staff to support people. Staff rotas were kept for the service as a whole and for each individual person, demonstrating they received support from a consistent staff team to keep them safe and meet their needs.

People were protected by the prevention and control of infection. Staff had completed infection control training. One care worker described how they would wash their hands to reduce the risk of infection and wear personal protective equipment. They told us how they would manage food hygiene and safety issues.

When minor accidents and incidents occurred, these were documented. Staff described how they would respond if a person had an accident: informing their manager, seeking medical attention if needed and recording the incident. No-one who used the service had experienced a significant accident for the provider to review or learn lessons from.

Good

Is the service effective?

Our findings

The registered manager advised local authority assessments of people's needs were obtained and that informal assessments were completed by staff at the service. We did find some shortfalls in the recording of assessment information which went against the provider's own assessment policy guidance. Following a visit from the local authority the registered manager had developed an action plan to ensure assessments were recorded for any new people accessing the service.

The provider had developed a training matrix to help identify staff training requirements. The matrix did not include expiry dates to ensure training was up to date. Staff completed specialist behavioural training prior to supporting a person with behaviours that could challenge the service. While we found that some of the care workers had not yet received training in the Mental Capacity Act, those we spoke with understood how to support people to make decisions where possible.

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 made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In a community setting people can only be deprived of their liberty if it is authorised by the Court of Protection.

We checked whether the service was working within the principals of the MCA. The provider had an MCA and Deprivation of Liberty Safeguarding (DoLS) policy in place. Care plans contained details of where the local authority was authorised to manage people's finances on their behalf. Signed consent was obtained for some aspects of people's care including medication and photographs of people.

We found gaps in the recording of staff induction and probation reviews. The assistant manager explained that these had been held but not recorded. They assured us that staff records would be reviewed and updated.

Staff received supervision to support them in their roles. The provider was developing a system to help ensure supervisions were arranged at regular intervals. Appraisals were completed annually to monitor staff performance and support their professional development. One care worker's appraisal showed they had wanted to look at progressing to a more senior position. They had been advised to complete a more advanced qualification in health and social care, which the care worker had since obtained. This demonstrated staff development was being supported.

People were supported to have choices with their meals and eat and drink enough. One person enjoyed sampling different foods. They were supported to try new foods and showed us photos of meals they had tried during a recent holiday. This information was reflected in the person's care plan. One person was

helped to draw up a meal plan each week and prepare their own meals with support. Their relative said. "[Person] is eating better. They [staff] have taught them healthy eating. [Person] didn't eat before and now they do."

People were encouraged to personalise their homes and ensure their surroundings were appropriate for their needs. One person enjoyed lights and found them calming, they had been supported to buy varied lighting for their home. Another person was due to have their kitchen renovated. Discussions had been held with the person to prepare them for the disruption and look at how to minimise the impact on them.

Staff shared information amongst themselves. For example, care workers verbally passed on information to colleagues when changing shifts. Communication books in people's homes were used to ensure relevant information was shared and available.

Information was shared with people's relatives and other professionals involved in their care. A relative told us, "Staff phone or email to let me know what's happened." A social care worker who had worked with the service advised the service shared information with them and contributed to assessments and reviews. They told us, "I've always found the assistant manager knowledgeable and helpful." This showed staff delivered effective care and communicated with those involved in people's care.

People's care files contained details of the different health professionals that supported them. One person's care file included contact details for their dentist and community psychiatric nurse. Hospital passports were in place. These provide a summary of people's health and social care needs, which can be shared with health professionals should people require medical attention. Some people's care plans included assessments and support plans provided by health and social care professionals. Staff used these records to provide effective support.

Support plans detailed people's health needs and how they presented for the person. One person had a mental health crisis plan. This identified a range of support the person could access should they experience a deterioration in their mental health. Relatives told us people were supported to see health professionals to help them live healthier lives.

Good

Is the service caring?

Our findings

People who used the service had good relationships with the staff who cared for them. One care worker described a person sending them a card when they were unwell.

The provider had an equality policy in place. This referred to protected characteristics identified in legislation. It contained details of how people's cultural and religious beliefs may impact on their care to help inform staff's understanding of equality and diversity issues. This demonstrated equality was promoted within the service.

People were treated with dignity and respect. People's care plans were written in person-centred respectful ways. Where people had behaviours that could challenge the service their care plans were written using sensitive non-judgemental language. When we spoke to staff they used appropriate language when speaking about people's needs and behaviours and demonstrated an awareness of why people may experience heightened emotions at times.

People were supported to be independent. Two people who used the service had been supported by staff to move into their own homes from supported living services. A relative felt the move had made a significant improvement to the quality of life of their family member. They told us, "[Person] has got a life now, they just stayed in their room before and didn't go very far before." An advocate felt the move had been positive and said, "Staff were very enabling and the person was able to do more for themselves." They added, "Throughout the person's move they were supported to make a choice." One care worker described how the staff team continued to work together to look at ways of encouraging people do more for themselves. This demonstrated staff recognised the ongoing need to promote independence.

People were able to make choices and decisions about their care. The service had worked with an advocate to support one person. The advocate told us, "They were very welcoming and open to me and understood my role as an advocate." A care worker described how the person was supported to 'make their mark' on their house, choosing their paint colours, carpets, and furniture. The advocate added, "[Person] was very much at the centre of everything that happened."

Confidentiality and data protection responsibilities were understood. People's care files were stored within a locked office at the service. We saw memos sent to care workers to remind them of how to protect people's personal information.

Good

Is the service responsive?

