Top Drawer Properties limited

Acorn

Inspection report

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Date of inspection visit: 6 and 8 January 2015
Date of publication: 10/02/2015

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

Overall summary

Acorn provides accommodation and personal care for 6 people. There were five young men living at the home when we inspected. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were receiving care that was effective and responsive to their changing needs. Care plans were in place that described how the person would like to be supported and these were kept under review. People were involved in making day to day decisions and decisions about their care. Other health and social care professionals were involved with regular meetings taking place with the person and the staff supporting them.

People led very active lifestyles based on their interests and aspirations. Some people were supported in these activities whilst others were fully independent. Staff were knowledgeable about the risks to the person and others

Summary of findings

and what measures were in place to ensure the person's safety. People were involved in discussions about how they could keep safe. Staff clearly described what they would do if they felt a person was a risk of abuse and the importance of reporting to other agencies.

People were receiving medicines in a safe way. Staff had implemented some new recording to improve how medicines were checked and ensured some medicines were stored safely during the two day inspection.

People were supported by sufficient staff who had gone through a thorough recruitment process. Staff had received appropriate training to enable them to fulfil their role and support the people living in the home. Systems were in place to ensure effective communication, including team meetings and staff one to one meetings with the senior management team. Staff spoke positively about the team and how they supported people. People told us they liked the staff and the other people they lived with.

The staff were knowledgeable about the people they supported and caring in their approach. Staff commented positively about the management support.

Systems were in place for monitoring the service. This included seeking the views of the people and their relatives through regular meetings and annual surveys.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. This was because the home provided a safe environment for people. Risks to their health and safety were being well managed.

People were receiving their medicines safely. Improvements were made to the storage and checks during the inspection.

Staff received training so they would recognise abuse and knew what to do if they had concerns about people.

There were enough staff to ensure people were safe. Staff had been through a thorough recruitment process to ensure they were suitable to be working at the home.

Is the service effective?

Good

The service was effective. Staff were knowledgeable about people's health and social care needs and the support people required. People received support from other health and social care professionals to ensure their needs were met.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and any safeguards in respect of deprivation of liberty.

People told us they liked the food that was available and were supported to prepare their own food and drinks.

Staff received training to enable them to support people effectively.

Is the service caring?

Good

The service was caring. People spoke positively about the staff who supported them. People were responded to in an appropriate manner. Staff took the time to answer people's question and to provide reassurance and support when needed.

The relationships we observed were friendly and positive. Staff spoke with and about people in a respectful way. Staff were knowledgeable about people's likes, dislikes, interests and personal histories.

Staff helped people to get on with each other and to maintain contact with their relatives.

Is the service responsive?

Good

The service was responsive to people's individual needs. There was a system in place for assessing and planning support for people. People were involved in developing their care plans and making decisions about how they wanted to live their life. The plans were kept under review to reflect people's changing care and support needs.

People were supported to take part in community activities they enjoyed.

People felt confident their concerns would be listened to and acted upon.

Summary of findings

Is the service well-led?

Good

The service was well led. Staff spoke positively about the management of the home and the support that was in place for them.

There were good links with other health and social care professionals in respect of supporting the people and the staff.

Arrangements were in place for checking the home to ensure standards were maintained. This showed the registered manager and the provider were taking action to ensure the service was meeting people's needs and the home was running smoothly.

Acorn

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.

We last inspected the service in June 2013 where we found the service to be compliant with the legislation. This inspection took place on 6 January and was unannounced. We returned on the 8 January 2015 to enable us to speak with more people and staff. The inspection was completed by one inspector.

We reviewed the information we held about the home. This included notifications, which are information about important events which the service is required to send us by law and previous inspection reports.

We contacted a health care professional and the South Gloucestershire safeguarding lead to obtain their views on the service and how it was being managed. Feedback was positive and showed that the service was working alongside other professionals in planning the care for people.

During the inspection we observed and spoke with three people in the lounge, looked at three people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, two staff recruitment files and training information. We spoke with three members of staff and the registered manager.

Good

Is the service safe?

Our findings

People we spoke with described Acorn as their home. They told us there were house rules that were in place that kept them and others safe. These rules included informing staff when they were going out and where they were going. One person told us, they kept in contact with the staff so they knew they were safe and well when they were out in the community. Another rule was that people were not allowed to enter other people's bedrooms. This was to ensure people's belongings were safe.

