

Acorn Community Care

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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

Acorn Community Care is a supported living service providing personal care to adults living with a learning disability and/or autistic spectrum disorder. The service was supporting seven people at the time of our inspection.

People lived in their own homes, either on their own or in a shared house for up to three people in and around the local area. People had support overnight. Staff had access to an on-call service 24 hours a day in the event of an emergency or unplanned situation.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider had undergone change since the last inspection. A new registered manager and management team were working to improve systems for maintaining quality and safety across the service. A new system of audits had been developed to help monitor quality. Staff shared a commitment to providing high quality care to people. The provider was looking at ways to gather people's views to drive further improvement.

People felt safe with the staff supporting them. Staff were safely recruited and trained to use medicines safely as prescribed. Accidents and incidents provided opportunities for staff to reflect on their practice and were used to support improvements across the service.

People received effective support from staff, who were skilled and familiar with their needs. 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. We have made a recommendation about record keeping for mental capacity assessments and best interest decisions.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives praised the caring approach by staff and felt confident in their care. Staff were aware of people's emotional needs and provided support.

People's care was person-centred and provided in flexible ways to adapt to their preferences. People were encouraged to pursue their interests and try new activities. People had opportunities to form new friendships and maintain their relationships with family members.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 January 2019). The provider had completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Acorn Community 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 carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People lived individually or in a shared house, the shared house accommodated up to three people. 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 a short period notice of the inspection 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 2 January and ended on 16 January 2020. We visited the office location on 2 January 2020.

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 who works with 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 visited one supported living house and spoke with two people who used the service. We spoke with three relatives. We also spoke with six members of staff including the registered manager, manager, assistant manager and four care workers.

We looked at two people's care records in full and two care records in part. This included medicine administration records and daily notes. We looked at two staff recruitment and supervision files. We reviewed meeting minutes, quality assurance audits and a selection of other records relating to the management of the service.

We spoke with one social care professional who regularly works with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended that the provider followed legislation and their policy to support the safe recruitment of staff. The provider had made improvements.

- People were supported by staff who had been safely recruited and checked to make sure they were suitable to work with vulnerable adults.
- Staffing arrangements were based on people's assessed needs. The provider monitored staffing levels to make sure people and staff were safe.

Assessing risk, safety monitoring and management

- People were supported to take positive risks to promote their independence, for example, going on holiday.
- Risk assessments were used effectively to highlight risks specific to each person and guide staff in how to reduce and manage these.
- Staff took responsibility for completing health and safety checks in people's homes, including testing fire alarms. Further work was needed to consider the risks of people using bedrails and monitor these.
- Positive behaviour support plans (PBS) were used to good effect to keep people safe. PBS is a way of supporting people who may present with behaviours that challenge the service, identifying triggers for these and proactively planning support. For example, staff were aware one person's behaviour could be heightened during the Christmas period.
- People felt safe with the staff supporting them. One person said, "I always feel safe."

Using medicines safely

- People received safe support to take their medicines as prescribed. Staff received training and their competency to safely administer medicines was checked.
- 'As and when required' protocols did not contain all the information required as per best practice to guide staff in deciding when people may need these occasional medicines. The registered manager agreed to review these.
- Staff responded appropriately to medicines errors to keep people safe. These incidents were discussed with the staff team to prevent future occurrences.

Preventing and controlling infection

- People were supported to complete household tasks to keep their homes clean.
- Staff received training in infection control and food hygiene to inform them of best practice.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Accidents and incidents were used to inform staff learning and improve people's care.
- On occasions staff used approved techniques to physically intervene when people presented with behaviours that challenged. Each incident was reflected on to consider whether it was avoidable and the least restrictive option to keep people safe.
- Staff recognised signs which may indicate people were at risk of abuse and knew how to report them internally or to external organisations.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received effective support following an assessment of their needs. For some people, a period of assessment was used to consider the suitability of their shared housing.
- People identified short and long term goals to work towards with support.
- People received support from a consistent team of staff members who were familiar with their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled.
- The provider had a training plan in place, identifying training requirements for staff in areas such as safeguarding and first aid. We discussed timescales for staff to attend refresher training to update their knowledge. The registered manager updated their training plan and advised further training courses were planned.
- Staff received specialist training to inform them of people's specific needs. One person told us, "The staff have special training, they know how to use breathing techniques with me, this calms me down."
- New staff received an induction and probation to help them understand their role and ensure they had the skills needed to carry this out.
- Staff spent time shadowing people's care prior to supporting them alone. This helped them to familiarise themselves with people's care and support requirements.

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

- People were supported to choose, plan and prepare meals based on their preferences.
- Staff encouraged people to make healthy meal and lifestyle choices. One person had expressed a wish to lose weight and had achieved this through healthy eating and meal planning.

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

- Management had a clear understanding of the roles of health and social care professionals. Referrals to health services were made in a timely way and any recommendations followed.
- People had annual health reviews and received effective care to stay in good health.
- Information about people's health conditions was recorded. This helped staff to understand how this affected them and consider future changes to their support should their health needs alter.
- The provider worked with health and social care professionals to ensure people's care was appropriate to their needs and review any changes.

