Acorn Community Care

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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

The inspection took place on 12 April 2016 and was announced. There had been no breaches of regulations when the service was last inspected on 11 August 2014.

Acorn Community Care is a local charity founded in 2008 and based east of Norton in North Yorkshire. The service is registered to provide personal care and support to younger people, older people and people with learning disabilities or autistic spectrum disorder. Support is provided in people's own homes. Acorn Community Care has been registered since March 2013. There is a registered manager employed 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.' On the day of the inspection the registered manager was unavailable and we spoke with the assistant manager.

People told us they felt the service was safe and staff had received the appropriate training to ensure care and support was delivered in a safe manner. Staff had been recruited safely and risk assessments were present in the care plan we reviewed. Medicines were administered safely, recorded and audits were carried out to monitor good practice in this area.

Staff had been trained appropriately and received timely refresher courses to maintain their knowledge. Specific training regarding restraint and de-escalation techniques had been completed by all staff. Staff meetings, supervision and appraisals were carried out regularly.

The service employed enough staff to meet the required care and support needs. Consent was sought by staff before any care interventions or support were provided, in line with the service policies and procedures.

People and professionals told us they felt the staff were caring in their approach and could see positive improvements being made by the people they supported. The respect and dignity of people was maintained and they encouraged independence and involvement of people through positive and caring relationships.

The interests and hobbies people enjoyed were encouraged, and their wishes to go to places they liked were acted upon. Forthcoming associated trips had been booked. The service also supported people in becoming involved with projects at their activity day centre.

People, professionals and staff were confident to go to staff and management if they had any concerns and felt the management were open and approachable.

The service worked with appropriate agencies to deliver support. Review meetings were held regularly to ensure all those involved were kept updated. Documents were presented in an easy read format, in line with

the department of health government guidelines to promote people's understanding.

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.

Care and support was being given safely and risk assessments were carried out regularly and recorded.

Staff had been recruited and inducted safely and had received safeguarding training.

Staff knew how to report and record any suspected or actual abuse and they knew how to follow the whistleblowing procedure if they saw poor practice.

Accidents and incidents were recorded and reviewed regularly in line with the service policy to address and reduce risks.

Is the service effective?

Good

The service was effective.

Staff had received appropriate and specific training to deliver the care and support required of them. Refresher training courses were monitored and sourced as required.

The service communicated effectively with people and staff. Consent was sought before care and support was given.

The service was proactive in recognising required adaptations to premises and took appropriate action to support applications for beneficial changes in a person's home.

Is the service caring?

Good

The service was caring.

People made positive comments about the approach of staff and told us they were happy with the care and support received.

Staff encouraged people to make decisions, to be as independent as they wanted to be and they respected people's dignity and privacy.

Professionals told us they felt the staff had a caring attitude and they had seen the positive benefits of this.

Is the service responsive?

Good

The service was responsive.

We found that care plans were person centred, detailed and reviewed regularly. The service responded to individual needs identified and gave staff guidance on how they could meet those needs.

The service was supportive in involving people in meaningful activities to support their wellbeing.

Professionals and people were confident to raise any concerns or complaints with the staff and the management.

Is the service well-led?

Good

The service was well led.

There was a manager employed at this service who was registered with the Care Quality Commission.

The service was open and transparent and the assistant manager was able to answer all of our questions during the inspection.

Policies and procedures were in place. These were reviewed yearly and gave staff up to date guidance.

Staff told us the management were approachable and the service worked with partnership agencies to deliver appropriate care and support.

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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 12 April 2016 and was announced. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist with our inspection visit.

The inspection was carried out by an adult social care inspector who visited the location on day one of the inspection. A small number of people received services and during the inspection we spoke with them and had discussions with the assistant manager. We spoke to three members of staff present at the service office. On the second day of the inspection we spoke with three health and social care professionals and a friend of a person who used the service on the telephone.

We inspected the care plans of one person who used the service. We contacted the local authority quality assurance officer and considered the information they shared with us. We also reviewed records relating to the running of the service including policies and procedures, accident and incident logs, medicine records and audits regarding the quality of the service. We looked at six staff recruitment and training files during the inspection.