We looked at staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files were well organised and contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application, a health declaration, two references and interview notes. Both new members of staff had undergone a check with the Disclosure and Barring Service (DBS) which was formerly known as a Criminal Records Bureau (CRB) check. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed.

People told us there was enough staff to support them during the day. Staff told us there was always two staff on duty during the day and one member of staff providing sleep in cover at night. Additional staff were roistered if people had planned activities that required their support. This was confirmed in the last three months of duty rotas. People told us one of the house rules was there was an expectation they would retire to their bedrooms at 9pm. This was because the staff started their sleep in at 9pm. The registered manager told us they were planning to review this to enable people to stay in the lounge later.

Some people were prescribed medicines. Staff told us that at the time of the inspection no one was self-administering but this would be considered if it was safe for a person to do so. Care files included information about what medicines people were taking and any side effects. This included information about as and when required medicines. Staff that administered medicines had received training in safe administration from the local pharmacy. The registered manager told us this was organised annually and they were arranging further updates for staff as this was now due.

Medicines were stored in a locked metal cabinet. One person was prescribed a controlled medicine which has strict guidelines in respect of records maintained and storage. We found that these medicines were not stored as per these guidelines. When we discussed this with staff they told us previously the medicines were stored in the controlled medicines cabinet but they had changed dispensing pharmacy who advised them that this was no longer the case. We took further advice from a pharmacy inspector and this was shared with the registered manager. They confirmed this would be rectified immediately.

Clear records were kept of all medicines received into the home and given to people. We checked a prescribed medicine that was not blistered in the weekly dossete box. We found from the records there was a surplus of eight tablets from what should have been held in the home. Staff told us this person would know they had not received their medicines and tell them. The medicines were checked monthly by a designated member of staff but this discrepancy had not been noted.

On the second day of the inspection the staff had devised a stock control record for medicines held in the home and reviewed how they were auditing medicines. A separate stock record for medicines that had been given to people when they were visiting family had also been devised. The audit checklist included a section to record any discrepancies and what action had been taken.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Some people were supported by staff in the community whilst others were independent. The staff at the home had liaised with other health and social professionals in relation to some of the risks to the person and others. Records were maintained of these meetings and the care plans and risk assessments had been updated to include the advice of the professionals. Staff showed a good understanding of the risks to people and how these were minimised.

Good

Is the service safe?

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Environmental audits were completed to make sure the home was safe and hazard free.

The home was clean and free from odour. Cleaning schedules were in place. A relative told us the home was always clean and decorated to a good standard. People told us they were supported by staff to complete daily chores and the cleaning of their bedrooms. They told us there was an expectation they cleaned their bedrooms on a weekly basis and changed their bedding.

Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse and who they must report this to. Staff confirmed they would report concerns to the registered manager and these would be responded to promptly. Staff were given an employee handbook which included the safeguarding policy. Contact details of the local safeguarding team, police and other professionals could be found on the office notice board enabling the staff to contact the appropriate professionals. The registered manager was able to demonstrate how in the past they had reported an allegation of abuse to the local safeguarding team and how this had been addressed.

Good

Is the service effective?

Our findings

People told us they liked living at Acorn, this included the people they lived with and the staff. People told us the staff were approachable and they spent time with them. Comments included "I am very independent and I can come and go as I like", "it's alright here, the staff are all ok" and "I like living here, I have my own room and the staff help me if I need it".

People had access to health and social care professionals. People confirmed they had access to a GP, dentist and opticians and could attend appointments when required. People had been supported to attend an annual health check with their GP and regular medicine reviews had been held. A member of staff told us they worked closely with the person's GP and psychiatrist to ensure the person's prescribed medicines was suitable.

Health action plans were not in place. A health action plan is a document that details how the staff support people to maintain good health. The registered manager told us they would liaise with other health professionals and put these in place. The government's white paper Valuing people advises that everyone with a learning disability should have a health action plan.

