Acorn Villages Limited

Acorn Village

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

Acorn Village comprises of seven houses (Catkins, Phyllis Mary Lodge, Mistley Wood, Spring Lodge, Jubilee House, Oak Lodge and Gregory House). Overall Acorn Village provides care and support for up to 38 people, with each house providing specialist care and support for adults who have a learning disability and/or autistic spectrum. The service also has three small satellite homes under the same registration that provides supported living accommodation to 22 people.

The care service has been developed and designed in line with the values that underpin the Registering the right support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated good. At this inspection, we found the service remained good.

There was a registered manager in place. 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 were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed. Staff supported people to keep in

contact with family members.

When needed, people were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There was a management structure in place, which provided clear lines of responsibility and accountability. Staff were committed and supported. Quality assurance checks were carried out to ensure people received a high quality service which met their needs and protected their rights.

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 remains Good.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Acorn Village

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 took place on 15 October 2018 and was unannounced, and was completed by three inspectors 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. In this case, the expert had experience with learning disabilities. The Expert by Experience made telephone calls to relatives/carers of people who lived in the service. We reviewed the information we held about the service including safeguarding alerts and statutory notifications, which related to the service. A notification is information about important events, which the provider is required to send us by law.

During our inspection, we observed care practices, and spoke with eight people living in the service. Not all people were able to talk to us about the service they received because of their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection, we also spoke with nine staff, the registered manager and the CEO of the service.

Following the inspection, we made telephone calls to professionals for feedback about the service. The Expert by Experience spoke with sixteen family members. We reviewed nine people's care records, nine medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse and harm, and risks to people's safety as at the previous inspection and the rating remains good.

The service had effective safeguarding systems, policies, and procedures and investigated any safeguarding concerns promptly. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

People and their relatives told us they felt safe living in the service. One person told us, "I like to walk around the grounds I know I am safe." The service was set in extensive grounds these were secure with gates and fencing therefore enabling people to access them independently. Comments from relatives included, "I know [family member] is safe, there is back up support and because of this she can live semi-independently which is great for her", "Yes perfectly safe, the staff ensure that I do not have any concerns about her safety" and "I feel he is safe because of the high ratio of staff."

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments, which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively.

We saw records, which showed that equipment at this service, such as the fire system and the vehicles, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The manager told us how staffing levels were assessed to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. Relatives and staff told us there was enough staff to meet people's needs and to keep people safe. There was a 24-hour on-call support system in place, which provided support for staff in the event of an emergency.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines. People who required as and when medicines (PRN) had clear protocols in place giving staff guidelines on how, and when to administer them. When possible people were supported to manage their own medicines by staff. One person told us, "I look after my medication myself I put it away and keep it in a locked cupboard. I know I must not drink any alcohol because of the medication I am taking."

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, is not barred from working with people who require care

and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

People were living in a safe environment. The service employed maintenance staff and there were systems in place to ensure any maintenance required was responded to promptly. We saw records of checks that had been carried out on equipment and the premises. For example, checks on hoists and wheelchairs. The provider had an infection control policy in place and staff were able to tell us how they put this into practice. We observed staff using protective gloves and aprons when assisting people.

The registered manager and provider had an overview of the whole service, knew people well and were often a presence in the service so could monitor its effectiveness. Regular audits and review of accidents and incidents meant they were able to see how effective their actions had been. This helped reduce the number of repeated incidents. Lessons learnt were shared with staff through meetings, 1-1 supervision and handovers.

Good

Is the service effective?

Our findings

During our last inspection we found that DoLS applications were not kept in people's houses. Therefore, staff were not always aware of the contents of the DoLS applications. On this inspection we found that improvements had been made and therefore this is now rated as good.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 their liberty were being met. We found people were being supported appropriately, in line with the law and guidance. Copies of DoLS applications and the outcome were kept on file in people's homes. This meant that the staff team caring for the person was aware of the DoLS and the impact it had on the care the person received.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included; safeguarding, medication and communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. Observations were carried out to ensure staff were competent in putting any training they had completed into practice.

Relatives we spoke with told us they thought the staff met their relative's individual needs and that they were happy with the care provided. Comments included, "The staff work really well with [name of relative] she is supported to live as independently as possible", "They are supported with menu planning and food shopping they encourage a healthy menu but at the end of the day the staff know it is their choice" and "We never have any concerns about [name of relative] we trust the staff they know him so well."

We observed the lunchtime meal in three of the bungalows and people looked like they were enjoying the food. Staff told us people were given a choice of what to eat and we were shown menu plans. The menu plans were also in pictorial format to enable everyone to have an informed choice of what they wanted to eat. Staff were able to tell us about each individual's likes and dislikes around food. One person told us, they devised the menu each week with the support of the staff. We observed people discussing the main meal for the day and informing staff they did not want what was on offer that evening, the staff offered them alternatives. Some of the bungalows depending upon people's needs had cooks that prepared the main meal. Staff then supported people to make their breakfast and lunch. In other bungalows people made their

own meals with support from staff if appropriate.

People's care records showed their day-to-day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis. One relative told us, "We asked them to contact a physiotherapist and they listened and responded, the staff sort out all the medical appointments."
One person who spent long periods of time in a wheelchair told us they had an exercise machine in their room, which they were encouraged to use every day. The staff told us that although some people required the use of wheelchairs to get around the service they were aware how important it was for them to exercise regularly and supported people to do this with input from physiotherapists.