Our findings

Staff knew what people's interests were and supported people to pursue these. This information was recorded in care plans. One person told us about their enjoyment of theme parks and showed us video clips of rides they enjoyed. The person's routine had time planned in for them to visit a local theme park during the warmer months of the year. Staff had supported the person to buy a season pass and for staff to have these as well. This showed the service provided person-centred activities and looked at ways of make these affordable for people so they could maintain their hobbies.

When people expressed a wish to visit a particular place this was arranged. A relative told us how their family member had been supported to pursue their interests, visiting a local transport museum, and attending an art group. They said, "It's amazing, I didn't know there were services like this. The staff seem to understand them and what they want to do." Staff meeting minutes showed how one person had expressed a wish to visit Chester Zoo. Support was arranged to facilitate this. The registered manager told us, "We try to encompass whatever people want to do."

People were supported to go away on holiday, including abroad. Some people chose to go away in groups. One person showed us photos of a holiday they had been on and spoke excitedly about their plans for future holidays. We saw risk assessments were in place to identify and manage specific risks relating to holidays. This demonstrated people received personalised, responsive care.

People had the opportunity to volunteer. One person had a strong interest in military transport. Their support plan detailed this. Staff had supported the person to volunteer at a local second world war museum, which they enjoyed.

People received support to manage their finances and budget. The provider had a policy for handling people's personal money. One person's support plan referred to their weekly budget and how staff should support them to prioritise their spending. People were supported to save their money for more expensive items such as holidays. One person was saving to complete a skydive. This showed people received person-centred support to manage their finances and use it to pay for items that were significant to them.

People were supported to maintain their existing relationships and form new ones. Staff supported one person to visit their parents each week. Their relative told us, "Staff really care, they brought [person] here on Christmas day, we can't speak highly enough of them." The registered manager described people going out for meals and having parties together. People were supported to spend time together.

Staff understood people's communication needs and how to make information suitable for them. The provider had an accessible information policy that was in-line with current guidance. The accessible information policy set out how the provider would identify people's preferred communication format and how this would be supported. We saw an easy read tenancy document the assistant manager had produced for a person to make their tenancy agreement with their housing provider accessible to them. This helped the person understand their responsibilities for their home.

People's representatives knew how to raise concerns and complaints. They had confidence these would be listened to addressed. A relative said, "I could definitely say if I had any concerns, I would speak to any of the staff." The service had not received any complaints at the time of our inspection. The provider had a complaints policy and procedure in place. This detailed how complaints would be responded to, including timescales for this.

Requires Improvement

Is the service well-led?

Our findings

The provider had not maintained necessary, complete and contemporaneous records in relation to staff employed and people using the service. There were gaps in staff identification documentation, driving and interview records. Records of staff induction and probation reviews were not consistently kept. Staff had not always completed the provider's training requirements such as Mental Capacity Act training. The training matrix did not record when training expired to ensure this kept up to date.
Assessment and reassessment documentation was not in place to show how people's health and social care needs had been considered.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified plans to ensure induction records were kept as part of an action plan they had submitted to the local authority.

The provider had recently started to undertake audits to monitor safety and quality issues. Audits were in development to cover all aspects of the service. The registered manager advised they were still developing their auditing tools as they used them more. The registered manager told us each month they checked people's care plans, Medication Administration Records (MARs) and daily care notes. We saw one audit, which showed good practice was being followed with records in a person's home.

Acorn Community Care had a clear ethos of supporting people to lead independent lives in the community. The provider's statement of purpose sets out a vision for focusing on people's capacities rather than disabilities. The staff we spoke to demonstrated this attitude. One care worker told us, "Within the staff team we always look at how we can encourage people to do more for themselves." A relative said, "[Person] goes everywhere now and has had new experiences, we can't speak highly enough of them."

Staff were proud to work for Acorn Community Care and happy in their roles. One care worker said, "Acorn is a lovely company to work for, it is a happy place to be." Staff had a mutual respect for their colleagues. A care worker told us, "The staff are a fantastic bunch of people, it's a pleasure to go to work there, every day is different."

People were involved in the running of the service through quality assurance questionnaires. The provider sent these out annually to seek feedback from people and their relatives on the service they received. The provider analysed the feedback to consider any actions they would take. All the feedback received from the most recent questionnaire results were positive, with people and their relatives saying they were very satisfied or extremely satisfied with the service. Based on the positive feedback, the provider had identified that they hoped to sustain and build on their success.

Staff meetings were an opportunity for people and staff to engage in the running of the service. Staff meetings took place within the staff teams supporting people. The people themselves had the opportunity

to attend and contribute to the meetings. We saw one meeting record where the person had expressed their satisfaction with their support. Staff felt the meetings were useful. One care worker said, "You can air your opinion on things and you get to know what's happening, like with training." This showed staff had an input into staff meetings and were informed of changes happening within the provider.

Memos were used to remind staff of provider processes and current legislation and guidance. We saw one memo had been sent out following the introduction of the General Data Protection Regulation 2018. This informed staff of how to protect people's personal information.

The provider worked in partnership with other agencies to identify charitable grants for people using the service to access. The registered manager told us they had successfully received a grant, which everyone using the service had each received a proportion of to use towards renovations in their homes. One person had plans to use this towards buying new kitchen items and a garden shed. The registered manager described the provider's plans for fundraising with the aim of using this towards a holiday for people using the service. Following the last inspection, the provider had received the 2016 'Pride of Malton and Norton charity of the year' award recognising their contribution and support in the local area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (2)(c)(d)(i) The provider did not maintain necessary, complete and contemporaneous service user and staff records.