Purley Park Trust Limited

Acorn House

Inspection report

20 Huckleberry Close
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Reading
Berkshire
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Tel: 01189439462

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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

This was an unannounced inspection which took place on 05 January 2016.

Acorn House is one of eight separate residential care homes within Purley Park Trust Estate. Acorn House is registered to provide care and support for up to five people who have learning disabilities and associated conditions, such as autistic spectrum disorders and behavioural difficulties. There were five people living in the service on the day of the visit. The house is built over two floors. Everyone who lives in the home is able to negotiate stairs safely.

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who live in and visit the service were kept as safe, from harm, as possible. Staff knew how to identify abuse and how to deal with any concerns about people's safety. Staff understood health and safety matters and followed the relevant policies and procedures which were supplied by the service. The service made sure that risks were identified and action was taken to minimise them, as far as possible. There were enough staff to look after people safely. There was a robust recruitment procedure to ensure, that as far as possible, staff were suitable to work with the people who live in the home. Medicines were given safely by properly qualified staff.

People's health and well-being needs were met by an efficient and responsive staff team. The service sought advice from and worked with health and other professionals. This ensured people were kept as mentally and physically well as possible, so that they could enjoy their lives.

Peoples' human and civil rights were understood, and upheld by the staff and registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who may not have capacity to do so. People were supported to make as many decisions and have as much control over their lives as they were able to.

People's care was provided by kind, caring and committed staff who knew people and their needs well. People's needs were met by an attentive, knowledgeable staff team who were very responsive to changes in people's requirements and wishes. Individualised care planning ensured people's equality and diversity was respected. People were provided with a variety of activities, according to their needs, abilities and preferences.

People's care was effectively overseen by a registered manager and management team who listened and

responded to them and others. The culture of the home was described as open and positive. The registered manager was highly thought of. The quality of care the service provided was continually improved.

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.

People, staff and visitors were kept from any type of harm by staff who had been properly trained and understood how to protect people in their care, themselves and others.

Risks were identified and any necessary action was taken to make sure they were minimised, whilst allowing people to be as independent as possible.

The service made sure that staff were appropriately trained and were able to look after and give people their medicine safely.

There were enough staff, who had been recruited safely, to meet people's needs and keep them safe.

Is the service effective?

Good

The service was effective.

People were helped to make as many choices and decisions about their daily lives, as they could. If people were not able to make certain decisions the service took action to make sure their rights were upheld.

People were helped to keep themselves as healthy and happy as possible.

Staff were provided with training to ensure they could meet the changing needs of people in their care.

Is the service caring?

Good

The service was caring.

People were happy to be living in the home.

People were supported by a kind, committed staff team. They were treated with respect and dignity at all times.

People's individual needs and lifestyle choices were recognised

and respected.

People were helped to build relationships with staff and keep relationships with people who were important to them.

Is the service responsive?

Good

The service was responsive

People were provided with individualised care which took into account personal choices and preferences.

People's care needs were assessed before a service was offered. They were regularly reviewed to make sure staff were giving care in a way which met their individual and current needs.

People were supported to choose and participate in a variety of activities that helped them to enjoy their lifestyle.

The service had a robust complaints procedure which was produced in an easy read format. It was available to people who live in the home, their relatives, visitors and others.

Is the service well-led?

Good

The service was well-led.

The service was well managed and staff felt very supported by the registered manager. The manager made sure it was run according to the values of the organisation.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, as appropriate.

The quality of care provided was regularly monitored and the service was continually developed and improved.

Acorn House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 5 January 2016. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We had received one safeguarding notification in the previous 12 months. This had been investigated and dealt with appropriately. We had received two notifications relating to injuries received by people who used the service.

We looked at the five care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at a sample of other records related to the running of the service. These included a sample of staff records, training information and communication systems. The registered manager sent us further information we requested after the inspection visit.

We spoke with four people who live in the home, two people spoke to us briefly and one person did not wish to speak with us, at all. We spoke with four staff members and the registered manager. After the inspection we received written comments from a local authority representative who told us they had visited the service and had no concerns about the quality of care offered. Additionally we received information from relatives of people who live in the service.

