

Acorn (Watford) Ltd

Acorn House - Acorn Watford Limited

Inspection report

198 Ditchling Road
Brighton
East Sussex
BN1 6JE

Tel: 01273271237

Date of inspection visit:
17 March 2022

Date of publication:
04 April 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Acorn House – Acorn Watford Limited is a residential care home that provides care and accommodation for people with physical and learning disabilities. It was registered for the support of up to 10 people. 10 people were living at the service on the day of our inspection.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions of Safe and Well Led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. People were supported to have 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.

Right culture:

- The provider and staff had worked hard to develop good leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One relative told us, "This place is amazing and so are the staff. If you could see the difference they have made to [my relative] it's fantastic. She is living a great life now."

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We

were assured the provider managed infection prevention and control through the COVID-19 pandemic.

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 16 November 2019).

Why we inspected

We received concerns in relation to the care people received and of a possible closed culture. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the key questions of effective, caring and responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Acorn House - Acorn Watford Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Acorn House – Acorn Watford Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The provider had completed a provider information return prior to this inspection. This is information we

require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with two visiting relatives and two members of staff, including the registered manager and care staff. Most people living at the service were not able to fully verbalise their views with us. Due to people's needs, we spent time observing people with staff supporting them. 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.

We reviewed a range of records. This included three people's care records, medicine records, and further records relating to the quality assurance of the service, including audits and training records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. People's specific circumstances which led to behaviours that challenged and signs of escalation were clearly documented.
- Staff spoke confidently about individual risks and how they employed recommended ways to reduce these risks. One member of staff told us, "I think the care we give is very safe."
- People had positive behaviour support plans that supported staff in understanding early warning signs of potential behaviours which challenged. Strategies to reduce the person's anxiety as well as potential risks to the person or others were clearly documented.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Staffing and recruitment

- Relatives told us there were enough staff to meet their loved ones' needs safely. One relative told us, "There's absolutely enough staff, I've never had a concern." The registered manager said, "We cover for each other and I am always available to go and work on the floor if we need extra cover." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and were clear about when to report incidents and safeguarding concerns to other agencies.
- Most people were unable to verbally express their views. We observed the support they received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff.
- Staff had a good understanding of what to do to ensure people were protected from abuse. They referred

to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care.

Using medicines safely

- Care staff were trained in the administration of medicines. They were knowledgeable and knew what medicine people needed and how they liked to take them. One member of staff told us, "We're all trained on giving medicines."
- The medicines people took were recorded in medication administration records (MARs). The MARs we looked at were completed accurately. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Relatives we spoke with did not express any concerns around medicines.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 our last inspection we rated this key question 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; Working in partnership with others

- Staff told us about the positive impact the service had on people's lives and how much they enjoyed working there. One member of staff told us, "I really like working here. We give good care. I'd happily have a relative live here, they'd be well cared for." This was echoed by the registered manager who told us, "We understand the residents, we know the routines they need to keep them safe and happy, and manage their behaviours."
- The culture of the service was positive and inclusive. We saw that there was a positive atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic.
- We received positive feedback in relation to how the service was run, and our own observations supported this. One relative said, "This home has a warm and wonderful atmosphere. The staff are excellent. It's a very well run home and [my relative] is thriving here."
- The service liaised with organisations within the local community. For example, local charities, the local authority and the Clinical Commissioning Group. This helped staff to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including; the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and provided staff with the information they needed to provide person-centred care and drive improvement.
- Relatives told us staff contacted them about any changes in their relative's health or wellbeing. One relative told us, "[Registered manager] is straight on the phone to me whenever anything changes. I visit regularly too and they always listen to my feedback."

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

- Staff were aware of their responsibilities under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour, providers must be open and transparent, and

it sets out specific guidelines providers must follow if things go wrong with care and treatment.