People were observed making their breakfast and preparing drinks throughout the day. People confirmed they could access the kitchen for snacks. People told us they were involved in the menu planning and generally the food was good. Fresh fruit was available to people in the dining area. People told us they take it in turns to prepare the evening meal with staff support. People were regularly weighed to monitor for any risks around weight loss. Staff clearly described what action they would take if there were any concerns including seeking medical advice and support for the person.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff described how they supported people to make decisions on how they wanted to live their life. People confirmed they were involved in developing their plans of care and could make decisions on how they spent their time. It was evident from talking with the registered manager and staff that everyone living in the home was assumed to have the capacity to make all decisions. However, staff told us some people required more time and information to enable them to make an informed choice and understand the consequences of their decision. Staff confirmed they had received training on the Mental Capacity Act 2005 and how this impacted on their day to day roles in supporting people. Other health care professionals had been involved in the assessment of a person's mental capacity.

The registered manager told us they had recently submitted two applications in respect of Deprivation of Liberty Safeguards (DoLS) and were waiting for a DoLS assessor to meet with them to discuss these. DoLS is the process by which a person in a care home can be deprived of their liberty if this is in their best interest and there is no other way to look after the person safely. The registered manager told us the applications were being made due to the level of supervision some people needed as they could not go out in the community independently due to risks to their safety and others. This included restricting access to information technology. The registered manager and the staff were knowledgeable about the process for making these applications to protect people in their best interest. They were also aware that they had to notify us of the outcome of the authorisation.

Staff described to us how they supported people when they became upset, anxious or on occasions angry. They told us the least restrictive approach was used to avoid behaviours escalating. They said it was important to make the environment safe for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included plans which provided guidance for staff about how to respond to changes in their behaviour. This helped to ensure staff supported people in a safe and consistent way. Staff had received training on supporting people who may challenge and how to de-escalate behaviours. A person told us staff were always calm when they were angry and helped them to find ways to calm down. An example they gave was to listen to music or speak with staff about what was upsetting them or to spend some quiet time in their bedroom. Regular discussions were held with other professionals about the support people were receiving so that any risks to themselves or others could be shared.

Good

Is the service effective?

Staff had received training relevant to their role. This included an induction when their first started working in the home. Records were maintained of the induction process and signed off by the new member of staff and the registered manager or a senior manager.

The registered manager told us training was organised either through South Gloucestershire Council or in-house. This included completing workbooks and watching training videos. Staff had attended training in supporting people with a learning disability, the Mental Capacity Act 2005, safeguarding, epilepsy, equality and diversity, person centred care and supporting people who challenge. The registered manager told us they were reviewing their challenging behaviour training to ensure it was in line with South Gloustershire's training specification. The registered manager and a senior manager were arranging this training but no date had been confirmed. Other training included health and safety, food hygiene, first aid and fire. This ensured staff had the skills and knowledge to keep people safe and free from harm.

The design, layout and decoration of the home met people's individual needs. All the bedrooms were single occupancy. Three of the six bedrooms were on the ground floor. All areas of the home had been furnished and decorated to a good standard. CCTV had been installed to the front of the building with clear signage to inform people.

Good

Is the service caring?

Our findings

People told us the staff were friendly and supported them well. People told us they had no concerns about the care and support they were receiving. They told us "everyone gets on really well here". One person told us "I like it here you can have a laugh with each other and the staff".

We observed people being supported by staff in the communal areas of the home. We saw positive interactions between the people and staff. Staff were speaking to people in a respectful manner involving them in a variety of activities including household chores and meal preparations. People were also talking to staff about the days events and the activities they had taken part in. We observed people were relaxed around staff.

Staff were observed responding to a person who was feeling unwell. They responded sympathetically offering them pain relief and refreshments. The person was periodically checked. The staff member acted appropriately showing genuine concern for the person and their wellbeing.

People told us they could have visitors to the home. A relative confirmed they could visit whenever they wanted and the staff kept them informed of any changes. Relatives were involved in care review meetings if that was what the person wanted.

We observed staff knocking on doors and waiting for people to confirm they could enter. People were able to lock their bedroom doors and had a key to their bedroom and the front door. This afforded people some independence and control over their life, whilst ensuring privacy when in their bedrooms.

People told us there were house rules and they had been given a copy when their first moved to the home. People had signed to say they agreed with these. They told us these were regularly discussed at house meetings.