Good

Is the service safe?

Our findings

People we spoke with told us the service was safe. The assistant manager explained that the service offered support and care on a 24 hour basis to one person who required two staff members at all times to ensure their needs were met safely. One person told us, "I am as safe as I can be at home and when we go out." And "They [support workers] light the fire in my home for me to get heating and hot water." One staff member said, "It is our job to keep people safe."

In the care plan we inspected we found that relevant risk assessments had been completed, these included the person's environment, medication, being escorted on excursions and behaviour management, amongst others.

We found that staff files confirmed they had all been recruited safely and contained evidence that a full check had been carried out with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care worker members are not barred from working with people who need social care support. The assistant manager told us "Staff cannot start to support a person until all the relevant checks are done and the specialist training has been completed." Another staff member said "My DBS check was in place and I did some training before I went into the home." Recruitment systems were robust and ensured that staff were appropriately checked before having contact with people using services.

We reviewed the service safeguarding file and found it contained their specific policy, local authority and multi-agency guidance on safeguarding adults and information on the CQC safeguarding protocol.

All the staff we spoke with could identify different types of abuse and told us how they would respond to and report any safeguarding concerns. One staff member told us "I would report any concerns to my line manager and I know I could contact the local authority and CQC." All staff knew the meaning of whistleblowing and we saw the specific service policy. Whistle blowing is raising a concern by disclosing information about a wrong doing within an organisation. We found that the staff handbook contained reference to the policy and gave guidance regarding staff safeguarding responsibilities.

We saw that the service policy on recording all types of incidents and accidents gave guidance to staff and when we viewed staff meeting minutes we found that incidents had been discussed by the team. This included all incidents, where restraint had been used. These were clearly recorded on a detailed form and included information regarding the type of incident, who was involved and if and why this intervention was used. This process also included detailed post intervention information, where staff and people discussed the incident and recorded their thoughts and what they learnt. This information was used productively to openly review the incident and included people in a positive manner.

The major incidents file included guidance on how to respond to a number of situations that included fire, flood, electrical failure, gas leak, medical emergency and structural damage. We found these were also present in easy to read formats with pictures and clear wording in a person's care plan. The assistant

manager showed us their file that confirmed that the easy read format used was in compliance with the department of health guidelines about a subject, so that they meet the person's individual needs. This demonstrated that the staff and those they supported were enabled to recognise incidents and respond appropriately.

We discussed the safe administration of medicine with the assistant manager who showed us the specific Medicine Administration Records (MAR) the service used. This had been adapted to make it easier for people to read and contained all the relevant information. We looked at MAR's for one person and they were all completed, signed and recorded accurately.

We found that the medicine assessment form was present in the care plan we looked at and it had been reviewed in February 2016. Medicines were managed consistently and safely. Where the service was responsible, it stored medicines correctly, disposed of them safely and kept accurate records.

We found that staffing levels were meeting the care and support needs required. One staff member told us, "The staff levels give good consistency in a person's home and when people also use the activities available they are safe and we know their vulnerabilities." Another staff member said, "The staff level works well. One member of the team can cover more hours if needed, so we cover each other's leave and sickness." This demonstrated that the service made sure there were enough staff, so that they provided a consistent and reliable service.

Good

Is the service effective?

Our findings

People told us that the service was effective and one person said, "The staff look after me well" and they are trained." One social care professional we spoke with told us, "The staff are trained to support [person's name] appropriately and they have had a positive effect on [person's name] so I have no concerns." Another professional stated, "The staff are doing a good job."

Staff had completed an induction process. This was confirmed in the staff files we looked at. One staff member told us, "I did my induction and shadowing and we sign to say we have read policies too." The care plan we inspected detailed the skills and knowledge required of the staff, including for them to know about the person, their illness and how it impacted on them and others. The assistant manager told us, "Staff complete the specific training we have before they are put on a shift and this includes a 5 day intensive course."

