

Acorns (Southern) Limited

Acorns Health Care

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

Acorns Health Care is a domiciliary care provider. At the time of this inspection 22 people received personal care support from the service. The service supported younger people with a variety of care needs, including people living with autism and learning disabilities. Some people had very limited verbal communication skills.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe living in their home with support provided by Acorns Health Care, and they were very much at the heart of the service. We received positive feedback from people, relatives and professionals about the care provided.

There were plans in place for foreseeable emergencies. Risks concerned with people's health, care and the environment were assessed and reduced as far as was practicable.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff had the qualities and skills to deliver effective care and staff felt supported by the training provided. Staff received support and one to one sessions or supervision to discuss areas of development.

Staff contacted healthcare professionals when they had concerns about people's health and wellbeing. People were supported with their nutritional needs when required.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way.

The provider's quality assurance system helped the management team implement improvements that would benefit people.

There were appropriate management arrangements in place and relatives and professionals were very

positive about the management in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Rating at last inspection

This service was registered with us on 18 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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.

Acorns Health Care

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 was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 June 2021 and ended on 08 July 2021. We visited the office location on 30 June and 08 July 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and 15 relatives about their experience of the care provided. We spoke with members of staff including the registered managers, the provider, quality and compliance manager, and 14 care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with seven professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I feel very safe here." One relative told us, "Absolutely delighted right from the start, very, very safe and very, very happy." Another relative said, "No problems about safety. I love the service they contact you and investigate problems right away." Other comments included, "I'm quite happy I know they are keeping them safe, they would tell me, ring me often and no concerns", "I have no concerns about safety from abuse."
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm. One staff member told us, "I would follow protocol, listen to the service user, explain to them they have done nothing wrong, then go and see the manager to explain the situation. There are all types of abuse; sexual, physical, domestic violence, psychological, financial, modern slavery and discrimination. The manager should start an investigation." Another staff member said, "We have had a lot of training on safeguarding and whistle blowing and I feel confident that if I had a concern, I would know who to contact and what I should do."
- Staff we spoke with told us if they had any concerns, they would report them to their manager, and if no action was taken would take it higher up. One staff member told us, "Soon after joining the company I was uncomfortable with some comments being made by [my] immediate senior in front of a service user. I raised my issue with my manager who listened to me and made me feel 100% comfortable that I done the right thing in raising the issue with her."
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- People and their relatives felt the service managed risks well. One relative told us, "I believe my son is safely looked after and the service does take safety seriously. Staff are cautious when taking my son out in the community (he has a history of absconding). His flat has a key fob entry. His garden area is enclosed with a high fence. Risk assessments are made prior to his taking part in any new activities in the community." Another relative said, "More than happy, they are exemplary, small issues are resolved quickly and they are learning more about [person's name] every day." Another relative told us, "I have found the service to be safe and my son is kept safe. He has, and continues to understand all about safety too when using equipment around the house."
- However, one relative told us, "We have found wet clothing in the wash basket a couple of weeks ago. We know [person's name] will get into the bath fully clothed. The issue is with night staff, they say they are more observant but they sit in the lounge and watch TV. There is a risk [person name] will get into the bath and staff need to be observant all the time."
- Assessments were undertaken to assess any risks to people and to the care staff who supported them. These were in place for many situations including, community, car safety, behaviours, health conditions,

diets and eating, mobility and communication. For example, for adverse weather conditions, making sure people have suitable clothing on and in hot weather not to go bare feet on the artificial grass as it can get very hot.

- The service used an online system which held live information to support staff with the latest update assessments. Staff we spoke with all felt supported with information regarding people's risk assessments. One staff member told us, "I think risks are managed safely. Care plans are informative of what the individual needs are and what to do to keep them as safe as possible."
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather, loss of power, COVID-19 and Brexit.