They told us some of the rules were good for example, no illegal drugs and that other people were not allowed in their bedrooms. The latter affording them some privacy and personal space which was free from intrusion. One person told us they would sometimes like to stay in the lounge after 9pm. They told us one of the rules was that everyone would go to their bedrooms at this time. They told us they did not have to go to bed but could watch television or listen to music. The registered manager told us they were planning to review the house rules with people as some of these were historical and in place due to a previous person residing in the home.

Staff were knowledgeable about the people they were supporting. This included knowing what the person liked and disliked and their interests. They described people as individuals and spoke positively about their personalities and how they supported them.

A visiting professional told us when they visited they were always made welcome. They told us the people looked well cared for and the atmosphere in the home was relaxed. Staff were approachable and knew the people well. People were encouraged to participate in discussions with the professionals rather than staff answering for them. This showed that people were encouraged to participate in their care and take responsibility for their life.

Staff described how they supported people with their day to day needs and encouraged their involvement in activities. Some people needed more encouragement to participate in activities. Staff told us they often sat with people to find out what they wanted to do and their interests. It was recognised that people's wishes and aspirations changed. For example, one person was regularly attending college but now wanted to find part time work. This person told us the staff had supported them with this. This showed the staff listened and acted upon the wishes of people.

Good

Is the service responsive?

Our findings

People told us there was plenty of activities organised for them, both in the community and in the home. They described the support they required from staff and some people told us they were independent. Some people had voluntary jobs whilst others attended social groups and college. It was evident this was kept under review with people to ensure the activities remained appropriate.

Some people assisted with the home's allotment. One person told us, "It is alright up there I quite like growing vegetables". Whilst another person told us they were not so keen but they had been to the allotment for a barbeque. People told us it was their choice whether they participated and they were never forced to do anything they did not want to.

People told us they were supported to have a holiday and last year they had been camping. Staff confirmed regular activities such as camping, ten pin bowling, going to the gym, cinema and pub night outs were organised. Activities were planned and organised with the people. Risk assessments were in place for all activities. These described the potential risks and how these could be minimised. People were asked daily how they would like to spend their time. Monthly house meetings took place where activities, menu planning, décor of the home and other information was shared about the running of the home.

People were encouraged to be as independent as possible. Some people accessed the community safely independently whilst others needed support. This was clearly recorded in the person's plan. Staff described how they initially supported people. Shadowing was used where a member of staff would watch from a distance ensuring the person was safe. Short trips were organised initially until the person and the staff were confident they had the appropriate skills and knowledge to keep themselves safe. This was kept under review periodically.

People told us they had a keyworker. A named member of staff that was responsible for ensuring their care needs were met, support them with activities and who would spend time with them. One person told us "I like my keyworker; they talk to me about football and help me when I need it, I can talk to them when I am not happy and they calm me down".

Each person had been assessed prior to moving to Acorn. This was to ensure the service could meet the care and support needs of the person. The registered manager liaised with the person, their relatives and other health and social care professionals involved in their care to gain as much information as possible. Visits were organised to the home to enable the new person to get to know the other people and the staff. These visits included an overnight stay. The registered manager told us this formed part of the assessment to ensure the person's support needs could be met taking into consideration the existing people living in the home. People living in the home were asked their opinion about the new person to ensure positive relationships could be fostered.

The assessment then informed the plan of care for the person. Each person had a care plan detailing how they wanted to be supported. People told us the staff sat with them to discuss their care plan and make changes where relevant. Information clearly described the support needs of the person, their histories, family support networks and how to keep them safe. Some people had been involved in developing contracts, which included how the staff could keep them safe. For example, some people agreed to hand in their mobile phone when they were in the home and others had agreed to return at a certain time in the evening.

Care review meetings were held, which provided the opportunity for a formal review of people's needs. Staff told us about other occasions, such as handover meetings between shifts, when people's needs were discussed on a more frequent basis. This enabled staff to be kept informed about any changes to people's needs. Regular care planning meetings were held with other professionals involving the person and the staff. Clear records were kept of these meetings and where relevant the care plan had been updated.

Staff wrote daily reports about people's care and support. This helped to ensure that staff were kept up to date with people's needs enabling them to review any changes in the person's wellbeing. Some entries were brief and did not fully capture what was happening. For example, two entries stated 'pushing boundaries'. There was no information explaining what this meant for the person and what behaviour was being shown. The registered manager told us this was being discussed at team meetings and one to

Good

Is the service responsive?

one supervisions with staff ensuring more detail was written enabling them to improve the support given to people. This was confirmed in the meeting held in December 2014.