Staff had been appropriately trained in safeguarding, restraint and de-escalation techniques and this was evidenced in staff files containing appropriate certificates and review dates. The assistant manager told us, "One of the charity trustees is a trainer and this gives us good access to relevant courses." We reviewed the training matrix and it detailed courses due in 2016. This included first aid, fire awareness, health and safety, equality and diversity and safeguarding adults. The assistant manager was studying their NVQ Level 5 qualification in leadership for health and social care. This demonstrated that the service had a proactive approach to the learning and development of staff.

Staff supervision was completed every two months and recorded in staff files. One staff member told us, "[Registered manager's name] has given us supervision and I learnt from it and I am being given tasks, so I have started to do other staff members supervisions." Another staff member said, "I have regular supervision, but we talk all the time too, we are a good supportive team." The assistant manager told us that competency was checked to ensure staff were competent to deliver the care after they had been trained. This included spot checks on staff while they were delivering care.

Staff files confirmed that appraisals took place annually. Staff we spoke with told us they were confident to talk to management and colleagues if they had any concerns or issues they wanted to raise. One staff member told us, "The team are brilliant, we talk all the time and are always sharing new ideas and good practice." And, "We constantly discuss with each other about any challenges and good practice in general."

Staff meetings were held regularly and the details were recorded, including who attended and what was discussed. Advice and guidance was given to staff during these meetings, along with advance reminders for training courses. This demonstrated that staff meetings, supervision and appraisal were used to develop, motivate and assist staff in maintaining best practice.

The service was working within the principles of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own

decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS). None of the people who used the service were the subject of an order by the Court of Protection which restricted their liberty, rights or choices at the time of our inspection.

The service was sometimes required to use restraint techniques. All staff had been trained on a specialist course delivered by an outside source, achieved over a five day period. The training was valid for one year. Dates for this specific refresher training had been recorded. One staff member said, "The restraint and de-escalation training was really good and it works, we do refresher training around all safeguarding that keeps us up to date." This meant that staff were aware of the legislation and associated guidance and ensured people's human and legal rights were respected.

When we spoke to staff about consent being sought they told us, "We always ask what is wanted and we have tried to devise a meal plan together with one person. They can change their mind though." We saw in one care plan that consent has been given regarding going into the property and how staff used keys. One person told us, "They [staff] ask me about giving my consent and I have filled in the form about who I want my information shared with." We saw this form in the related care plan and it had been updated accordingly when a change was required. We also found consent forms that included medicines, dietician meetings and financial support. One staff member said, "[Person's name] can give consent if they would like to see a doctor and we will arrange that with them and support them in going to the doctor." We found that the service encouraged the people to maintain as much control as possible, when they delivered care and support.

When people required specific support with eating and drinking these needs were recorded appropriately and one person told us, "I needed to watch my diet with sugary foods." And, "I like to do some cooking and I do a bit with help." One staff member told us, "Sometimes food and drink intake needs to be monitored and kept to certain limits." We saw daily notes that detailed what a person had eaten and drank, so a good record of the diet was maintained. We saw that dietician meetings were logged and included detailed information about their involvement.

The service had made referrals to other agencies when required, relating to health conditions. As part of the review process we also spoke with other healthcare professionals. They made positive comments including, "We schedule review meetings that encompass everyone involved in the care and support being delivered." And, "There is robust and appropriate support in place." The service engaged proactively with health care agencies and acted on their guidance to meet people's needs.

When a person's home environment required adaptations the service was proactive and supportive to achieve these needs being met. One person told us, "I am going to get oil powered heating, so that will be much better." This was confirmed by the assistant manager who explained that a grant had been awarded for a person's home to be altered. This also included provision for a walk in shower, which would further enhance the suitability of the property.

Good

Is the service caring?

Our findings

When we asked if the service was caring we received positive comments. One person told us, "The way I am helped makes me feel better about myself." One staff member said, "I do care and I love working with [person's name] and I get so much back from doing this job." Another staff member told us, "We are always there and we have a trusting relationship." And, "We care about [person's name] a lot, they are very likeable and we work with them closely." One person stated, "I can do things with help and I am as happy as Larry." And, "I like to go shopping, especially with [support workers name] and we have a laugh." We found that daily notes detailed if people had been doing activities, detailing what they had done and if they had enjoyed themselves. We found that the service had developed positive and caring relationships with people.

