

GT Care (Wakefield) Ltd

The Acorns

Inspection report

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Stanley
Wakefield
West Yorkshire
WF3 4HB

Tel: 01924824094

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Acorns is a residential care home providing personal care to up to 5 people. The service also has a domiciliary care agency (DCA) and supported living registration. The service provides support to people with a learning disability. At the time of our inspection there were 4 people using the residential service and 1 person using the DCA.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Risks associated with people's care were identified and actions were taken to minimise risk and keep people safe. Building and maintenance checks were carried out appropriately. We identified some concerns regarding infection control which were addressed by the registered manager.

People received their medicines as prescribed by staff who were trained and competent in the safe handling of medicines. We found some minor issues regarding medication record keeping.

Accidents and incidents were recorded and analysed to ensure risks were identified and mitigated and lessons were learnt.

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.

Right Care

People told us they enjoyed living at the home and felt staff were kind, caring and supported them well. Relatives were complimentary about the support and care their family member received.

Right Culture

Systems in place to monitor the service were not always effective and instrumental in identifying concerns and taking appropriate actions. We have made a recommendation that systems are embedded into practice.

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

Rating at last inspection

The last rating for this service was Good (published 30 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Acorns on our website at www.cqc.org.uk

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Acorns

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 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

The Acorns is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Acorns is a care without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and relatives to gain their experience of the care provided. We spoke with 6 members of staff including the registered manager, team leaders, care workers and support workers. We reviewed a range of records, including people's care records and medicine records. We looked at 2 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People were predominantly protected from the risk of infection. However, staff were not consistently following safe infection prevention and control practices.
- We observed several staff wearing coats and/or long-sleeved clothing which presented a risk of cross infection.
- We carried out a tour of the home and found some areas which were unclean and required attention. For example, one en-suite bathroom needed cleaning and some maintenance work, and the utility room required cleaning and organising. The registered manager took action to address these concerns.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Support plans contained sufficient information for staff to safely manage risks associated with people's care. One relative said, "Yes [relative] is definitely safe. I wouldn't leave [relative] if I thought it was unsafe."
- Statutory checks on equipment and the building were maintained. However, we found some radiators without radiator covers which presented a risk to people who were not temperature aware. Following our inspection, the registered manager took action to address this concern.

Using medicines safely

- People were supported to receive their medicines safely by staff who were trained and competent to administer medicines.
- During our inspection we found some minor recording issues and temperatures were not being recorded of storage areas. Following our inspection, the registered manager took action to address these issues.
- We observed medicines being administered safely.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff we spoke with received training in safeguarding and knew what action to take to keep people safe.
- People and relatives, we spoke with felt the service provided safe care. One relative said, "They [staff] look after him well and safely, I don't worry about him at all."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- We observed enough staff available to support people in line with their current needs.
- The provider operated safe recruitment processes.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager had a system in place to monitor and review accidents and incidents. This helped them identify trends and patterns to mitigate future risks.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- Staff knew people well and interacted with people in a caring and understanding way. We saw people and staff share appropriate friendly banter and laughed together.

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

- People were supported to express their views and make decisions about their care.
- People told us they enjoyed living at The Acorns and were happy to talk about the service. One relative told us how their family member enjoyed living at the service, saying, "When I take [relative] out they are always keen to go back and happy to wave me off."
- People were involved in social events and took part in planning holidays, activities and celebrations such as birthdays and seasonal events.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff made sure people received the care they needed and were careful to maintain their dignity and privacy.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems in place to monitor the service were not always effective.
- A range of quality audits had not always been instrumental in identifying or resolving the issues we found during our inspection.
- We identified concerns regarding infection control, medicine management and record keeping.
- The registered manager took action to address these concerns, however systems and processes require embedding into practice ensuring effectiveness.

We recommend the registered manager takes action to review the management systems and ensure processes are embedded into practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were knowledgeable about their roles and understood their responsibilities.
- The registered manager was aware of their legal requirements such as duty of candour and regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Feedback was sought from stakeholders on a regular basis and the outcome was displayed as 'You said, we did.' This showed what action had been taken from comments raised.
- Relatives felt involved in the home and told us the staff contacted them frequently. One relative said, "They [staff] keep me informed if there are any problems or if there is anything I need to know."
- People received person centred care which supported them to achieve good outcomes.

Working in partnership with others

- The provider worked in partnership with others.

- Recommendations and advice from healthcare professionals were followed. This helped to make sure the care and support provided was up to date with current practice.