

Miss M Levett

Little Acorns

Inspection report

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Date of inspection visit:
13 October 2016
14 October 2016

Date of publication:
24 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Little Acorns provides accommodation and support for up to 20 older people living with a dementia type illness. Some people are independent and require little assistance, while others require assistance with personal care, daily living and moving around the home. There were 18 people living at the home during the inspection.

The home is a converted older building, with bedrooms on three floors, a chair lift enables people to access all parts of the home and people used the secure garden to the rear of the building. The registered manager is also the owner/provider.

The registered manager was present during the inspection. 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.

This inspection took place on the 13 and 14 October 2016. It was unannounced and carried out by one inspector.

At the last inspection on 7 and 8 April 2015 we found the provider had not met the legal requirements with regard to medicines, nutrition and hydration, records and notifications. We found at this inspection that these legal requirements were met. The legal requirements with regard to the provision of an effective quality assurance system had been partially met and had not yet been embedded into practice.

Risk had been assessed and guidance had been included in the care plans for staff to follow, including supporting people to move around the home safely. However, staff did not consistently follow moving and handling guidelines when supporting people using walking aids.

A quality assurance system had been introduced and had identified areas where improvements were needed, including record keeping, care plans and risk assessments. Work had commenced to review and update these with the involvement of people and their relatives and, audits about aspects of the services provided had been developed.

There were systems in place to manage medicines. Staff were trained in the safe administration of medicines. Staff followed relevant policies; they administered medicines safely and completed the administration records appropriately.

People told us the food was very good. Staff asked people what they wanted to eat, choices were available for each meal, and people enjoyed the food provided. Meals were a relaxed and sociable time for people and records were kept of how much people ate to ensure they had sufficient food and drinks.

A safeguarding policy was in place and staff had attended safeguarding training. They had an understanding of recognising risks of abuse to people and how to raise concerns if they had any.

There were enough staff working in the home to meet people's needs, and recruitment procedures were in place to ensure only suitable people worked at the home. Staff said they were supported to deliver safe and effective care, and demonstrated they knew people well and felt they enabled people to maintain their independence.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to health professionals as and when they required it. The visits were recorded in the care plans with details of any changes to support provided as guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People said they did not have anything to complain about, and relatives said they were aware of the procedures and who to complain to, but had not needed to use them.

Care and support was personalised to meet each person's individual needs. Care plans had been reviewed regularly; with the involvement of people living in the home and/or their relatives if appropriate, these reflected people's needs and included guidance for staff to follow to meet them. People told us they decided what they wanted to do, some joined in activities while others chose to sit quietly in their room or communal areas.

People, relatives and staff said they management were very approachable, and they all felt involved in decisions about how the service developed with on going discussion through daily conversations and staff meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff did not consistently follow moving and handling guidelines when supporting people to move around the home using walking aids.

Risk to people had been assessed and managed as part of the care planning process and there was guidance for staff to follow.

Medicines were administered safely and administration records were up to date.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Is the service effective?

Good ●

The service was effective.

Staff had received fundamental training and provided appropriate support, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved into the home.

People's support was personalised and care plans were reviewed and updated when people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

A quality assurance and monitoring system had been developed, but was not embedded into practice.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Little 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 checked 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.'

We carried out a comprehensive inspection of all aspects of the home on the 7 and 8 April 2015. That comprehensive inspection identified four breaches of regulations. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection had been made.

This inspection took place on the 13 and 14 October 2016 and was unannounced. The inspection was carried out by an inspector.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

As part of the inspection we spoke with 16 of the people living in the home, five relatives, and seven staff including the cook, maintenance staff, deputy manager and registered manager. We observed staff supporting people and reviewed documents; looked at four care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because of their dementia needs. Therefore we spent a large amount of time observing the interaction between people and staff and 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.

Is the service safe?

Our findings

At our inspection on 7 and 8 April 2015 we found the provider was not meeting the legal requirements in relation to the management of medicines. The provider sent us an action plan stating that improvements would be completed by 30 June 2015. At this inspection we found the provider met the regulation regarding medicines. However, we found other areas where improvements were needed.

People and relatives were very positive about the home and the support provided. People said, "I feel very safe here." "They always check that things are ok so I don't have to worry," and "The staff know how to make sure we are safe." Relatives told us their family members were very safe. One said, "The staff know people very well and exactly what they need to do to make sure people are safe." Another relative told us, "The home is so good, staff know how to keep everyone safe, so I don't have to worry." People, relatives and visitors said there were enough staff working in the home. One person said, "The staff are always around, just need to ask and they are there." Staff told us there were enough staff working in the home, one said, "We don't have to rush and can spend time with people, which is really good."