We spoke with a friend of one person who said, "[Person's name] is maintaining friendships now which is an improvement and seems really happy." This was confirmed when a staff member told us "[Person's name] is making more friends and we can see we have made a difference." Professionals we spoke with told us, "Staff have a positive effect and are keeping [person's name] stimulated." This demonstrated that people who have contact with the service are positive about the attitude of staff.

We discussed how the service encourages independence and respects people's wishes. One staff member told us, "We encourage [person's name] every day to be independent and to be involved in making their own decisions, which includes planning activities, cooking meals and running their home." One person told us, "I do like to do some cooking and daily living can be a challenge."

Advocacy services were not being used by anyone at the time of the inspection; however we saw that advocacy choices were logged by the service. One person had chosen to state in their care plan that they would ask staff for support if they needed any further help. The service had an equality and diversity policy in place and staff confirmed they understood its meaning.

We asked staff about how they provide information to people if they ask for it. They told us that they are often asked to find out about events going on that might be of interest to people. One person told us, "They [staff] found out about some places I would be interested in and we have arranged to go to them this year, so I am really excited about it." This was confirmed when we saw details of likes and dislikes and favourite places to go during social visits recorded in the person's care plan. We found that the service had been proactive in sourcing appropriate information to meet a person's specific needs.

Staff told us about how they respect the dignity and privacy of people and one staff member said, "We always show respect regarding privacy and dignity. For example, if support was needed in the bathroom during the night, I would do what the person wanted me to, which might be to wait outside or to support them in the bathroom if needed." This was reflected in the care plan and daily notes that detailed how the person liked their care to be given. This meant that the service observed people's right to privacy.

We observed that a person's end of life care wishes were recorded in their care plan, giving instructions to

the service. This meant that staff were sensitive to people's needs and understood their preferences.

Good

Is the service responsive?

Our findings

We discussed how responsive the care and support being provided was and we received positive comments. Staff we spoke with told us that there had been a change in one person's care needs due to them watching television in their room and staying awake until quite late. They felt this could have impacted on the person's sleeping pattern and how they felt the next day. This was discussed with the person and an agreed change to their routine was made. This had shown a significant difference in how they felt during the daytime and their sleeping routine had improved. This was confirmed when we spoke to the person and they told us "Night time is much better now and I am sleeping well." A friend of one person said, "They [person] have a very fulfilled life now."

The assistant manager told us about the individual needs of one person and how they were being met. This had meant involving appropriate support agencies, including a counsellor and a continuing care nurse. This was confirmed when we looked in the relevant care plan and found details of meetings and planned reviews. We also spoke with professionals who told us "They are doing a good job." And, "They are responsive to [person's name] needs and being consistent, which is important."

One care plan we reviewed stated clearly that staff are required to read all the information about the person. This enabled them to gain a clear picture about the person and their care needs. Staff could also share any changes in needs at handovers and make notes in the communication book and care plan. We found the care plan had been reviewed regularly, with a record of details of any changes implemented. The care plan also outlined what was important to the person who used the service and reflected the person's life history, medical conditions, emotional support needs, wishes and preferences, friendships and routines. This information helped staff who were caring for them to know more about the person.

We observed a care plan that detailed the specific needs of the person including their goals in areas including, vision, hearing, choices and personal comments amongst others. The comments, written in the first person included: I like living on my own and I have support from people I know. The care plan had been reviewed in February 2016. One person told us, "I want to be more independent, but need help to do it." A staff member stated, "Sometimes [person's name] needs some support with shaving, so we will help with this when [person's name] wants us to, although they are trying to do this independently." This demonstrated that care and support was received from staff that knew and understood a person's likes, preferences and needs.

When we reviewed the daily notes in the file from a person's home we found that it contained appropriate easy read documents to support them in their understanding. This included information about hobbies and interests, social needs, activities, healthcare and the complaints procedure. One staff member told us, "If a person wanted to complain we would signpost them to the complaints procedure and support them to make a complaint." There had not been any complaints made at the time of our inspection.

