

GT Care (Wakefield) Ltd

The Acorns

Inspection report

77 Clifton Avenue
Stanley
Wakefield
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Tel:
Website:

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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?

Requires improvement 

Overall summary

This inspection took place on 7 and 11 May 2015 and was unannounced.

There was no registered manager at 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. The Acorns is registered to provide accommodation for 5 people.

The environment was very friendly, welcoming and homely.

People told us they felt safe. Staff demonstrated a clear understanding of people's individual risks and how to maintain people's safety. Risk assessments were clearly detailed in care plans and people were encouraged to understand their individual risks and how to stay safe.

People received their medications when they needed them.

Summary of findings

Staff received training to help them support the people who lived at The Acorns. Staff understood legislation and worked within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were involved in the running of their home, including helping to plan and prepare meals. People told us they enjoyed the food and had choices in what they ate.

Staff demonstrated a respectful and enabling approach to working with people, promoting their independence in all aspects of their care and support.

Activities were based upon people's individual preferences and people chose how they wished to spend their time.

The registered provider sought feedback from people, their relatives, staff and visiting professionals in relation to the quality of the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Staff understood the policies and procedures in relation to safeguarding and whistleblowing. They knew how to support individual people to stay safe and their individual risk assessments were recorded in their care plans.

Staff were safely recruited and vetted before commencing work in the home.

Medication was stored securely and people's individual medication needs were clearly understood by staff.

Good



Is the service effective?

The service was effective

Staff demonstrated competence in their roles and were supported by the provider to undertake training to enhance their skills and knowledge.

Staff understood the requirements of the Mental Capacity Act 2005 and its implications for people who lived in the home.

Staff were respectful of people's right to make their own choices and decisions and people were consulted and involved in all aspects of their care and support.

Good



Is the service caring?

The service was caring

Staff were respectful in their interactions with people and there was evidence of good relationships.

Staff showed regard for people's privacy and respected their wishes.

Staff supported and involved people to enable them to be independent in their daily lives.

Good



Is the service responsive?

The service was responsive

Assessment and planning was based upon people's individual needs and people were involved and consulted to develop their care plans.

Activities were individually chosen and meaningful to each person.

Complaints were appropriately recorded and responded to.

Good



Is the service well-led?

The service was not always well led

Requires improvement



Summary of findings

There was no registered manager in place to offer robust, consistent leadership in the day to day running of the home. However, staff were aware of the lines of accountability in the service and the registered provider maintained an active role, available to staff when needed.

Quality assurance systems were in place and the registered provider maintained an overview of the provision.

The Acorns

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 7 and 11 May and was unannounced.

The inspection was carried out by one adult social care inspector.

Prior to this inspection we looked at all the information we held about The Acorns. This included the notifications of

events such as accidents and incidents sent to us by the home and reports from local authority commissioners and safeguarding teams. We had not sent a provider information return (PIR) to the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our visit there were 5 people living at the home. During our visit we spoke with four people who lived at the home and one relative, four members of staff and the registered provider. We spoke with one person's relative on the telephone following our visit. We looked around the home, observed practice and looked at records. This included three people's care records, two recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at The Acorns. One person said: “This is the safest place I’ve ever been”. Another person said: “I know I’m safe here. I can do things for myself but like to know [staff] are there if I need them. That’s what makes it safe for me”. People told us the home was run in a safe way and they knew what to do in an emergency, such as if the fire alarm went off. People told us they enjoyed living together and if there were any disputes between them staff would ‘help to sort it out’.

We saw people were empowered to assert their rights to stay safe. For example, when we arrived, one person answered the door, asked to see our ID and requested we wait outside until they brought a member of staff. Staff told us people were reminded about their safety and to check the identity of any visitors. One person asked us to sign the visitors’ book on arrival. In the daily routine we saw staff spoke with people about their safety. For example, they reminded people about the house rule on only smoking outside; people were offered guidance on how to shave safely and when leaving the premises people were asked to sign in and out.

Staff demonstrated a clear understanding of how to recognise the signs of abuse and how to ensure people were safeguarded. Staff told us they were confident to challenge any practice they felt was not in keeping with people’s rights and safety and if necessary they would refer to the whistleblowing policy and procedure to ensure people were safe. We saw staff intervened sensitively when people’s behaviour compromised the rights of others. People told us there was a policy of ‘no secrets’ which meant they communicated with staff to make sure they stayed safe.

We reviewed the processes in place for staff recruitment. We looked at two staff files and saw staff had been suitably vetted and had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and

prevents unsuitable people from working with vulnerable groups. The registered provider explained their recruitment process and said any offer of employment was always subject to satisfactory checks.

We saw staffing levels were high to offer individual support and care to people as they needed it. People told us they thought there were ‘plenty of staff’ and said the registered provider was often present in the home as well. People said there were enough staff to support them in all aspects of their care, including making time to chat with them. Relatives we spoke with expressed no concern about staffing levels in the home.

