

Acorn Lodge (Bournemouth) Limited

Acorn Lodge - Bournemouth

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 Lodge - Bournemouth is a care home providing personal care to nine adults with a learning disability at the time of the inspection. The service can support up to nine people.

The service was registered to support up to nine people. This is larger than current best practice guidance in relation to care homes for people with a learning disability. However, the size of the service having a negative impact on people was mitigated by the building looking just like the surrounding large houses. In other respects, the service had been developed in line with the principles and values that underpin Registering the Right Support. This ensures 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's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. 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 told us they felt safe at the service, and that staff were available when they needed them. Staff understood their responsibilities for safeguarding people. New staff only started work after pre-employment checks to ensure they were suitable to work in a care setting. People's individual risks were assessed and managed in the least restrictive way possible. Medicines were stored and managed safely. The premises and equipment were kept clean and were regularly maintained.

Everyone we met was comfortable to approach staff and clearly enjoyed their company. Staff were kind and respectful, and upheld people's privacy and dignity. They also promoted people's independence. Most had worked at the service a long time and knew people well. They understood how people communicated and tailored their approach accordingly. People's protected characteristics, such as religion and sexuality, were respected.

The registered manager kept up to date with current good practice and ensured staff were aware of this. People's care was planned and delivered accordingly. People had the healthcare they needed. They had a varied diet according to their preferences and health needs. The premises were adapted for people with limited mobility. Staff were supported through training and supervision, with regular refresher training in key topics.

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.

People's care was tailored to their individual needs and preferences. People and their relatives were involved in planning and reviewing care. People led active lives, spending time out in the community doing things they were interested in. They had got to know some of the staff in local shops and cafes. People had any support they needed to keep in touch with their families. The registered manager had responded promptly and openly to the one complaint in the past year.

The service had an open and relaxed atmosphere. The registered manager and staff had an ethos of respecting people and prioritising their needs. A person commented of the service, "It's very well organised." The registered manager had a good understanding of their responsibilities. They had an open-door policy and spent much of their time with people and staff. Staff told us their colleagues were supportive and worked as a team. The registered manager oversaw ongoing quality checks. Any shortfalls found were promptly addressed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 22 November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acorn Lodge - Bournemouth on our website at www.cqc.org.uk.

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 Lodge - Bournemouth

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 undertaken by one inspector.

Service and service type

Acorn Lodge - Bournemouth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with a deputy manager, two care workers and the registered manager.

We reviewed a range of records. This included two people's care records and nine medication records. We looked at one staff file in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, such as accidents, complaints and minutes of meetings.

After the inspection

The registered manager promptly forwarded details about staff training that we had requested.

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 safe. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service.
- The registered manager and staff understood their responsibilities for safeguarding people and knew how to report suspected abuse.
- Information about how to report abuse was clearly displayed for staff.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and managed in the least restrictive way possible. Risk assessments covered matters such as moving and handling, health conditions and activities.
- A person showed us their mobile phone, which helped them feel safe and confident when they went out on their own in the local area.
- There were ongoing maintenance and health and safety checks. Current certification was in place for gas safety, the safety of the stairlift and hoist and the maintenance of the fire warning system and precautions.
- Staff understood their responsibility for ensuring people were safe in event of a fire.

Staffing and recruitment

- People said staff were available when they needed them.
- Staff told us staffing levels were sufficient for them to support people safely and effectively.
- New staff started work only after the satisfactory completion of pre-employment screening, such as criminal records checks and obtaining references.
- Staff absence was covered by existing staff working additional hours rather than using agency staff.

Using medicines safely

- Medicines were stored and managed safely.
- Staff who administered medicines had training to do so. The management team assessed their competency annually to check they were able to do this safely.
- There was clear guidance for staff about the circumstances in which people needed medicines prescribed 'as necessary' (also known as PRN).
- People's allergies and sensitivities to particular medicines were recorded on their medicines administration records.

Preventing and controlling infection

- The premises were kept clean and tidy. The service had achieved the highest score at the last food hygiene inspection in December 2017.

- Staff had training in infection prevention and control, including hand cleansing and using protective equipment such as disposable gloves and aprons.
- Such personal protective equipment was readily available for staff when needed.