The deputy manager told us they had been reviewing and updating the risk assessments, as part of the care planning process, and there was still some work to be done. The care plans we looked at included risk assessments for mobility and moving and handling, nutrition and communication. They were specific for each person and included guidance for staff to follow to ensure people's needs were met. Pressure relieving mattresses and cushions were in place for people who had been assessed as at risk of pressure damage and, the district nurse had been contacted for advice and support to ensure these were appropriate. Each risk assessment looked at the area of concern, the outcome that the support aimed to achieve with guidance for staff to follow, and what was achieved. For example, one person spent a lot of time walking about the home; they were at risk of falls, but staff did not feel it was safe or appropriate to restrict them. Staff said, "There is always one of us in the lounge, so we can keep an eye on people if they are at risk of falls." Two other people used aids to assist them to move around the home and although they frequently forgot to use them staff were aware of this and were in a position to remind and assist them. However, we noted some staff supported people by holding them under their arms as they walked around the home. The registered manager said all staff knew this was not a safe way to support people and staff agreed, one said, "We can keep any eye on each other to make sure we keep people safe." The registered manager said this was an area that needed to be improved and told us this would be picked up at supervision and followed up at the next moving and handling training.

Staff said it was important for people to be independent. One staff member said, "It is very important that we don't take away people's independence, even if they are at risk, we are here to support them to be as safe as possible and make choices." The deputy manager told us the risk assessments were under continual review and, as part of the care planning system more work was needed to ensure they gave a complete picture of people's needs.

The provider had reviewed the management of medicines following the last inspection. A new pharmacy had been contracted to deliver and collect medicines from the home, complete medicine audits and

provide training for all staff. The medicines policies and procedures had been updated and were in line with current guidance. These included procedures for staff to follow with regard to obtaining people's consent and their right to refuse medicines and, if a GP had directed them to change a person's medicines verbally. Staff demonstrated that there were clear systems in place for the ordering, storage, disposal and giving out medicines safely. Medicines were ordered on a monthly cycle, with deliveries checked the week before they were given out to ensure the correct medicines had been delivered. Additional prescribed medicines, such as a course of antibiotics, were faxed from the GP surgery to the pharmacy and then delivered to the home. A new trolley had been obtained and storage cupboards had been improved to ensure medicines were secure and inaccessible to people living in the home and visitors. A fridge was available to store medicines if required and the temperature was checked regularly to ensure they were kept at the optimum temperature.

People said their medicines were given out safely. Risk assessments had been completed to show that people were responsible for their own medicines, or that staff were responsible on their behalf. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR chart only when people had taken the medicine. Staff followed the provider's policy with regard to medicines given 'when required' (PRN), such as paracetamol for headache. The back of the MAR was completed for PRN medicines. These were only filled in when the medicines had been actually given with an explanation as to what they had been given for. The person's GP had signed forms which were attached to these charts, to show that the use of these medicines had been agreed for specific reasons and, included guidance for staff to follow, such as how the person showed they were uncomfortable through their body language or facial expressions.

Records showed medicines were audited weekly to ensure staff were completing them correctly. This meant if there were any discrepancies there was a clear audit trail of when medicines had been given out, and by whom. One member of staff said, "We can see immediately when we look at the MAR if they haven't been signed and we would talk to the manager or deputy straight away. It means residents are protected and their medicines are given out as prescribed by their GP." We saw staff asked people if they were comfortable and if they needed anything for pain. Staff explained that some people were unable to tell them verbally if they were uncomfortable and staff observed their body language and facial expressions to assess their needs. One said, "We know everyone very well and pick up quickly if residents aren't feeling very well."

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. Staff had read the whistleblowing policy; they stated they would report any concerns to senior staff on duty and the registered manager and they were confident that their concerns would be dealt with. Staff were also aware that they could inform the local authority or CQC and the contact details for the relevant bodies were available in the office. People, relatives and staff said they had not seen anything they were concerned about. Relatives told us people were supported to be as independent as possible, in a safe way and made choices about all aspects of their lives.