Staffing and recruitment

- People and relatives were happy with staffing. One relative told us, "I believe there are enough staff to accommodate the care needs of people living in the house. I have never known them to be short staffed." Another relative said, "It appears that there are always adequate numbers of support [staff] for my son who lives alone and receives 1:1 support." Another relative said, "No issue with staffing." However, one relative told us, "I am aware that it is difficult to recruit staff in general in the care sector. However, I am concerned that there seems to be an over reliance on bank staff. The number of staff who have supported my son since his transfer to the service appears very high. Overall, I fear the number of different staff supporting my son may impact on the continuity of care and the ability to build sound relationships."
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. One staff member told us, "There are sufficient staff, we have a flexi team and agency's in place to cover staff sickness etc when needed, to ensure the service is safe." Another staff member said, "Although we do not have enough core staff at present, Acorns are happy for the service to use as many agency staff as needed to meet the needs of the individuals we support." Another staff member told us, "In my opinion yes. The company is always reviewing both numbers of staff and the skill mix of staff with each service user."
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, for some records it showed years and not months so may not be able to fully explore a full employment history. We spoke to the service who assured us they would ensure they explored this now they are aware of the concern.

Using medicines safely

- People and their relatives were happy with the support provided with people's medicines. One person told us, "I'm happy with my medicines support." A relative told us, "No concerns, when there was a medication error, they phoned 111 and contacted me right away, followed the procedure." Another relative said, "He is always given all medication required in a safe manner." Other comments included, "Yes medicines are under control and are dealt with efficiently."
- Staff had received training in the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance. One staff member said, "Acorns are extremely hot on medication training and thorough competency as well as risk assessments and how often we update. Our system allows us to review and update risk assessments easily and stay relevant."
- The service supported people to take their medicines safely. One staff member told us, "I feel confident when administering routine medication and PRN's. It is also our duty to count the medications before every time we are administering, this means that we can acknowledge when an error occurs immediately so we

can minimise risk if a medication was missed or over used then we can record and pay extra attention if behaviour changes."

Preventing and controlling infection

- People and their relatives were happy with the cleaning and infection control measures in place. One relative told us, "I have visited, no concerns re cleanliness of home, but have had issue with clothing being ruined, told things are ruined and asked for them to be brought to me, some just needed proper laundering. Some staff put things in the tumble dryer, they know it's an issue – frustrating." Another relative said, "Relatively clean, if I take them out their room might be relatively untidy when I arrive but it is clean when we return, staff know to put things back in the same place and this doesn't cause any stress for my relative." Other comments included, "I've visited a few times, always clean and tidy."
- Staff demonstrated a good understanding of infection control procedures. One staff member told us, "With regards to COVID-19 measures, everyone within the house has been cleaning to a high standard. Where there is so many staff in and out it is easy to become dusty and grimy and therefore air particles are none the less more apparent. Every service user has an organisation check list within care control which enables all staff to tick off as they go with regards to cleaning. This means that there is no excuse to leave jobs undone." Another staff member said, "Since I started, COVID-19 has always been present and I feel the company provides us with all the PPE we need and all the information for protecting our service users. It is something that is reviewed on a continual basis with the changes in legislation."

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. A professional told us, "I get sent regular incident reports that are very comprehensive. They outline the situation, the behaviour and the consequence of the incident. They also report appropriate incidents to safeguarding when appropriate"
- There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their relatives told us they were happy with the care provided. One person told us, "Happy with the support." A relative told us, "I was very nervous about putting her in someone else care, but the service she gets is outstanding and I could not have wished for a better place for her to be in. Its outstanding with lots of fun and care." Another relative said, "This service creates a very homely place, every member of staff is welcoming and helpful. Communication is excellent. My son has never settled anywhere like he has at Acorns and he calls it his home."
- Professionals felt the service met people's needs. One professional told us "The service user under my caseload is getting his needs met as identified in his social care needs plan. He has settled into the placement well and seems settled." Another professional said, "We are in the early stages of the placement and my client and the staff are working closely with community mental health services to ensure the care plan is recovery focused and as patient centred as possible within the boundaries of positive risk management."
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided staff with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care, daily living activities, and meal preparation.

