Acorn House Residential Home Limited

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## Inspection report

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Chatham
Kent
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Tel: 01634848469

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 28 February 2017 and was unannounced.

Acorn House Residential Home Limited provides accommodation and personal care for up to 20 older people. Some people were living with dementia; some people had mobility difficulties and sensory impairments. Accommodation is arranged over two floors. The home is situated on a busy road close to Chatham town centre. There were 20 people living at the home on the day of our inspection.

There was 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. The registered manager was on maternity leave but visited the service during the inspection to take part.

At the last Care Quality Commission (CQC) inspection on 01 April 2015, the service was rated as good in all of the domains and had an overall good rating. Since the last rated inspection, the provider had changed their registration so that they could provide care and support for people living with dementia as well as older people. This was the first inspection since the changes had been made. The owners of the home had also changed.

At this inspection, we found the service remained Good but required improvement in the effective domain.

People and their relatives provided positive feedback about the service they received, staff and the management team.

The decoration of the home did not follow good practice guidelines for supporting people who live with dementia. We made a recommendation about this.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which included steps that staff should take to comply with legal requirements. Staff had limited understanding of the MCA and DoLS, however staff gave people choices throughout the day and helped them to make decisions. We made a recommendation about this.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The providers and registered manager understood their responsibilities under the DoLS. The registered manager had systems in place to monitor DoLS and had taken action to meet DoLS conditions.

People continued to be safe at Acorn House Residential Home. People were protected against the risk of abuse. People told us they felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for. The provider's own safeguarding policy required updating to provide staff with accurate

information about which local authority to report abuse to. We made a recommendation about this.

Medicines were managed safely and people received them as prescribed. Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The providers had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Care plans did always not detail people's abilities so it was not clear what people could do for themselves. People's interests and hobbies had not always been incorporated into the care plans to enable staff to provide person centred activities to keep people stimulated and active.

Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

Staff were caring and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs.

The complaints procedure was available to people and their relatives in a variety of formats.

Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

## 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 remains good.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Staff had received appropriate training to carry out their roles. Supervision systems were in place to support staff.

The environment did not fully meet the needs of those people living with dementia.

Staff understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) was limited, people's capacity assessments did not always follow the principles of the Mental Capacity Act (2005). Adequate systems were in place to monitor DoLS authorisations.

People had choices of food and where they wished to eat their meals. People enjoyed the food.

People had received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

**Good**

The service remains good.

### Is the service responsive?

**Good**

The service was responsive.

People had access to activities to meet their needs. Care plans detailed people's assessed needs and what support staff needed to provide to meet this. Care plans had been reviewed regularly. Care plans did not always detail what people could do for themselves.

Complaints procedures were on display and these were in an easy to read format which made it easier for people living with dementia to understand. The service had received compliments

from relatives and healthcare professionals.

## Is the service well-led?

Good

The service remains good.

# Acorn House Residential Home Limited

**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.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 28 February 2017 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. The expert by experience had a background in caring for older people and people living with dementia and understood how this type of service worked.

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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with six people who used the service and two relatives. We spoke with eight staff including the providers, the registered manager, care staff and the cook. We spoke with one visiting community nurse. We contacted health and social care professionals to ask for their views and feedback about the service.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at five staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the providers and registered manager to send us training records, staffing rotas' and other records. These documents were sent through in a timely manner.

Good

# Is the service safe?

## Our findings

People told us they felt safe. Comments included, "You have help at hand if you need it"; "Everybody does things for you"; "Rules they stick to, which is unusual for places"; "Always staff on hand if you need help. I am very happy"; "I feel it's a home from home. I couldn't go anywhere else. I feel safe" and "So many people around".

Relatives told us their family member's received safe care. Comments included, "We have had no complaints [about the care] ever since she has been here"; "The staff are always around. They gave me a questionnaire and I said the fire escape signs had faded by my next visit they were replaced" and "They are very well looked after and catered for". One relative gave examples of when the provider had helped out, such as helping staff to serve food.

Professionals told us, "They [staff] are brilliant. They can't do enough for the residents"; "There's always enough staff and they are happy to help and assist us" and "The home is always clean and tidy".

People were protected from abuse and mistreatment. Staff told us that they had completed safeguarding adults training. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the providers and registered manager would deal with any issues taken to them for their attention. Staff had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The provider's safeguarding policy gave staff incorrect information about who to report safeguarding concerns to. We spoke with the providers about this.

We recommend that the provider reviews their safeguarding policy to ensure that staff have all the relevant information they need to carry out their roles.