Adapting service, design, decoration to meet people's needs

- People were encouraged to personalise their homes and bedrooms to make them their own.
- The provider worked with housing providers to help them understand people's requirements and ensure properties were adapted to meet their needs. One relative told us, "The lightness of the house helps [person's] vision, they can find their way around the house."

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.

- Records were not currently in place to show how decisions were made about people's capacity and decisions made in their best interests.

We recommend the provider develops more detailed records in relation to mental capacity assessments and best interest decisions.

- The provider was evaluating how consent was recorded to help people understand it and record it in a meaningful way for them.
- People were empowered to have choice and control over their care. Staff routinely offered people choices and were skilled in their approach to supporting people to make decisions. Staff were aware of the MCA principals.
- The provider worked with the local authority to identify when people may require an application to the Court of Protection.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives spoke highly of the kind, caring support they had received. This had a positive impact on people's lives. One relative said, "We feel the service is phenomenal, the staff are lovely and really really patient with [person]."
- People and their relatives had confidence in their care and the sensitive approach staff used. One person said, "I like all my staff, I'm very happy." A relative told us, "We have the utmost trust in all the staff. We know everything is dealt with professionally and caringly."
- People received person-centred support for their emotional wellbeing. For example, staff recognised signs a person may be becoming increasingly anxious or distressed and had developed effective strategies to help reduce this.
- Staff respected people's diverse needs and background. This included where people may have experienced adverse events in their lives that continued to affect them.
- People were supported by kind, attentive staff who wanted to make a difference to their lives. One relative told us, "The will to do things is so positive."

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

- People were encouraged to make decisions about their lives on a day to day basis. For example, choosing what activities they would like to do. One relative described how this flexible approach benefited their family member. They said, "Having this support has made a real difference to [person's] mental and emotional wellbeing."
- Staff understood when people may benefit from advocacy support to help them make decisions about their care and lives. Advocates help to give a voice to people who may find it difficult to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff worked with people to agree arrangements for sharing information with their family members.
- Staff actively looked for opportunities to increase people's independence. For one person, they had helped them to use the toilet independently. This had led to significant improvements in the person's quality of life and them accessing the community.
- People's dignity was respected. Staff gave people time alone when needed. Personal care was provided in discreet, dignified ways.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's support arrangements were person-centred. They were flexible to adapt to people's preferences. A social care professional told us, "Staff adapt to [person's] needs and they are very person-centred with their approach."
- People's care was reviewed with their relatives and other professionals to check their care was appropriate for their needs. This was felt to be a valuable opportunity to look at people's care in a joined-up way. One relative said, "We value staff's suggestions."

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 form new friendships and accept other people's needs and preferences. We saw one person waiting for their friend to arrive, they had brought the person their favourite mug from home to welcome them.
- Staff supported people to maintain relationships with family members, balancing this against people's wishes to lead independent lives.
- People were encouraged to try new activities and take on additional responsibilities where appropriate. Staff worked with one person and their relative to help them to plan for keeping a pet and understand the financial costs of this. The pet had provided the person with companionship and promoted their independence.

Meeting people's communication needs

Since 2016 onwards 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.

- Information was made available to people in accessible formats according to their needs, including easy read formats or electronically.
- Staff ensured people had access to any communication aids, for example tablet devices.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable speaking to staff or management if they were unhappy about the service. One person told us, "I would feel able to speak to the managers, I know they would listen."
- Managers worked with people and their relatives to listen to any minor concerns, preventing them from

escalating to complaints. One relative said, "They listen to my worries, this makes me feel reassured."

End of life care and support

- Staff had an awareness of people's end of life preferences. Management recognised staff would benefit from further training in this area to support staff in holding these conversations with people.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to maintain complete and up to date records for people using the service and staff. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new system of audits had been introduced to help monitor quality and safety across the service and drive improvements.
- The provider had developed an action plan, which they were working on to introduce and embed changes to promote high quality care.
- A new management team were in place and working together to plan changes to be introduced and support staff with these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt well supported and were able to seek advice from management at any time if needed. One staff member told us, "I'm really well supported, the assistant manager rings me to see how I'm getting on."
- Staff development was supported through supervisions. Staff had not received an annual appraisal in line with the provider's policy to evaluate their practice and review their arrangements. The registered manager explained this was discussed in people's supervisions.
- Staff performance was monitored. The provider's processes were followed to investigate any concerns and their response.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were committed to enabling people to lead independent, full lives in their local community. One staff member said, "I let people enjoy their lives and do everything I can to support this."
- The provider was transparent and committed to continuing to build on developing person-centred care.
- People were encouraged to be active members of the community, using local community services and volunteering.

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

- Management understood their responsibility to be open, honest and apologise if things went wrong.
- Managers were committed to continually evaluating, learning and developing the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management were skilled in engaging people, their relatives and people's representatives in the development of their care. One relative said, "Here parents and families can have a say, it's a lovely thing to find."
- People were routinely asked about their experiences of their care. Their feedback was used to make changes.
- Staff were able to contribute their views on the service. Management were working to promote this.
- The registered manager was developing questionnaires for people that use the service and staff to seek their feedback. Consideration was being given to the format of the surveys to help people access and contribute to these.