Staff support: induction, training, skills and experience

- Relatives we spoke with felt staff were well trained One relative told us, "The staff are exceptionally trained to a high standard. In comparison to previous placements my son has had, they are the first staff to really get to know him and understand his complex needs." Another relative said, "Staff are now trained to cope with different disabilities in the home."
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. A professional told us, "Good understanding of Autism and complex health, training programme in place." Another professional said, "My client has complex epilepsy and they sought the most appropriate training from the Epilepsy Team. They are also responsive to her other needs."
- Staff praised the training. One staff member told us, "I really cannot praise the company highly enough. I have had so much training since being there and am always asked if there are any areas I want to do more training in or feel I would benefit from." Another staff member said, "When you first start at Lodge you are

given much time to learn [about] the service user, their routine and this means you are not left in the dark with anything. I believe that no one is left to support the service user without knowing them and their routines. This is especially important when working with autism as if their routine changes this can be catastrophic to them and create much anxiety and agitation."

- New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Informative and comprehensive. It included shadow shifts to allow me to get to know service users and the nature of the job in a supportive and controlled way without me ever feeling I was dropped in the deep end."
- Staff we spoke with felt supported and told us they received regular supervisions. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "We do supervision very regularly which is something Acorns is very hot on. It gives me a chance to talk about any problems I may be having that could impact work, reflect on how I'm doing, where I could do with more training and nice to get positive feedback."

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

- People we spoke with were happy with meal support. One person told us, "Buy my own food and staff cook for me and its lovely." A relative told us, "I do the shopping, the meals are starting to be cooked, I buy all the food. Sometimes my relative refuses food. They cook them a meal but if your sat in a room eating alone... I've asked them to sit down and eat together, they don't do that." Another relative said, "They have menus, no problems, I've looked at it, due for change, I have an input into it, and they have a takeaway once a week and choose what they want." Another relative told us, "There have been issues with staff getting the right shopping and food texture is important, they listen and are working with us."
- Professionals told us the service supported healthy living. One professional told us, "The service user from my caseload has impulsive behaviours around eating unhealthy foods and is very overweight. The placement has good boundaries in place to challenge this and encourage healthy diet and exercise."
- Staff we spoke with told us how they supported people to be involved in their meal planning. One staff member told us, "[Managers name] likes when staff can include the service user in cooking and prepping their meals as long as their safe. Therefore, me and [person's name] enjoy selecting the ingredients and cooking together and I will usually go and buy my own similar food so we can eat at the table together. We also go out to the pub every Friday when I am working, and we will eat together as our weekly treat. [Person name] also takes an interest in cooking and selecting her meals so when her mood is calm then I like to include her in her mealtime as much as possible."

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

- People were happy with staff and told us they supported them to access healthcare services. One relative told us, "I have always been informed of any health issues and any GP or professional support when it is needed. And my input has been listened to and actioned when necessary." Another relative said, "They have been quick to register him with a GP practice and have referred him to local learning disabilities teams and chiropody."
- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. A professional told us, "My client is supported and encouraged to make healthy choices when they are food shopping, they have been supported to join the local gym and walk to appointments where possible. They have access to a local GP for any physical health 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 and their relatives told us staff asked for consent before providing care. One relative told us, "They will ask [person name] for consent many times. I'm of the belief it's on [person's name] terms and they will always seek approval from [person's name] so she understands what's going on around her. For certain things, they will seek approval from myself in regard to buying certain items. In terms of health, she doesn't necessarily enjoy having blood tests taken, but she knows she has to attend occasionally." Another relative told us, "My son lacks capacity regarding complex issues and is dependent upon staff to make many decisions on his behalf. I have observed staff attempting to communicate with my son in order for him to make simple decisions - such as choosing what clothing he wears, giving him options around what he would like to eat and drink."
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- All the people and their families we spoke with told us staff were caring and compassionate. One person told us, "I'm very happy with staff. Staff are very nice to me." A relative told us, "This service creates a very homely place, every member of staff is welcoming and helpful. Communication is excellent."
- Professionals we spoke with felt staff were caring. One professional told us, "The staff at [name of house] have been very supportive towards my client, they have made her feel at home, she feels safe and has developed good relationships with her key working staff and the manager." Another professional said, "Those [staff] I have spoken with present a genuinely very caring approach."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Where people were assigned regular care workers, they had been able to develop positive relationships with them. One staff member told us, "All service users at [name of house] smile and are very friendly and it's a great opportunity to be part of making their lives all that bit better." Another staff member said, "I love that we as a team are able to provide a safe and caring home for our service users and see them happy and enjoying life and trying new things and see them grow."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One staff member told us, "I know them well, their life history and care plan detail past as well as present, routines likes, dislikes etc. Families of individuals, other professionals involved with the individual and the individual themselves if possible contribute information to build the care plan." Another staff member said, "The company clearly wants the best for their service users and [is] keen to make a huge difference in their lives, always seeking new opportunities and experiences for their service users to experience. They put dignity and needs of the service user at the forefront of everything they do."