We looked at all the information held about the five people who live in the service and observed the care people were offered throughout the duration of our visit.

Good

Is the service safe?

Our findings

People told us they were, ''very safe'' and one person said, ''they keep me safe and don't let anyone hurt me''. A local authority representative answered the question, ''are you confident people are safe and well – treated'' by noting, ''Yes following recent visits no concerns raised''.

People were protected from any form of abuse, harm or poor care practices. All staff were trained in safeguarding adults, which was up-dated every three years. Staff understood and described their responsibilities with regard to protecting people in their care. They told us they would use the whistleblowing policy, procedure if necessary. However, they were confident that the management would take immediate action to ensure the safety of people who live in the service. Staff told us they had never seen anything they were uncomfortable with. They said the staff team would not tolerate any unsafe or disrespectful care practices.

People, staff and visitors to the service were kept as safe as possible by staff following health and safety policies and procedures. Regular Health and safety checks were undertaken at specified intervals to make sure equipment and the environment were safely maintained. These included an annual boiler service on 9 September 2015, weekly fire checks completed by the staff and an external fire system service completed in October 2015. The service had safe working risk assessments such as lone working, pregnancy and hazardous substances.

Accidents and incidents were recorded and kept on people's individual files. The registered manager kept an overall monthly monitoring record of all accidents and incidents. She identified any trends and cross referenced them with behavioural records that the team then used them as a learning tool, if appropriate. Incidents and accidents were discussed with the operations manager, as necessary. Staff were provided with information about action they were to take to keep people safe in an emergency situation. The service was one of eight residential homes in a small estate type setting and staff could seek assistance from other services, as required. For example fire alarms could be heard across the site and external red lights identified which house was affected. Allocated staff from other houses went to that house to check if additional help was needed.

The staff team completed risk analyses for each person. These identified any specific risk to the individual. Risk management plans were developed for the necessary areas of care which gave staff clear information and detailed care guidelines of how to minimise risks for the individual and others. Identified risks included behaviour, false accusations, choking and communication.

All the people who live in the home were supported to take their medicines. Staff followed robust policies and procedures which ensure all medicines were given safely, in the correct doses and at the right times.Two staff always administer medicines. Staff received specialist training to enable them to administer medicines, their competence was tested before they were allowed to carry out this duty. Annual competency test paperwork had been developed and the tests are to be fully introduced this year (2016).

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People had guidelines for the use of any medicines prescribed to be taken as necessary (PRN). The service did used PRN medicines pain control but not to assist people to control behaviours. A report for one medication error, noted that all necessary action had been taken to ensure that no harm was suffered by the person as a result of the error. Actions were taken to minimise the risk of a recurrence of the mistake.

The provider had 'corporate appointeeship' for four of the five people who live in the home. This meant that they took responsibility for people's finances. The service had a robust system of recording the money they held on behalf of people. The system was checked by external auditors at least once a year. The local authority included individual financial audits for their clients as part of their monitoring process. Some people's financial support plans did not include detailed information about how they were assisted with their finances, their involvement and whether they agreed to the plan. People paid a monthly contribution for transport from their benefits and were provided with transport which met their needs.

There were enough staff on duty to ensure people's care was delivered safely. The minimum staff on duty were two per shift during the day. There was one staff member allocated to sleep in during the night. Staff were supported by staff from other services around the site, in event of staff shortage or emergency. The staffing ratio had been increased in 2015 to ensure staff were not working alone when all five people were at home. Staff members felt staffing ratios enabled them to offer effective and safe care.

People were supported by staff who were suitable and appropriate to provide care. There recruitment procedure ensured staff had been recruited as safely as possible. The provider completed the necessary safety checks on prospective applicants. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Fully completed application forms including full work histories were completed and interviews were held. Records of interview questions and an interview assessment were kept. Appropriate references were taken up and verified prior to candidates being offered a job.

Good

Is the service effective?

Our findings

People told us they were, ''very well looked after''. They said they see the doctor or nurse when they don't feel very well. A relative told us, ''All the staff are committed to their work, and provide a high standard of care to the residents''.