Learning lessons when things go wrong

- The registered manager responded promptly and transparently to accidents, incidents and complaints.
- They reviewed each event to ensure all necessary action had been taken for people's safety and wellbeing.
- They shared learning from incidents with staff. For example, they had highlighted to staff how a person's fall had shown they still needed two staff during personal care.

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

- Comprehensive assessments of people's needs formed the basis of care plans that were individualised.
- The registered manager kept up to date with current good practice and ensured staff were aware of this. People's care was planned and delivered accordingly.
- The service worked collaboratively with professionals to promote people's health and wellbeing. For example, staff had initiated close work with health professionals to enable a person to gain mobility and take more control in managing their continence.
- People had regular check-ups and routine treatment with dentists, opticians and chiropodists. Staff supported them to see their GP if there were concerns about their health.

Staff support: induction, training, skills and experience

- Staff said they were well supported through training and supervision.
- New staff were expected to complete an induction and obtain the Care Certificate, which represents a nationally agreed set of standards for workers in health and social care.
- Staff had regular refresher training in key topics, such as moving and handling, safeguarding, the Mental Capacity Act and food hygiene. This was kept up to date. Staff also had opportunities to study for qualifications relevant to their work.

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

- People told us they liked their meals and had a say in what went on the menu.
- People had a varied diet that met their health needs. This included people who needed a high calorie intake to maintain weight, and people who needed soft textured foods to reduce the risk of choking. This followed the advice of health professionals.
- People's risk of malnutrition was monitored using a recognised malnutrition screening tool.
- Religious needs were discussed with people and their families, so that these were accommodated in a way that suited the individual. There was no blanket assumption that people of a particular faith would avoid certain foods.

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

- The house looked homely and felt comfortable. People were proud of their rooms, which were decorated as they preferred. They could have keys to their rooms if they wished, although some people preferred staff

to lock their doors for them

- People used communal areas freely. Where people needed assistance to mobilise, staff checked where they wanted to be and supported them accordingly. For example, someone looked comfortable in their wheelchair in the breeze by the garden door (it was a hot day); a care worker said the person liked to sit there.
- There were adaptations for people with restricted mobility, including a stair lift between the ground and first floors

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- A person told us staff always checked they were happy to receive assistance before providing this.
- People's consent was sought where they were able to give this. The service was aware, and held details, of people who had court-appointed deputies with the legal authority to give consent on people's behalf.
- If there were concerns about a person's capacity to give consent, staff undertook a mental capacity assessment, or arranged for this to happen as appropriate. For example, staff had previously referred to community learning disability professionals to assess whether someone had the capacity to consent to sex.
- If a person was found to lack capacity, there was a best interests decision to identify what care should be provided. People's relatives and professionals were consulted in this process.
- The registered manager had identified where people were deprived of their liberty and had applied for authorisation under the DoLS. Where authorisation had previously been granted but had lapsed, they had applied in good time for new authorisations. However, these were still awaiting assessment by the local authorities who commissioned people's services.
- There were no conditions attached to any of the current DoLS authorisations.

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 who were able to, said they liked the staff. Everyone we met was comfortable to approach staff and clearly enjoyed their company.
- In all the interactions we saw and heard, staff were kind and respectful.
- Most staff had worked at the service a long time and knew people well. A new member of staff understood the importance of building relationships with people and was prioritising getting to know them.
- Staff understood how people communicated and tailored their approach accordingly. They recognised when people were uncomfortable or unhappy and were quick to provide any assistance needed.
- Staff knew and respected people's preferences. For example, one person had an interest in the Victorians and liked vintage-style crockery. Staff ensured the person had their special teapot and cup when they had a drink.
- People's protected characteristics, such as religion and sexuality, were respected. There were clear guidelines in care plans about the support people required in these areas.