There were suitable numbers of staff on shift to meet people's needs. Rotas and schedules showed that people had consistent staff working with them. The providers had a dependency tool in place which assessed people's level of support needs and they evidenced that there was enough staff deployed to meet those needs. Records verified that the staffing numbers were suitable to meet people's assessed needs. The registered manager told us the tool was updated every month unless people's needs had changed and it was updated when people moved in to the home. People's call bells were answered quickly when people pressed them to request assistance.

People were protected from the risk of receiving care from unsuitable staff. The providers had an up to date policy to support robust and safe staff recruitment. Applicants for jobs had completed applications and been interviewed for roles within the service. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. The

providers had checked identification, references and employment histories to make sure staff were suitable for the role. Three out of five recruitment files contained an up to date photograph of the staff member.

We observed that people had help with their medicines. People were protected from the risks associated with the management of medicines. People were given their medicines by trained staff that ensured they were administered on time and as prescribed. Staff had a good understanding of the medicines systems and there was a policy in place to guide staff from the point of ordering, administering, storing and disposal and we observed this was followed by the staff. We observed good practice and procedures for medicines being dispensed to people during the medicines round. Staff told people what medicines they were due to take and checked with people whether they were in pain, offering pain relief to relieve this. We found that one person had received medicines on 27 February 2017 in the evening which hadn't been signed for. The staff member administering medicines took appropriate action to check that the medicines had been given by checking the stock. They then took action to report it.

Medicines were kept safe and secure at all times when not in use. Unused medicines were disposed of in a timely and safe manner. Regular checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridge was also checked daily and records maintained to ensure the temperature remained within normal range.

The staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people. Nineteen out of 20 people had a photograph and medicines profile sheet in their medicines records which meant that staff could easily see essential information including any allergies people may have. The registered manager assessed each staff members competence to administer medicines once they had completed the training successfully, to ensure they were confident and competent to do so.

The risk assessments promoted and protected people's safety in a positive way. These included risks associated with people's health, environment, skin integrity and weight. Risk assessments explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Guidance was provided to staff on how to manage identified risks. This ensured staff had all the guidance they needed to help people to remain safe. Staff maintained an up to date record of each person's incidents and accidents, these were checked and audited by the registered manager and the providers and appropriate action was taken. Referrals were made on to healthcare professionals when they were needed.

The service had been well maintained. Appropriate checks of the environment had been carried out. Hoists and slings underwent a regular service. People had been assessed for equipment such as slings to meet their individual needs which meant that staff were using equipment to help people move which had been assessed for the person's shape, size and weight. Systems were in place to protect people from the risks of fire, each person had a personal emergency evacuation plan (PEEP) in place which was individual to their needs. The fire alarms had been tested regularly and comprehensive fire drills had taken place. Monthly water temperatures had been checked for all bedrooms, bathrooms and sinks. Gas and electricity installations had been checked. Fire drills had been held regularly. The premises were generally well maintained. The home was clean and tidy and free from offensive odours. The home had been redecorated in a number of areas, a shower room had been installed, and people's bedrooms had been painted. People told us that they had got new curtains and bedding in their bedrooms. The providers had a plan in place to continue redecorating the home and improving the environment.

Requires Improvement

# Is the service effective?

## Our findings

People told us staff were well trained and looked after them well. People told us they had confidence in the staff to take the right action. One person told us "They [staff] would consult the doctor or whoever" if they were unwell. Another person said, "Think they've been trained. They seem very efficient". Another person told us they were "Very confident" in the staff and said "This is one of the best places I have ever been in".

Professionals told us that staff were good at getting in contact with the community nursing service if they had any concerns or worries about people's health. The community nurse gave us good examples of where this had happened when staff had recognised that a person's skin was at risk of developing a pressure area.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had not always been assessed and recorded in their records. Records showed that eight staff had attended MCA training and 10 had attended DoLS training. Staff did not fully understand their responsibilities under the act. When we asked staff about DoLS they told us, "DoLS is in her best interests, anything would be done in her best interests"; "She can't make her own decisions. The next of kin or staff would make a decision for her" and "DoLS means that [person] hasn't got capacity to tell us if she's wet. With a DoLS in place we can't leave her sitting in wet clothes so we do things in her best interests". Despite staff member's lack of understanding about the MCA and DoLS we observed that staff offered people choices and respected people's decisions in relation to food, drinks, clothing, footwear and activities. People's care plans and records did not always show that their mental capacity had been assessed. One person's care plan and records did not detail that the person had fluctuating capacity to make decisions. Another person's care plan detailed that they lacked capacity to make decisions at all times, which did not follow the principles of the Mental Capacity Act 2005. This meant that staff may act without checking that the person was able to make a decision at that time.