People's care needs were clearly described in their individual support plans. The plans were very detailed and informed staff of how to meet people's individual needs. They included all areas of care such as sleep pattern, daily routines and personal care. People had two separate files to ensure all their needs were met. One file held their, ''health action plan''. The support plans included a care summary which described more briefly people's needs and drew staff's attention to vital areas (for the individual) of the more detailed plans. For example health needs.

People's health and well-being was identified as a priority for care staff. People's health action plans clearly identified people's medical histories and current needs. People were supported to make routine and specialist health and well-being appointments, as necessary. Follow up appointments and the outcome of health visits and checks were clearly recorded. Instructions given by health practitioners such as GPs, psychologists and psychiatrists were recorded in healthcare plans and followed by staff. However, the staff team advocated for people to ensure they gained appropriate physical and mental health support from appropriate professionals, in a timely way. Best interests meetings and discussions had been held, where necessary, in regard to health and well-being procedures, such as operations.

Staff helped people to choose a well-balanced and nutritious diet. People's nutritional needs were assessed by using a recognised assessment tool. People were weighed regularly and records were kept. The support of the dietician and speech and language therapy services was sought, as necessary. People chose when and where to eat their meals. For example some people at their main meal at lunch time and others in the late afternoon. Some people chose to eat alone while others enjoyed the social aspects of meal times. People were involved in choosing meals and producing the menu. People's food intake was recorded in detail on their daily notes.

People were supported by staff who understood consent, mental capacity and DoLS. 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 the least restrictive option. 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). The registered manager had submitted DoLS applications to the local authority, following advice given by them. Staff had received Mental Capacity Act 2005 and DoLS training. They had a very good understanding of what a deprivation of liberty, what constituted restraint and when a DoLS referral may be necessary. They recognised that people's capacity may vary depending on circumstances such as time, mood and well-being.

People were encouraged to make as many decisions and choices as they could. Staff described how they helped people to make choices about their daily lives. People's decisions and choices were respected by care staff. Staff knew how to give people the best opportunities to make choices about their lifestyle and daily living. Care plans included a section which included questions such as, ''things I like to do'', ''what food I like'' and, ''what I don't like''. Items were added and deleted from the lists as people changed their minds or increased their experiences.

The service supports some people who may, on occasion, display behaviours that could cause distress or harm to themselves or others. Staff used a number of methods to help people to control their negative behaviours. The methods were developed for individuals with support and advice from the, psychiatric and/or psychology services. All the programmes were individually developed to meet people's specific needs. Behaviour care plans were detailed and included taking action to distract and divert people from harmful or distressing behaviour. However, the service used physical interventions, as a last resort, to keep people safe.

Staff were trained in the use of a system called the management of actual and potential aggressive behaviour (MAPA). The training focused on ways staff could de-escalate and calm people prior to the use of physical interventions. The type of interventions that could be used were clearly outlined for specific individuals, in their care plan and a description of the specific 'hold' was provided. A record of all physical and other interventions was kept on the behavioural chart. These were discussed with the registered manager, at staff meetings for learning purposes and with external professionals supporting the service and the individuals. Training was renewed regularly to ensure people were up-dated and confident to safely use the intervention techniques. The registered manager was an accredited trainer of MAPA.

People's needs were met by a staff team who had been appropriately trained. Training was delivered by a variety of methods which included computer based and classroom learning. Staff told us they had, ''very good training opportunities''. Staff completed the care certificate during their induction and probationary period. They completed additional training according to their needs as identified during the staff development system. All staff had a continuing professional development record which noted training needed and requested by staff members. Staff told us they always completed their 'core training' at the correct intervals and were able to access additional training such as autism. The registered manager organised a theme of the month which was discussed in a team meeting. Staff then used e-learning to explore areas such as infection control and respect and dignity.

The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. Staff received a three, four, five and six month probationary review before their appointment is confirmed. Staff told us they were given the opportunity to 'shadow' experienced colleagues prior to be included on the rota. They said they felt very well prepared to begin their duties and were well supported by management and their colleagues. They told us they could always request help or say if they were not confident with situations. Staff received one to one supervision every six to eight weeks and an annual appraisal.