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

- The registered manager and staff involved people and their relatives as far as possible in decisions about care.
- People felt a sense of ownership over their care plans. They spent time looking at their files and discussing them with staff.
- Where people had limited input into their care planning, involvement from advocates was sought to give them a voice.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's privacy and dignity. Assistance with personal care was offered discreetly and given in private. Staff asked people for permission for us to view their rooms.
- Relatives visited whenever it suited them and their loved one. A relative said, "I've only got to turn up and I'm most welcome."
- People's independence was promoted. For example, someone told us how they were able to go out to nearby areas on their own. Care plans set out what people were able to do for themselves.
- People's personal information was kept secure in a room that was locked when not in use. The registered manager reminded people that their care records were private for them.

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 told us they were happy with the support they had at Acorn Lodge. Relatives were positive about their loved ones' care. For example, a relative commented, "He's well treated, he's well looked after."
- People's care was tailored to their individual needs and preferences. Care plans were comprehensive. The registered manager reviewed them at least monthly, or more often if there were known changes.
- Care plans included 'essential lifestyle plans' that set out people's aspirations and what was important to them, as well as details of their likes and dislikes.
- Staff had received appropriate training to understand the importance of treating people equally whilst respecting their diversity.

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.

- Care plans flagged people's communication needs.
- Staff supported people with communication as they needed. Staff were able to tell us about people's non-verbal communication, such as noises and gestures that were unique to them.
- Staff took time to ensure they understood people, and that people understood what they were saying.

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 led active lives, doing things they were interested in and spending time out and about. Most people went out during the inspection. Someone told us about the various places they went to. Another person spoke with staff about their plans to see a show on Saturday.
- People regularly used shops and cafes on the nearby high street, where they had got to know the staff.
- People chatted about their families. Staff supported them to keep in touch and people visited, or had visits from, their loved ones. A relative commented that their family member had "a good social circle" at Acorn Lodge and in the local area.

Improving care quality in response to complaints or concerns

- Relatives told us they felt comfortable to approach the registered manager if there was something they were concerned about or unhappy with. For example, a relative said, "I would speak to [registered manager... She's very receptive."

- There had been one complaint in the past year. This had been received through an informal email, but the registered manager addressed it promptly and thoroughly.
- There was a complaints procedure, copies of which were given to relatives and other interested parties.

End of life care and support

- No-one was anticipated to be at the end of life during the inspection. However, since the last inspection the service had supported a person who had died following serious illness. Staff had worked in consultation with health professionals to ensure the person had comfort and dignity to the end.
- People's records included details of any requirements in the event they died.

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 good. At this inspection this key question has remained the same. 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

- A person commented of the service, "It's very well organised." Relatives also praised it: "It's brilliant", "Marvellous place, couldn't fault it", "Like a home from home, like a big extended family", and "[Registered manager] does an excellent job".
- The service had an open and relaxed atmosphere. The registered manager and staff had an ethos of respecting people and prioritising their needs. A member of staff said, "You really see it [person-centred care] in action."
- The registered manager had an open-door policy and spent much of their time with people and staff. A member of staff commented, "[Registered manager] has been very supportive of staff."
- Staff told us their colleagues were supportive and worked as a team: "It's a good team... we help one another."

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 understood the duty of candour. They informed people and their families if something had gone wrong. They had an open and transparent approach to complaints.
- A relative explained how they found the registered manager to be open: "I've every confidence in [registered manager]... She phones us the minute something's wrong or she needs to tell us something."

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

- The registered manager also owned the provider company. They had been in post many years and had a good understanding of their role and responsibilities.
- As required, the registered manager had notified CQC of a death, a serious injury and a deprivation of liberty safeguards authorisation.
- The rating for the service was prominently displayed in the hallway.
- The registered manager maintained a close overview of the service, through working daily alongside staff.
- The registered manager oversaw ongoing quality checks. These included regular medication audits, health and safety audits and reviews of care plans and records. Any shortfalls found were promptly addressed.

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

characteristics; Working in partnership with others

- There were regular meetings for people who used the service to discuss what was happening at the service and put forward ideas for menus and activities.
- There were also regular staff meetings at which staff could discuss the service and any ideas they had regarding people's care. Staff also had the opportunity to discuss this individually in one-to-one supervision meetings.
- People were encouraged to use community facilities and get involved in mainstream activities. For example, people went swimming and to Zumba.
- Staff worked collaboratively with other agencies to meet people's care and support needs.