Accidents and incidents were recorded and the registered manager monitored these and audited them monthly. Staff said if an accident or incident occurred they would inform the senior person on duty and an accident form would be completed. Information about what happened would be recorded and they would talk about what happened and how they could reduce the risk of it happening again. When necessary the local authority was contacted as part of the safeguarding process, to discuss how to reduce the risk or accident or incident to people and there were records to show the provider had followed the advice given.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at the personnel files for four staff; they included relevant checks on all prospective staff suitability, including

completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. People and relatives said there were enough staff working in the home. A relative told us, "Staff are always available to look after people and talk to us. We are like one big family, that includes all of the staff and the relatives." Staff said, "We have time to sit and talk to people, in addition to when we are helping them get up." "We work really well together as a team" and, "There is some structure to the day, like mealtimes and people like this, but otherwise we support people to do what they want, when they want." The registered manager said the staffing levels were consistent; some staff had worked at the home for some time and staff covered each other for sickness and holidays. Staff told us they covered for each other and they were happy to do this. We saw that staff were not rushed, there was a relaxed atmosphere and staff provided the support and care people wanted.

There was on going repair and replacement in the home. Following a visit from the fire service changes had been made to the entrance area to reduce the risk to people of accessing the lower ground floor and this had delayed some of the redecoration. Relatives said they liked Little Acorns to, "Be like a home." "It is really good that they haven't tried to modernise if too much, it would be a shame to lose any original features" and, "It has to be safe for people, but they are able to do this without changing too much, which is really good." Improvements had been made to the water system, the boiler had been replaced and electrical systems updated in line with current legislation. External qualified contractors had connected and checked these systems and certificates had been provided to support this. Regular checks were carried out, these included call bells and electrical equipment, such as TVs. The fire alarm system was checked weekly; fire training was provided for all staff and records showed that they had attended. Repairs noted by staff were written on the board in the staff room and the maintenance staff said they dealt with these as soon as possible. They told us, "If it is something simple like a light bulb it is done straight away, the only delays are when we have to get outside contractors in, like for the chair lift." The home was clean, with homely touches throughout and people had personalised their rooms with their own furniture, ornaments and pictures. Environmental risk assessment had been completed to ensure the home was safe for people.

There was a system to deal with any unforeseen emergencies. Personal emergency evacuation plans (PEEPs) had been developed for each person; these included guidance for staff to follow with regard to assisting people to move into safer areas of the home or to leave the building and, staff said everyone could be moved out of the home if necessary. The registered manager or deputy manager were on call each night and were available for advice or to discuss issues at any time. Staff said this worked very well and were confident that support systems were in place if they needed them.

Is the service effective?

Our findings

At our inspection on 7 and 8 April 2015 we found the provider was not meeting the legal requirements in relation people's well-being when meeting their nutritional and hydration needs. The provider sent us an action plan stating that improvements would be completed by September 2015. At this inspection we found the provider met the regulation regarding nutrition and hydration.

People said the staff looked after them very well and relatives told us staff had a very good understanding of people's needs. One person told us, "They know how to look after us, I like to do my own thing and they let me." A relative said, "We can see when we visit that everyone is very well cared for and the staff offer the right support for each person." People said the food was very good. "They ask us what we want and there are choices" and, "They know what I like and I can change my mind if I want to."

People were supported to have the meals of their choice and staff provided assistance for those who needed it. People decided where they wanted to sit for each meal, some chose to sit in the dining area, while others remained in the lounge or their own rooms. Staff told us, "It is up to them really, we always ask where they want to have their meal and it depends on how they feel." One person decided to remain in bed on the first day of the inspection, but joined people in the lounge on the second day. Choices were offered for each meal, staff asked people what they wanted for the main meal at lunchtime, the day before, but if people changed their minds alternatives were available. The cook said, "I know what people like and don't like and sometimes they don't want the main meal, so they have a sandwich or something light, like an omelette. It is really up to them. Some like a smaller meal, if we give them too much it can put people off." The daily menus were recorded on a board in the dining room and staff pointed this out and reminded people of the choices at the start of each meal. Dining tables and individual tables were presented nicely. One person liked to lay the dining tables and they were supported to do this, napkins, cutlery and condiments were provided and, staff offered a range of cold drinks with the meals. Hot drinks were available throughout the day, in addition to the meals, mid-morning and afternoon drinks. Staff said snacks were available at any time and if someone missed a meal it would be offered again later, or an alternative would be given.