Prior to this inspection we had received information that medication errors had been made in the home and not effectively reported. The registered provider had been made aware of this and had worked closely with the local authority safeguarding team and the community nurse to ensure the systems and processes for administering and recording medication was improved.

We looked at the systems that were in place for the receipt, storage and administration of medicines. We saw each person had an individual named container with their medications securely stored. We found medicines were only administered by staff that had been appropriately trained. We looked at the medication administration records (MAR) contained in each person’s individual medication container. We saw that MAR charts had been completed correctly. Stock balances of controlled drugs tallied with the records kept.

People we spoke with said they received their medications on time and if ever they had pain staff would make sure they had pain relief. One person we spoke with had responsibility for self-medication and told us staff always supported them by reminding them to take it and observing them to do so. Staff told us risk assessments were carried out each time a person was self-medicating.

Staff responsible for giving medications told us they were aware of the policy, procedure and guidelines on medicines safety and we saw from the training matrix staff had regular training in this area. This meant people’s safety in relation to receiving medications was promoted.

Is the service effective?

Our findings

People told us that staff employed to support them understood their needs. One person told us: “There’s always the right number of staff here and they know their job”. Another person said: “They [the staff] know me well and know what I like”. One person told us they had one to one support and the member of staff worked around the person’s chosen routine.

We saw staff gave people appropriate support as required. Staff told us people were encouraged to do things for themselves and be independent in their daily routine, with staff on hand for guidance and support if needed. Staff we spoke with knew each person’s individual personalities, abilities and preferences and understood how to meet people’s needs.

We saw the training matrix illustrated staff had regular training in relevant aspects of people’s care, such as first aid, food safety, challenging behaviour, communicating effectively, equality and diversity and fire safety. Staff told us they had regular opportunities for training and they discussed this with the registered provider. The registered provider told us there were plans to improve the training to standardise how this was offered and undertaken, with profiles for staff competency being developed.

We saw from the two staff files we looked at there was an induction programme for staff to work through. The registered provider told us staff had regular supervision and the registered provider received external supervision to enable them to have an objective insight into their work. Staff told us they felt supported in their role, both through supervision and the registered provider’s availability to advise if needed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Staff told us they had had training in mental capacity and DoLS and when asked understood the implications for the

people who lived at the home. The registered provider told us they worked closely with the mental capacity lead in the local authority to secure awareness training for staff and for advice on completing DoLS applications.

People we spoke with told us they did not feel restricted in their freedom and said they could come and go as they pleased. We saw people went out locally to the shop. One person told us they felt they were ready to live independently and they were making enquiries about how they could achieve this. The registered provider was supportive of their rights and was in the process of arranging meetings with the person and other professionals to this effect.

We saw people were involved in assisting with preparation and planning of meals of their own choosing. One person showed us they had grown herbs in the garden and we saw they used these in their cooking. One person told us it was important to cover food that had been opened and label it with a date so they knew it would be fresh to eat. We saw people were supported to make their packed lunch if they were going out for the day. Where people chose to make their own meals we saw staff supported them with the cooking instructions. We saw individual menu preferences for people and staff were aware of people’s eating habits and choices. People chose where to sit to eat their meals.

People told us they enjoyed the food. One person said: “The best thing about here is you can have what you want, the food is good. You tell staff what you want and they put it on the list and always get it”. Another person said the food was ‘ok’ but they preferred the sandwiches their mother made them. Staff were aware of people’s appetites and where people were at risk of weight loss they were encouraged to eat by staff, suggesting things they might like. We saw the fruit bowl was accessible to people and they helped themselves.

Staff supported people’s health by discussing healthy eating options and the benefits of exercise, such as going for a walk. We saw in people’s care records they had access to other professionals to support their health and well-being, such as doctors, dentists, podiatrists and social workers.

Is the service caring?

Our findings

People told us they felt cared for in The Acorns. One person said: “I love it, me. I wouldn’t want to live anywhere else. They [the staff] really care about me and it’s home” and “They [staff member] are like my mum”. Another person said: “I think the staff are caring, but this is not where I want to live”.

Relatives we spoke with told us they felt the home offered a friendly, caring environment to their family members. We found The Acorns was homely and welcoming. People told us they personalised their own rooms and we saw people’s rooms contained their own belongings, creating a homely feel.

Staff interacted with people in a positive, empowering way that supported people’s independence and confidence in their own abilities. For example, when one person was upset about something, staff explained the steps they could take to resolve this matter themselves. We heard staff explain people’s rights to them, such as whether they wished to vote in the general election and what to do if they were unhappy about anything.

Staff worked alongside people collaboratively, doing things together in the daily routine and there was evidence of shared responsibility for people’s care. Staff spoke respectfully with people and demonstrated patience in their approach. For example, where people had a difference of opinion, staff politely reminded them they were each entitled to their own view and reinforced the importance of respecting individual feelings.