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

- People were involved in their care. One relative told us, "When we visit my son, the staff show patience and offer a relaxed atmosphere which can help relieve my son's anxiety which is a major feature of his autism."
- Records showed staff consulted them about their care and how it was provided. One staff member told us, "I feel staff from bottom to top are of a warm, caring and nurturing nature. Care is provided via a person-centred care plan built around the service user's needs; each being respected the same way we would our own family. Service user views are discussed with them to promote independence, dignity, respect and privacy around decision making, personal care, religion, sexuality, likes/dislikes etc." Another staff member said, "It is Acorns' priority to give the service user their choices therefore I incorporate this whenever possible when caring for them. For example, if we are going for a drive, I will offer them three choices of places to visit therefore, although I am driving their car, they are still in control of where they're going and seeing."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated people with respect and dignity. One relative told us, "They are always kind, caring and respectful."
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up. One staff member told us, "Ensure you knock doors letting individuals know who it is. Do not discuss others in front of others, ensure that documents are confidential and private always." Another staff member said, "I ensure that all staff treat the individuals we support as they would wish their family members to be treated."
- Staff told us how they supported people to be independent. One staff member said, "Encourage and support individuals to be as independent as possible, even if they are only able to do one step of the activity. If they are able to do [something] such as wash their face it will give the individual a sense of self-worth and independence."
- The provider carried out audits of dignity and respect by observing staff providing care and talking to them. For example, an audit from March 2021 showed evidence of staff receiving training, knocking on people's doors, using people's preferred names and providing choices.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 individualised care which met their needs. One relative told us, "In all fairness my daughter has been with me for nearly 26 years [and] at first I was very nervous about putting her in someone else care, but the service she gets is outstanding and I could not had wish for a better place for her to be in." A professional told us, "Responsive, very, any changes in needs are met, timely and efficiently and communicated to relevant people."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing.
- Staff demonstrated a detailed knowledge of people as individuals. One staff member told us, "I believe that at [name of home] all service users care plans have depth information on the service users' routines, behaviours and relevant information".

Meeting people's communication needs

Since 2016, 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.

- Relatives we spoke with were generally happy with communication. One relative told us, "My relative can understand more than they can communicate, uses some pictures and symbols. Some are used, some staff are not using them as much as I'd like. When I look at the Care Control app, I can see that it is how [person's name] would behave, so I think they know how to communicate." Another relative said, "Communication is excellent."
- Pictorial and easy read information was available for people who required this, and staff told us of different communication methods used to support people to communicate.

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 were supported to access the community and choose the activities they wished to pursue. One relative told us, "They do things we would normally do; it has been limited due to COVID-19 but they do puzzles and books and find things to do with [person's name]." Another relative said, "There is a programme of activities, they have their own car, they try to have a driver on who can take them out. Goes to a day centre two days a week, should be three after COVID-19. At the moment they can't go to two different day centres." Another relative told us, "The manager of the service is trying hard to get to know my son. He

moved with only a brief transition due to COVID-19 restrictions. The service is actively looking at ways to increase options around activities outside the flat."