Good

Is the service caring?

Our findings

People told us they were happy living in the service. One person told us, on several occasions that it was a, ''very, very happy home''. Other people told us it was a very nice home and staff were very kind. One person said, ''they keep me very cheerful and I can chill out here''. Staff told us it was a very good staff team who, ''really cared for people''. .

People's care focused on their individual needs (person centred care). Support plans gave very detailed descriptions of the people supported, including their family history. The staff team worked with people and their families to build up as accurate a picture, as possible of people's background. People were provided with activities, food and a lifestyle that respected their choices and preferences. People's needs were very diverse. The staff team identified and met any special needs as part of the culture of equality and diversity. Staff had received equality and diversity training and reflected this in their day to day work.

Staff assisted people to maintain and build relationships with family and friends. Everyone who lived in the service had contact with their families. People were supported to keep the contacts with anyone who was important to them. The service had developed strong, positive relationships with people's families and friends. They worked closely with families and kept them involved in the person's care, as appropriate. Staff, including the newest staff members, were very knowledgeable about the needs of people. They were aware of the importance of building strong relationships with individuals. Staff described how they built relationships and how they were able to recognise when people accepted them. People were able to choose staff (from those available) to interact and complete activities with.

People were encouraged to attend and be involved in their care planning and reviews. Their involvement in the review and decision making process was clearly recorded. They were supported to express what they felt about the service and their lifestyle. The service used a variety of communication methods to ascertain people's views. For example people's key workers met them regularly to ask them if they were happy living in the home. Daily notes recorded how people had reacted or otherwise expressed their views of their daily activities. They respectfully recorded people's moods, feelings and state of well-being.

People had individual communication plans which assisted staff to interpret people's mood and behaviour. They also allowed staff to communicate effectively and positively with people. Individual communication plans. Specific ways of communicating were particularly valuable when dealing with behavioural incidents. The service used communication methods such as photographs, simple English and symbols.

People's privacy and dignity was maintained at all times. Most people needed assistance with intimate care tasks. How people were to be supported with respect and dignity when staff were helping people with these tasks was described in their personalised care plans. Staff told us they had received dignity and respect training. They described how they helped people to maintain their privacy and dignity. They explained that people should be treated in the same way as they would want to be treated. Dignity and respect were the training topic of the month for January 2016. This meant that staff would focus on learning about and discussing this are of care.

Good

Is the service responsive?

Our findings

People told us that they could do, '' what we want, when we want to'' and that, ' staff always help us''. Staff were aware of peoples' needs at all times. They quickly identified if people needed help or attention and responded immediately.

People's needs were assessed before they moved in to the service. They and their families and any involved professionals were included in the original assessment process. A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed a minimum of every six months. If people displayed or staff identified a change in their needs a review was held immediately. An example included behaviour deteriorations which caused distress and potential harm to other people and harm to staff. The service responded to this by regular reviews, additional staffing, emergency call systems and referrals to the appropriate professionals. The registered manager and staff team recognised when they could no longer meet people's needs and sought the assistance of other professionals to provide suitable placements for people. The service then worked with other services to get a positive outcome for people and re-introduce them to their home. Additional responses to assisting people with their behaviours included, multi-disciplinary team meetings, reviewing behavioural charts and continuously reviewing behavioural guidelines. Staff received additional, specific training, some provided by psychology services.

People were provided with person centred (individualised) care. Staff were trained in this area and their commitment to the individuals' well-being and contentment was reflected in their daily work. The small staff team met people's diverse care needs with little or no delays. The registered manager could increase staffing ratios temporarily to meet any unexpected or emergency needs people presented. There were examples of additional staff to assist people with potentially harmful behaviours and to assist people during hospital admissions.

Staff were very knowledgeable about the care they were offering and why and were able to offer people individualised care that met their current needs. Staff communicated with each other by a variety of methods, such as handover check lists, a communication book and daily diary entries. The small size of the staff team promoted effective communication between staff .The skills and training staff needed to 'match' the required support for individuals was noted and provided, as necessary. The staff were committed to working together to offer the best possible care to individuals. One staff member told us the communication in the service was, ''fantastic''.