People’s right to privacy was respected. When we looked around the home staff asked people whether they were happy or not for us to look in their rooms. Where people asked us not to go in, staff respected their wishes. Staff told us people were supported in their daily living tasks, such as to clean their rooms and it was important for staff to not undermine their efforts and enable them to do this for themselves.

We saw staff actively listened to people and engaged with them in conversation. Where people were unable to communicate verbally we saw staff used smiley facial expressions and thumbs up signs to convey positive feelings.

Is the service responsive?

Our findings

People told us they made their own decisions and their care was organised around their individual needs. One person said: “It’s up to me what I do and the staff are there to support me”. Another person said: “I have a busy routine and I like it that way”. Relatives we spoke with said: “Staff treat people as individuals and respond to their needs”.

Staff we spoke with emphasised this was people’s home rather than staff workplace and as such encouraged people to take ownership of their own routines. We saw people answered the telephone when it rang and they knew who was coming and going each day.

One person told us they did not feel they wanted to live at The Acorns because they felt they had sufficient skills to live independently. We heard they discussed this at length with the registered provider, who explained their views were being taken seriously and the matter was being addressed.

People were aware of their care plans and were involved in what was written about them. One person told us they had problems with reading and writing, but staff helped them understand what was in their care plan by discussing this with them. We saw people had a copy of ‘my support plan’. This was laminated and in picture format, accessible to people in their rooms so they could be involved in their own routine. People gave us permission to look at their care records and we saw these were detailed in a person-centred way with people’s preferences clearly detailed for all aspects of their care. For people to understand the information, there was a service user guide and complaints procedure in picture format. Staff signed to show they had read and understood the detail in people’s care records.

We saw activities were focused upon people’s individual needs and choices. Some people chose to engage in a wide range of pursuits, whilst others chose to stay closer to home. One person told us: “I like chilling, that’s what I want to do”. Other people told us they liked to attend art classes, discos, do gardening, shopping and cooking. Some people attended the day centre locally. People discussed where they might like to go on holiday. During our inspection we saw,, people engaged in activities of their own choice and staff facilitated their wishes. For example, one person asked staff to go for a walk locally with them, which they enjoyed. One person proudly showed us their art work and explained how much they enjoyed following this pastime. Relatives we spoke with said there were activities for their family members based upon their choices. However, one relative said there was less opportunity for physical exercise, such as swimming and cycling and holiday destinations were limited in choice.

The registered provider told us they set up reflective meetings for people and these were held bi-weekly. These discussed and recorded people’s views and reviewed key information about people’s care. Relatives we spoke with told us they felt very involved and included in discussions about their family members’ care where appropriate. Relatives described effective links between themselves and the staff to ensure their family members’ needs were met. Relatives said there was a trusting relationship between themselves and the staff and they felt confident staff knew their family members’ individual needs. People and relatives told us they knew how to complain and they were confident the registered provider would take their concerns seriously and act upon these to resolve any issues.

Is the service well-led?

Our findings

People and relatives told us they thought the home was well run and they saw the registered provider on a regular basis. However, there was no registered manager in post at the time of our inspection and no consistent designated person in charge of the homes day to day running. The registered provider explained there had been a new manager appointed but this person was no longer employed by the organisation and the position was vacant. The registered provider told us they were involved in the running of the home and there was a senior member of staff nominated in charge for each shift; however they acknowledged they must take action to ensure the regulated activity is managed by an appropriate person.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 7: Requirements relating to registered managers.

Staff told us they thought that morale and teamwork were improving in the home following recent staff changes and the running of the home was overseen by the registered provider, who was available on call at any time. Some staff felt the home would run better with a consistent manager in charge day to day. Senior staff in charge of the home on

the days of our inspection demonstrated good organisation skills and this effected cooperative teamwork. Staff told us they felt confident to question practice and they were clear about their roles and responsibilities.

We found there were systems and processes in place to assess and monitor the quality of the provision. Audits were carried out by staff based external to The Acorns and there were regular checks on the quality of practice and record keeping. We looked at maintenance records which showed the premises and equipment were regularly checked and cleaning schedules were in place. Fire drills were carried out to remind people how to stay safe in the event of hearing the fire alarm.

The registered provider carried out quality surveys with service users, other professionals such as nurses and GPs and with people's families, the results from these were used to inform future plans for the quality of the home. Accidents and incidents were recorded on individual files. We saw incident recording included a reflections sheet to enable staff to reflect and learn from any incidents.

The local authority told us the registered provider was willing to work with them and responded well to any suggestions for improvement. Relatives we spoke with told us there was strong partnership working in place within the home to ensure their family members were supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers

The regulated activity was not managed by an appropriate person.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.