- We spoke with one person who told us, "I like the fact that I can go anywhere. I'm going to Portsmouth and Southsea. We are going on the train and going to have fish and chips on the beach." Another relative told us, "They accommodate [Person's name] wishes - goes out daily."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. One relative told us, "Never had a reason to complain but I am absolutely certain it would be dealt with appropriately." Another relative said, "I am very happy with the service my daughter is getting. If there were any issues I know they would be dealt with promptly and with efficiency from the care manager."
- Records showed complaints had been responded to in line with their policy. We also saw many compliments about the service provided.

End of life care and support

- When we visited the service, nobody was receiving end of life care. Due to the type of service, the manager told us they don't normally deal with end of life care.
- The service provided staff with training on end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives were happy with the service. One relative told us, "I cannot praise this organisation enough, level of care is amazing, I get updates via an app of everything that happens to my relative on a daily basis." Another relative said, "There is nothing I am not happy with, I cannot fault this service at all."
- Professionals also praised the service. One professional told us, "The team appear to have a good ethos and the management a good understanding of the specialist needs of autistic people. I understand that with any new provision there will be variable levels of experience and that in order to best support their tenants there has been some movement of staff between services."
- The service had created a very strong focus on person centred care which was understood by staff and implemented in practice. One staff member told us, "I feel the company has a lot of integrity and having a person-centred approach benefits all the service users, their welfare is the centre of everything." Another staff member said, "Acorns really is a company that I feel is striving to be at the top of its game. The service users are all unique and treated that way, I feel the care offered to them allows them to thrive and feel empowered. I feel valued as part of a team and look forward to coming to work." Another staff member told us, "They believe in delivering exceptional outcomes by giving an active lifestyle to service users and developing staff."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and their relatives were happy with the management of the service. One relative told us, "The Director responds to emails day and night and is a mum and really supportive, the management team is responsive and understood the importance of a thorough transition." Another relative said, "[Providers name] owns the whole thing, met her several times. I have a very good relationship with them [management team]. I feel I could just turn up on spec and it doesn't matter."
- Professionals also were pleased with management. One professional told us, "She has come across as very professional, knowledgeable of the service users' needs/difficulties and, from observation, has a good relationship with the service user with clear boundaries in place. Her incident reports and reviews are very comprehensive and informative." Another professional said, "[Providers name] is a great leader. [Managers name] is very positive and developing well into her role in my opinion."
- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, complaints, incidents, mealtimes, supervisions, training and staffing. Where issues were

identified, remedial action was taken. People's views and comments were collated, considered and used to develop the service.

- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made to the quality and safety of the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with health and social care professionals. One professional told us, "I would highlight that the communication they have with external agencies is very good." Another professional said, "[They] build relationships with all stake holders, they change the environment and working practices to meet changes in needs. Approachable and honest." Another professional told us, "Exceptional transition plan, very flexible to meet his needs and parents. Multidisciplinary meeting with health, there are always several people from the service present, and all have a good understanding of health and social care needs."

- The provider carried out reviews with people using the service to ensure they were happy with the care provided. The provider also sought feedback from people or their families using a quality assurance survey. This was sent out annually seeking their views. The feedback from the latest quality assurance surveys was mostly positive.

- All the staff we spoke with felt very supported by the registered manager and managers of the services and found them approachable and fair. One staff member told us, "I have to say, this company work so hard for the best interest of service users. Management are very supportive and have been the best team so far I've worked with. Every service user's needs are met." However, one staff member told us, "My concerns are when the rota's are changed. You're not informed then you get a staff member not happy because you haven't come in on time or they come in later because of changes made. I have brought this up in my supervision [but] so far no change."

- Staff were supported by meetings and handovers. One staff member told us, "Due to the COVID-19 lockdowns, no face to face team meetings have taken place. However, where possible, team meetings are held on a monthly basis via Microsoft Teams at present." Another staff member said, "There is always a handover between staff and even though I am only there once a week I very much feel part of the team and am always informed of any information I need to know. The care plans are kept up to date and reviewed regularly." Another staff member told us, "The senior management team are always looking for new ideas and suggestions and these are encouraged from the staff team, to be able to be open and transparent with any new ideas."

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

- There was an open and transparent culture in the service.

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.