We recommend that the provider and registered manager reviews care plans and systems to ensure that people's decision making abilities are clear following the Mental Capacity Act 2005 and the provider reviews MCA and DoLS training for staff to ensure they have suitable knowledge and information to carry out their roles.

Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. One person who was living with dementia had a DoLS application that had been

completed and sent to the local authority. Another person had a DoLS authorisation in place which had three conditions in place. The registered manager had actioned the conditions. Documentation in the care records showed where relatives and people had been involved in best interest meetings and discussions in relation to making choices. For example, in relation to medical treatment required or Flu vaccinations.

The providers had made improvements to the environment to enable people living with dementia to be safe in their home. This included changes to door locks. We observed that some temporary signs had been placed on toilet and bathrooms doors to provide information to people about what the door led to. There were no directional signs in place telling people how to get to different areas of the home. The dining room and lounge had no signs on them. All of the bedroom doors looked the same. They were all painted white and had a room number on. The providers had not taken on National Institute for Health and Clinical Excellence (NICE) guidance to ensure they were meeting the needs of people living with dementia. Further improvements were required to support people with dementia living in the home. We spoke with the providers about this and they said they would take immediate action.

We recommend that the provider embeds good practice guidance to ensure that the service meets the needs of people living with dementia.

People received care and support from staff trained to meet their needs. Training records evidenced that all staff had completed core training relevant to their roles such as health and safety, safeguarding adults, basic food hygiene, moving and handling, first aid, fire awareness and infection control training. Some staff had undertaken additional training such as medicines administration, challenging behaviour, diabetes and catheter care. Records showed that 17 out of 18 staff had attended training in relation to working with people who live with dementia. Staff were encouraged and supported to complete qualifications in relation to their role.

Staff continued to be supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager and the providers were monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

People were supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Staff had planned menus with people so that these reflected people's preferences for the meals they ate. Care records contained information about their food likes and dislikes and there was helpful information in the kitchen for the cooks in relation to preferences, diet and good nutrition. We observed during mealtimes that staff asked people what they wanted to eat and respected their choices about this. Staff recorded what people who were at risk of malnutrition and dehydration ate and drank to help them monitor people were eating and drinking enough.

People gave us mixed views about the food. Comments included, "The Sunday roast is best because you get more vegetables"; "The foods alright. Roast dinner on Sundays', we had pork and beef last Sunday only get a slice of each"; "Dinner actually has such a variety"; "The food in the main very good. They got different things in for us. If you want anything special they get it for you. [Providers] are very good and will even go out on the same day and get it for you. I like casseroles and fish and chips" and "I do like plain food not into spicy dishes. What they dish up here is wholesome good food". Everyone told us they could have more food if they wanted it. We observed people were encouraged to drink plenty of drinks during the day. There were jugs of drinks in communal rooms for people to have. Everyone confirmed they had plenty to drink.

People continued to be supported to maintain good health. Staff ensured people attended scheduled

appointments and check-ups such as with their GP, district nurse or consultant overseeing their specialist health needs. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

Good

# Is the service caring?

## Our findings

Since our last inspection on 01 April 2015, the registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

People told us the staff were kind, caring and friendly and treated them well. Comments included, "When I first came, they were very good with helping me with different things. The two ladies who do the cleaning are very good, one brings me in free [newspaper] in the morning"; "They let the puss [cat] stay with me, he's not supposed to be in here"; "Sometimes I have a tendency to worry a lot, they say leave it with us we will sort it. Invariably they do"; "If they see you are a bit down they come and ask if there is anything they can do for you" [Staff member], she is in and out all day making sure those ladies needs are met"; "Always very polite and friendly. Treated very very nice" and "Very kind and caring. They just look after you. When I need to be taken downstairs in the lift if I need that they come". One person told us it was "Like home from home".

Relatives told us their family members were well cared for. Comments included, "Very kind never seen them impatient" and "Everybody is addressed by their preferred names".

People told us that staff respected their privacy and treated them with respect. They told us, "They knock on the door before they come in the room"; "Call me by my name"; "The way they treat you. They don't treat you like you are an idiot. It's about right the way they go about things, they don't gush over you"; "They ask if you need anything and is everything alright. If anyone comes to see you like your family they take you to your room so it's nice and private".

Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

People's care records were mostly kept confidential. Electronic records were password protected so they could only be accessed by staff authorised to do so. Paper records were stored in a locked office. We observed that night care monitoring charts for a person had been left unattended in a communal area of the home at the start of the inspection. We spoke with staff about this and they were appropriately locked away.