People who needed support to eat their meal were assisted by staff individually, before people in the lounge were given their meal. Staff said this meant they had the time to sit with people without hurrying them and, had been discussed with other people and relatives, to ensure people were comfortable with this arrangement. The meals were busy but relaxed; people were comfortable and there was continual sociable conversation between people, relatives and staff. Staff offered people second helpings and some were encouraged to eat the main meal before they had the sweet. A relative said they visited the home daily and liked to spend time with their family member at mealtimes. They told us, "The meals are very good and staff know that people eat more some days than others." Records were kept of how much people had eaten, particularly if they had not eaten well. People were weighed monthly, changes were noted and staff said if they had any concerns they would contact the GP for advice or referral to the dietician. Food supplements had been prescribed for people and these were given regularly, in addition to meals, to increase their calorie intake and ensure they had sufficient

Staff said the training was very good, "The training programme has just been updated and we have to do all the training." "The training is very good and I think we make sure we understand people's needs and how to support them." "We do the usual training like moving and handling, food hygiene, safeguarding, infection control, fire and dementia awareness, which was really good" and, "I worked with the more experienced staff when I first started and I learnt a lot from them. Everyone is very helpful and supportive and I'm doing my NVQ 2 now."

The training plan showed staff had attended fundamental training including safeguarding, moving and handling, food hygiene, infection control, health and safety, fire safety and confidentiality or were booked to attend updates. They received additional training specific to peoples' needs, for example care of catheters and dementia awareness. Staff demonstrated an understanding of supporting people living with dementia, they were aware of each person's needs and explained how they were met. Staff told us, "There has been training so that we can support people who have dementia and sometimes their behaviour is difficult, but there is guidance in the care plans and we discuss how best to deal with what is happening" and, "Distraction works very well if residents are not happy, we offer a cup of tea or talk to them. We know what works best with different residents." The registered manager said dementia awareness training, including updates, had been booked for all staff for December 2016.

There was an on going programme of supervision and appraisal. Staff confirmed they received this regularly and it was an opportunity for them to identify areas where they may require more support or training. Staff said they could talk to their colleagues, including the registered manager, at any time, and they were clear about the disciplinary procedures if the registered manager or their colleagues thought they were not providing the care and support people needed. One staff member said, "We need to know If we are not doing something right, but I think we would be told straight away by other staff" and, "We always talk about the support people need, if they are feeling a bit off colour and we discuss how best to support them."

Staff had completed training and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff explained that people living in Little Acorns were able to make decisions about the day to day support provided, but there may be times when the choices they made were not safe. Staff were aware that the locked front door, which prevents people entering and leaving the home, was a form of restraint, and applications had been made to the local authority about this. Staff demonstrated an understanding of the MCA, in that everyone had the capacity to make decisions unless they were deemed unable to do so, and that decisions could only be made on people's behalf at a best interest meeting or by an authorised person. The registered manager said they had discussions with the local authority if they felt people's needs had changed and there were concerns about their safety. For example, if bed barriers would reduce the risk of people falling out of bed, as they are a form of restraint, and they followed the guidance given following best interest discussions.

People had access to health care professionals. These included the community mental health team, specialist nurses for asthma, dementia, continence and follow up visits from the hospital team following discharge from hospital after a fall. An information sheet, for appointments or admission into hospital, was in place for each person. These included details of their specific needs and their ability to communicate. Staff said people were always supported by relatives or staff and the sheets were used to back up information passed on by them. GPs, dentists, opticians and chiropodists visited the home as required. Appointments and any outcomes were recorded in the care plans which included any changes to the support provided, such as antibiotics. Staff said they contacted health professionals as soon as they had any concerns. One said, "It can take some time to arrange referrals and visits so we have to keep on top of it and

ring up to remind them." Relatives told us they were contacted if their family member's needs changed. A relative said, "The staff are excellent. We are always informed of any small changes and we know they have their best interests in mind before they make any decisions."

Is the service caring?

Our findings

People said staff provided the support and care they needed. People told us, "We are always asked what we want and if staff can help us" and, "They are good, they help us if we need it, but also leave us to do what we want." Relatives were equally positive, "The staff understand everyone's needs and how to care for them." "People always look very well cared for and we know each other very well, not just the staff, everyone who lives here" and, "It is really like a small community, everyone works together. I know the people living here and their relatives, like an extension to my family."

The home had a relaxed and comfortable atmosphere. People were sitting in the lounge, dining area or their own rooms and some people used the secure garden to the rear of the home. The TV was on when people wanted to watch it, staff asked people if they wanted to listen to music instead and they chose to do this at times. Communication was very friendly and on first name terms and, there was a lot of laughing and banter between people, visitors and staff.