The bungalows were designed to enable people to move around them as independently as possible. Bathrooms were fully equipped to enable people to have a bath or shower as easily as possible. The communal areas of each bungalow were brightly decorated. People's rooms were personalised with posters, photographs, and ornaments. Several of the bungalows had recently been refurbished others had plans to be refurbished. Wet rooms had replaced bathrooms to meet people's needs and the kitchens had been adapted to include worktops at wheelchair height.

Good

Is the service caring?

Our findings

At the previous inspection the service was rated good, at this inspection, we found the service remained good.

Staff were caring towards people and treated them with dignity and respect this was evident in our observations. We observed lots of laughter and humour. People were relaxed and happy when interacting with staff. Throughout the inspection, there were many positive interactions between people and staff. One person told us, "I think the staff are wonderful, they listen to me they let me do things for myself. I chose this colour for my room green is my favourite colour."

Staff were able to tell us about each person's individual way of communicating and how they were able to tell if they were happy or sad, as well as if they liked or disliked something. They were also able to tell us how they knew if anyone was in pain. For example, by them using hand gestures, making noises, or facial expressions. People also had various means of communicating their needs and choices for example, communication boards and picture books.

People had their own keyworkers and spoke fondly about them. Comments included, "My keyworker takes me for rides out in the minibus whenever they can" and "The staff encourage me to do as much as I can for myself, I make my own bed, dress myself, and hoover my room."

Relatives told us staff supported their loved ones to keep in contact with their family. Comments included, "The ethos of the organisation is family orientated", "We are always made to feel welcome we come whenever we want if it's for a meeting or un-announced the reception is always the same," and "There is a family and friends meeting daytime and evening to accommodate those who work we are always kept fully informed.

The staff encouraged people to be independent; we observed people using adapted equipment to enable them to eat independently. People were encouraged to make choices. We observed people communicating to staff in a variety of ways as to whether they wanted to take part in an in-house activity.

The registered manager told us that people took part in interviewing for new staff. The registered manager told us they thought this was important, as it was an opportunity to see how well perspective employees engaged with the people who lived at the service.

People had access to advocates. An advocate is an independent person who supports or speaks on behalf of someone, when the need arises.

Good

Is the service responsive?

Our findings

At the previous inspection the service was rated good, at this inspection, we found the service remained good.

People's care plans were detailed and gave descriptions of people's needs and the support staff should give to them. All care plans were in the process of being reviewed by the management team as they were aware that some documents needed archiving to ensure they only held relevant up to date information. They were person centred and gave detailed guidance for staff so they could consistently deliver the care and support people needed.

There was the opportunity for people to pursue their interests both on site and in the community. On site people could do activities including gardening or use the multi-sensory room. The service had a resource centre which was accessed by people who lived in the service and was also available for people in the community. Offsite people attended college, trampolining, swimming, golf, shopping and out for coffee or lunch.

Some people helped in the office on various days. They had a list of jobs they were responsible for which included, shredding, filing, printing, sorting the post and answering the phone. This showed us that the service was committed to empowering people and enabling them to be as independent as possible.

The service had a range of vehicles which could accommodate wheelchairs. People who were able also used public transport. The site had access to extensive grounds and had a coffee shop that was open to members the public, as well as a charity shop on site. Some people that lived in the service worked in the coffee shop.

One bungalow where we observed care being provided was for people with visual impairments this bungalow had been adapted along with peoples changing needs. The environment had special lighting along with different coloured surfaces to enable people to maintain some independence. In the kitchen we saw a 'talking' microwave and specialised kettle. The staff told us they had some input from the royal national institute for the blind (RNIB). One staff member told us, "Someone came to the bungalow and gave us some advice about what to change and where we could purchase things to help the residents."

The service had a robust and clear complaints procedure, which was displayed in the service in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The registered manager confirmed that the service was not dealing with any complaints at the time of our inspection. Relatives told us that they had a good relationship with the provider, manager, and staff and could speak to them about any concerns and things were dealt with immediately.

We looked at the arrangements in place to support people at the end of their life. While no one was receiving end of life support, some care files reflected people's wishes whilst others stated that they had not yet had

the conversation about this subject, as it was not the right time.

Good

Is the service well-led?

Our findings

At this inspection, we found the service was as well led as we had found during the previous inspection. The rating continues to be good.

There was a registered manager in place. 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.

The service had two registered managers. They were supported by care managers and team leaders in the day to day running of the service. There was a clear management structure and everyone was aware of their roles and responsibilities.

Staff had a positive and enthusiastic attitude and knew what was expected of them in their role. They knew how to question practice and raise concerns and were supported to do this. Comments included, "We all work as a team here we get really good support and it's a good place to work, the managers are really there for the people," and "The managers support us they work weekends as well if we need support they are there."

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on an annual basis by people living in the service and their relatives.

The registered manager told us that they communicated regularly with staff in various ways for example, group/individual meetings, email, by telephone and letter. The chief executive has developed a staff committee comprised of junior members of staff from each area. They are empowered to have a voice and help make recommendations to direct the service and feedback to their colleagues.

The service employed a welfare officer who routinely met with staff who are having difficulties and liaised with the human resources department to ensure they were supporting them appropriately. They also provide 1:1 supervision and were a trained humanist counsellor. Counselling was offered to staff as a free service, off-site and in private. This had proven especially beneficial to some staff who had a personal crisis or a dip in their mental health which had impacted their ability to work effectively.

The directors visited the service regularly and have separate sub-committee meetings separated into care, procurement, accommodation whereby they meet formally with senior managers, visit all the various areas and get feedback from junior staff which they then feed back to the board.