Activities people took part in were sometimes linked to the activities day centre service provided at Whinflower Hall, where the service office is also based. One person we spoke with attended there up to four

days a week if they chose to and told us they enjoyed doing the activities and getting involved in projects. They said, "I like horticulture and looking after the animals." The manager of the day centre told us about one person and said, "[person's name] gets involved in projects and we offer lots of positive encouragement and praise. We have seen a difference in them and friends are being made here." And, "We all share ideas, good practice and I speak to the support workers all the time and meet with the registered manager regularly." They went on to say they are always coming up with new projects to do and current ones included renovation of a classic car and making a cider press. One person had their fluid intake observed while at the day centre and staff were aware of this and we saw that it was recorded in line with the person's care plan requirements.

We saw staff and people who used the service coming in and out of the main office and the day centre. We asked one person about the activities available and they told us, "The barn is being renovated and I've been helping out with that." Another person said, "I like feeding the animals and it's great when the weather is good." People told us it was their choice whether they came to the centre or not.

One person told us, "They [support workers] ask me what I would like to do and we talk about it and look up places I would like to go to." They went on to say, "I love fairgrounds, so [name of support worker] has arranged for me to go to Thorpe Park and the Goose fair." We observed one person with their support worker and saw a positive, calm and appropriate interaction. The person was relaxed and happy. We observed them chatting about all the places the support worker had arranged to take them to over the Summer months and talking about their trip out for lunch that day, discussing what they had eaten and how much they had enjoyed their meal. This demonstrated that the service recognised the importance of individual choice, social involvement and enabled person centred activities, hobbies and interests being encouraged and maintained.

Good

Is the service well-led?

Our findings

When we asked people about the service being well-led we received positive comments. One person who used the service said, "I can talk to anyone on the team and they will help me." A staff member told us, "We have supervision regularly and we talk all the time. I can talk to the manager and would go to them with any concerns."

During the inspection the assistant manager was present and was able to answer all of our questions in full. They had been with the service for five years and also worked as a support worker for one person. They were able to show us all the documentation we requested.
Files were stored securely at the service office and confidentiality forms were completed appropriately. The staff handbook contained the confidentiality policy and this was signed and dated in staff files to confirm they had read it as part of their induction.

The service had sent statutory notifications to CQC. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC. When speaking to the assistant manager, the day centre manager and support workers they demonstrated a transparent and open culture within the service. One staff member said, "I feel supported by the management here and I am confident to make suggestions." And, "It feels more like family here." Another staff member told us, "[registered managers name] has lots of knowledge and the support I've had has been brilliant. We talk about things as a team and are always learning from each other."

We saw the policies and procedures for the service. These included policies on adult protection, medication, mental capacity, handling money, behaviour management, confidentiality, whistle blowing, complaints and reporting accidents amongst others. We found they were also listed in staff files and they signed the list to confirm they had been read. These were reviewed annually and gave staff up to date guidance.

We reviewed the service statement of purpose. It detailed the principles of the service and their vision and values including meeting assessed needs, working with professionals, respecting people's dignity, promoting independence, diversity, choice, safety and fulfilment amongst others. This meant there was a clear set of values in place.

A quality assurance questionnaire had been sent out to professionals and people who use the service in October 2015. We found that it asked questions including those relating to quality of life, being able to have control, food and drink and support staff helping with keeping the person's home clean and comfortable. The questionnaire also asked about health needs, easy access to information, personal care and contact with other people, amongst others. We reviewed one questionnaire in which the person had made positive comments including "I have a better quality of life than before." And, "I get the food and drink I want and am supported with going shopping." They also stated "I see my pals and do the things I want." This demonstrated that the service involved people to define the quality of their care and support.

Audits were completed and included areas such as care plans and medication. Staff also told us that they

discussed openly any ideas for improvements, at staff meetings. We saw one set of meeting minutes that asked for staff to write incidents of distraction in more detail and this was then confirmed in the care plan notes. One staff member told us, "The quality of support is always being addressed."
The service worked in partnership with key organisations and we spoke with professionals who shared information and met to discuss and review care and support being delivered. This demonstrated the commitment of the service to improvement and development.