Staff talked to people quietly and respectfully. They sat near people when they spoke to them; they used eye to eye contact and their preferred name and, waited for a response when they asked if they were comfortable, if they wanted a drink or to do an activity. Some people chose to sit on their own and others preferred to sit next to their friends. Staff said, "It is up to them. For some residents it can change daily depending on what they want to do, but others want to sit in the same chair every day and other people know this."

Staff were aware of people's preferences, their life history and people who were important to them. They told us each person was different, they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People chose how and where they spent their time and staff spent time sitting with people, talking to them, holding their hands or walking with them around the home. Staff reminded one person that their relative would visit later that day when they became anxious that they were late, they offered a cup of tea and this helped the person to relax and, staff regularly checked on people who preferred to remain in their rooms.

Staff said they asked people if they needed assistance, they never made decisions for them and, it was clear that staff respected people's choices. One staff member said, "We are here to support people to live the lives they want to live. They have dementia, but they can make choices and if they don't want to do something then that is fine. It is up to them, it is their choice and we respect this." Staff respected people's privacy and dignity, and they regarded information as confidential. One staff member said, "We do not talk about people's needs in front of other people and if relatives ask we refer them to the manager or senior care staff." Staff asked people if they needed assistance with personal care in a quiet and respectful way, and discretely asked if they needed to use the bathroom or change their clothes.

Relatives said they were involved in decisions about the care and support provided and told us. "They always let us know if they are not feeling too well and if they need to call out the GP." "We are asked every time we visit or ring up if there is anything we think they can improve on" and, "There is a very good

relationship between our family, staff and everyone living here." Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. People said they could have visitors at any time and relatives agreed that there were no restrictions on visiting. Relatives said, "We are always made to feel very welcome." "Staff ask us if we want a drink when we arrive, which is very nice. I always have a drink with my relative when I come." "The staff are so caring, we see that every time we visit and they are always pleased to see us" and, "We visit at any time and see that the staff are very caring and look after people so well."

Is the service responsive?

Our findings

At our inspection on 7 and 8 April 2015 we found the provider was not meeting the legal requirements in relation to accurate, complete and contemporaneous records. The provider sent us an action plan stating that improvements would be completed by September 2015. At this inspection we found the provider had changed the care plans and updated information with regard to people's needs and had met the regulation with regard to accurate records.

People's needs had been assessed before they moved into the home. The registered manager said if people wanted to move into the home their needs were assessed, to ensure they could provide the care and support they needed, and to ensure their admission to the home would not affect the wellbeing and health of other people resident at the time. One person told us their relative had chosen Little Acorns on their behalf and they said they were, "Happy, it's a nice place." Three relatives told us their family member had been assessed before they moved in, to make sure they could provide the support they needed and, they had visited the home to ensure it was appropriate. One relative said, "I knew straight away it was the place, I wouldn't put her anywhere else."

The assessments had been used to develop the care plans and the deputy manager had reviewed and updated these so that they included all the relevant information and guidance for staff to follow to meet people's needs. Although the overall format was generic the actual information recorded was specific to each person. The care plans demonstrated the staff had a good understanding of people's needs, including the way they communicated and their behaviour, with guidance for staff to follow. They showed if people were independent or needed assistance with regard to all aspects of the support and care provided. For example, washing and dressing, eating and drinking and moving around the home. Risk assessments specific to people's personal choices, such as smoking, were completed and guidance was in place to enable people to continue with their choices safely. If a person's behaviour challenged their own and other people's safety there was guidance in the care plans for staff to identify triggers, reassure the person and use distraction to reduce the risks.

People and relatives said they had been involved in the care plan reviews and had signed the care plans to support this. The deputy manager said they would be sending out letters to invite relatives or people's representatives to be involved in the care plan reviews if they wanted to, to evidence that they were able to do so if they wished.

Staff said the care plans were very clear and they had read them, but on a day to day basis they relied on the handover at the beginning of each shift. One staff used a small notebook to record any changes in people's needs, visitors to the home including health and social care professionals and telephone calls. They said, "I have a good record of what has happened and I can look back to check up on something if I need to." Other staff told us they were planning to do this, "So that I don't forget anything." Records were kept of appointments by health professionals, family visits and other information like birthdays in the daily records book and diary.