People were provided with the opportunity to participate in a variety of activities. Activities included walks, Tai Chi, reflexology and swimming. Daily activities such as room cleaning formed part of some people's activity plans. People enjoyed these activities and they supported them to maintain and enhance independence and encouraged a 'pride' and enjoyment of their environment. One person told us they, ''loved their bedroom'' and loved keeping it clean and tidy. The service was staffed to enable people to go to their chosen activities and to participate in community activities when they wanted to. Activity programmes were flexible and were dependent on people's health, mood and choices. Activities were staffed appropriately and in individual or in small groups according to the preferences of people. Records of

people's activities were kept so that staff could gauge whether they enjoyed it or not. They then amended activity programmes to ensure people were able to enjoy them and enhance their lifestyle. A part of the support plan was entitled, ''things I have done that I might like to do again''. A relative commented, ''The residents are provided with a good range of activities, both at Purley Park and outside''.

Some people were unable to make a formal complaint without assistance and would need the support of staff or families. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in an easy read format. How to make a complaint was discussed with individuals, as appropriate. The service recorded all complaints, actions and outcomes in a hard back book. There had been no complaints about the care provided by the service during the previous 12 months.

Good

Is the service well-led?

Our findings

One staff member told us they received, ''very good support from management''. Another said, ''she (the registered manager) listens to what she is being told and acts very quickly''. Staff described the registered manager as, ''very supportive''. Additionally they told us they could get support from the operations manager and the chief executive officer (CEO) at any time. They said the whole management team had an, ''open door policy'' and were totally approachable. Staff told us they felt involved and valued at all times. The registered manager held recognised management and care qualifications.

The service had a detailed code of conduct for staff and discussed the organisations values and expectations at monthly staff and one to one support meetings. The assistant manager had been given responsibility to ensure all staff fully understood the values of the service. Registered managers from other services completed regular quality assurance visits to specifically check that the home was operating according to the values of the organisation.

The service had a number of ways of listening to people, staff and other interested parties. People had regular reviews which they were encouraged to attend. Their views were clearly noted on the records of the meetings. Keyworkers met with people a minimum of monthly and recorded the contents of the meeting, especially any concerns or worries people had. Support plans were amended to improve things for people, if appropriate and necessary. The service held residents meetings when possible. Annual surveys are sent to people, their families, friends and other interested parties. The results are used to help to complete the annual service plan. Improvements made as a result of listening to people and others included providing a shower room to give people choice between a bath and a shower. One person told us they had always wanted a shower and now they had one. They said, ''I'm very, very happy with that''. Changing mealtimes and arrangements to suit individual preferences and needs and a pictorial board to show people who was on duty.

The staff team provided people with good quality care. It was continually monitored and assessed to make sure the quality of care was maintained and improved. Various day to day and overall monitoring systems were in place. The operations manager completed a 'themed' audit every few months, these focussed on a particular area of care. Health and safety checks and audits were completed regularly and evaluated by the registered manager. Any issues identified were incorporated into the annual service plan which was validated by the board of governors. Items such as environmental enhancements, the introduction of the care certificate and ensuring compliance to code of conduct and values were noted in the 2015 service plan. These had all been achieved along with a number of other improvements.

Staff were kept up-to-date by a variety of methods. These included posters about new legislation displayed in staff areas, topics of the month and supervision and appraisal. The registered manager and assistant manager were allocated the responsibility of keeping up-to-date with new legislation and Care Quality Commission requirements. For example, the registered manager was fully aware of the new policy about the provider's 'duty of candour' and was able to explain its relevance and application. The five inspection domains were displayed and staff made written comments about how they ensured safety, were effective,

caring, responsive and well-led.

People's needs and how they were to be met according to the preferences and best interests of people were accurately reflected in care plans. People's records were of good quality, fully completed and up-to-date. Additionally records relating to other aspects of the running of the home were accurate and up-to-date.