There was a clear procedure for staff to follow should a concern be raised. There had not been any complaints raised by people or by their relatives in the last six months. Staff knew how to respond to complaints if they arose. One person told us if they were not happy they would speak with their key worker or the 'management'. A relative confirmed they knew how to raise concerns. They confirmed they had regular meetings where concerns could be discussed. They told us generally they were happy with the care provided although at times they wished the staff could use more persuasive ways to encourage participation in activities but staff had explained to them that it was the person's choice. The registered manager told us how they had worked with the local neighbours to improve relationships which included organising a meeting to discuss their concerns. The registered manager told us this had improved with Christmas cards being exchanged and links built.

Good

Is the service well-led?

Our findings

Staff spoke positively about the team, the manager and the provider. They described the registered manager and the provider as being approachable and taking an active role in the home. Staff described a team that was open with effective communication systems in place. Health and social professionals told us there had been improvement in the service with clearer professional boundaries in place for staff so they had a better understanding of their role and the support that should be provided to the people living in the home.

There was a staffing structure, which gave clear lines of accountability and responsibility. There was always a senior team leader or a manager on duty to guide the care staff. The registered manager was supported by a deputy manager. Staff had signed contracts in their files along with job descriptions on what was expected of them.

Staff confirmed they could either contact the registered manager, the provider or the deputy for telephone advice if they were not working in the home. A member of staff told us as the team was small so therefore the communication was effective as they regularly worked with each other. Acorn staff team consisted of six members of staff including the registered manager and the deputy manager.

Staff told us daily handovers took place to keep them informed of any changes to people's well-being and other important information. A daily shift planner was in place to plan activities, any appointments and other important events for people. This meant staff were aware of their daily responsibilities in meeting people's support needs.

There was a culture where people felt included and their views were sought. Monthly house meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. Annual care reviews were held between people, their relatives and other professionals involved in their care. The registered manager and the staff emphasised that it was important the person was always present at meetings about them and involved in making decisions.

People's views and those of their relatives were sought through an annual survey. Surveys were used to evaluate the service provided and make improvements where necessary. Relatives had confirmed they were happy for the service, they knew how to raise a complaint and the staff were professional and helpful. One relative had asked if they could have more information. This was discussed with the relative to explain that it was the person's choice on whether information was shared. This showed people's right were protected. Feedback from people was positive. They felt they were listened to and fully supported by the staff. Everyone commented positively about the environment.

Monthly staff meetings were organised with meeting notes kept of discussions and any actions that were agreed. Staff had signed to say they had read the minutes of the meetings. Records of the meetings showed all areas of the running of the home and care and support to people were discussed. This assisted in keeping the staff informed of any changes. A member of staff told us the registered manager was open to ideas expressed both by the staff and the people living in Acorn to assist in improving the care. An example was given where people had expressed an interest in different activities and these were being explored by the staff for each person.

Staff were receiving regular supervision every two months from either the registered manager or the deputy manager. Supervisions were used to discuss the staff member's role, training needs and any concerns about the care delivered. Staff confirmed they were given feedback to improve their practice and guide them in their roles. Staff told us they had recently had discussions about involving people more in the meal preparation to encourage them to be more independent.

Health and social professionals we contacted after the inspection confirmed they regularly met with the people living in the home and the staff. They commented positively on how the service had developed in the last twelve months, with improved communication and clearer lines of management. They told us the staff were more open and proactive in accessing support for the people in the home. This included making appropriate referrals to other professionals and acting on the advice given.

Regular checks were being completed on different areas of the running of the home and the delivery of care. This included checks on the medication, care plans, training, recruitment information, the environment and health and

Good

Is the service well-led?

safety. Where there were shortfalls actions had been taken to address. Staff confirmed the provider visited regularly and spoke with them and people living in Acorn about the care and support.

We reviewed the incident and accident reports for the last twelve months. There had been very few accidents. Appropriate action had been taken by the member of staff working at the time of the accident. Staff had received first aid training enabling them to support people. There were no themes to these incidents, however the registered manager had reviewed risk assessments and care plans to ensure people were safe.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. A notification is information about important events which the provider is required to tell us about by law.