People were positive about the activities provided, each person had their own preferences and staff supported them to do group and individual activities. External entertainers visited the home regularly, these included Pet Pals and musicians and, staff said they were actively looking for additional entertainers. Relatives said the activities were flexible and depended on how people felt each day. They told us, "Staff ask people what they want to do each afternoon." "Some people like to watch TV while they are having their meals, the news is very popular at tea time" and, "Some people are not really interested in joining in anymore." One person said, "I don't really want to join in, but I read the paper and watch what is going on." Staff regarded doing activities as part of the care and support they provided. One told us, "We look at the whole person when we plan and provide support. We use a holistic approach, which includes all aspects of their care. Activities are part of this so we do them when people want to." Group and individual activities were offered on both days of the inspection. One person danced to the music with a member of staff while other people sat watching, listening and tapping their toes to the music. There was a lot of joking and laughter as part of the activities and people were offered a choice from the large box of games kept in the dining area. The hairdresser visited weekly and staff spent time with people doing manicures and putting on nail varnish of their choice.

Staff had recently arranged a Macmillan coffee morning, to raise funds for this specialist service that they used as required. Relatives and friends had been invited and some attended as well as staff and their families. Staff and relatives were looking forward to Christmas, one relative said, "It will be a really good day, everyone will enjoy themselves."

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. Staff told us they rarely had any complaints, and the registered manager kept a record of complaints and the action taken to investigate them. Those we viewed had been addressed in line with the provider's policies. People told us they did not have anything to complain about, and relatives said they had no concerns and if they did they would talk to the registered manager or the staff.

Is the service well-led?

Our findings

At our inspection on 7 and 8 April 2015 we found the provider was not meeting the legal requirements in relation to informing CQC of events that may affect people living in the home and there was no effective quality assurance system in place to protect people against unsafe treatment. The provider sent us an action plan stating that improvements would be completed by October 2015. At this inspection we found the provider had sent in the appropriate notifications regarding changes that might affect people and a quality assurance and monitoring system had been introduced and staff were working with this to oversee all aspects of the treatment and care provided. The provider had met the regulation regarding notifications and had partially met the regulation regarding quality assurance and monitoring of the services provided.

From our discussions with people, relatives, staff, the registered manager and our observations, we found the culture at the home was open and relaxed. Care and support focused on meeting the needs of people living at Little Acorns. People said the registered manager was always available and they could talk to them at any time. We observed the registered manager sitting with people and chatting, assisting people to move around the home safely and assisting people with drinks and food. Relatives said the management of the home was very good, they could talk to the registered manager when they needed to and staff were always very helpful. Relative said, "The home is very well managed." "The staff are lovely, very caring and people are safe." "We talk to people and their relatives all the time and we keep up with what is going on through the staff as well."

The deputy manager had informed CQC, through notifications, of any changes that had occurred with the support and care provided in the home and the impact this may have on people. For example, we were informed of accidents and incidents, including the actions taken by the provider to prevent re-occurrences.

A system of quality assurance and monitoring had been introduced since the last inspection. The registered manager checked and analysed incidents, accidents and complaints. The deputy manager had developed systems to audit the MAR charts and care plans, including mental capacity assessments and changes that were made in line with people's needs. There was evidence of annual audits of the home's policies and procedures. Satisfaction surveys for people living at the home and their relatives, as well as staff surveys were used to collect feedback about the support and care provided and the results were made available to people, relatives and staff. People, relatives and staff said they were asked to put forward suggestions about improving the support provided and felt involved in developing the service. These processes were new; they had been introduced by the deputy manager in the four months before the inspection and action had been taken when improvements had been identified.

Staff said the registered manager had an open door policy and staff and people were able to go to talk to them at any time. The registered manager was in the home, available for people and staff, and involved with the provision of care and support as part of the care team, throughout the inspection. Staff said they had confidence in the management of the home and they were encouraged to make suggestions about how to improve the service.

Staff had a clear understanding of their roles and were confident they were able to provide the support and care people needed and wanted. There were clear lines of accountability and staff were aware of their colleague's role on each shift. One staff told us, "We take it in turns to do the laundry and we support different people each day, so we get to know everyone very well." Each shift was flexible in terms of the allocation of support provided by staff and, this depended on how people felt each day and what they wanted to do. Staff said they worked very well together as a team.

The registered manager told us about their philosophy of care and said they had developed a system that was based on meeting the needs of each person, providing the care and support they needed in a way that they wanted it. Staff said this was a holistic approach to care and meant there was no separation of roles, such as care staff providing care and activity staff providing activities. We observed if people wanted to do an activity they could, there were no specific times for people to get up or going to bed, and meal times to a certain extent were flexible, so that people could have their meal when they wanted to. Staff provided care based on people's choices and preferences and involved them in decisions about all aspects of the support they received.