We observed positive interactions between people and staff (including the registered manager and the providers) throughout the day. One of the providers took the registered manager's new born baby around the home and introduced each person to the baby. People clearly valued the experience and were smiling and visibly happy to have a cuddle with the baby.

People's opinions and views continued to be respected. Staff encouraged people to drink to maintain their health but respected people's choices.

There were good systems in place to ensure staff communicated important information about people's care

and health. The home used an electronic system for recording care. The system flagged important messages to each staff member when required. Handover meetings took place between staff coming on shift and those leaving their shift. We sat in on the handover meeting, this accurately detailed people's care, mood, activity and healthcare needs.

Relatives told us they were made to feel welcome at any time. One relative said, "They treat the visitors, they bring me a cup of tea. We are made to feel welcome when we come and visit". Other comments included, "Oh no they never mind I'm up here early and wait while they get mum ready and pick a book up"; "Never made an appointment. I come when I want to come. They invite me for lunch and Christmas".

Good

# Is the service responsive?

## Our findings

People told us that the providers were responsive to their needs. One person said, "Get what you want I said to [provider] I'm not very comfortable at the moment. He said do you want a new orthopaedic mattress, and I got it the same day".

People gave us mixed views about whether they had been involved with planning their care. Some people could recall being involved and some people could not remember. One person said, "They ask what your problems are, what medicines you are on and they know what care they should be given. You can read your care notes whenever you like".

Relatives told us they were involved with the assessment and review of their family members. One relative said the review was "Once a year they have a good chat with us" and "We have had little talks like they would always let us know if anything was wrong. Very good like that". Relatives told us their family members participate in activities. Comments included, "A lovely garden party. Last summer a trip to Central Hall she didn't want to go. They are not made to do anything they don't want to. She plays Ludo" and "Every morning before lunch and afternoon limited by the residents have the choice of ABC games if only three to four [people]" and "They do board games, quizzes sometimes he can join in 1:1's as well. Do bingo and prizes. There's a list in the dining room and main noticeboard". One relative also said, "The Christmas tree was absolutely gorgeous, it reached the ceiling. All the residents come down [from their bedrooms]. Come and have a mince pie whilst the tree is decorated. In the August [staff] get them in the garden".

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. Care plans provided staff with clear information about what staff needed to do to provide each person care. Some care plans did not always detail what people could do for themselves such as wash their hands or face or brush their hair. This meant there was a danger that people's level of independence could be reduced. People's care plans did not always list hobbies and interests that people had in the past which may be of interest to them. This meant that activities provided may not always meet people's needs.

People told us there were activities taking place which met their needs. One person said, "They get boxes of books from the library in big print they get things like 1930's songs, building, culture, and music. We have talking books". Another person told us, "At 14:00 most days supposed to be an activity"; "There is not a huge number of people"; "You can watch DVD, watch TV not a terrific lot of people who can do things. At the weekend, there's bingo, play Ludo, snakes and ladders, cards, have a quiz, family fortunes. Once a month someone comes from motivation and music for health. We had a group to sing when [person] was 100. When someone has a birthday you can choose what lunch you have". Other people commented that activities included, "Play your cards right, bingo, if you don't want to go you don't go"; "Lectures if you want to attend. I like listening to lectures"; "We do board games, bingo, play your card right. They let me go out with somebody if I wanted to they could have someone take me out". We observed that some people chose to spend time in their bedrooms reading books, newspapers or watching television if they did not want to get involved in the activities taking place in the lounge. Some people used the conservatory area to chat or

listen to music.

The providers continued to have systems in place to receive people's feedback about the service. People all told us they were listed to. The providers sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. People met with their key worker once a month to review life in the home, food and meals, health, gearing and sight, activities, family and friendships and concerns and complaints. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided. Relatives told us they had received surveys. One relative told us, "We have had surveys, the results; a lot is confidential I don't see what everyone's written. It's taken into the management".

Some people did not know how to complain if they needed to. We asked people how they would complain. Comments included, "I think they have a procedure on the board I don't really know"; "Don't know"; "I go to my immediate carer who I deal with more during the day. It hasn't happened yet"; "I've got a lady [staff member] who is a key worker. If you got any queries or complaints go to her to sort it out. Very efficient" and "Either [provider] or [staff member]. I've not had anything to complain about". Relatives knew who to complain to if they need to. One relative said, "She's quite happy. If we were worried we would only have to ask the manager or carer". The providers continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service, this was available in an easy to read format to help people understand the complaints process. The registered manager confirmed there had been no formal complaints received by the service since our last inspection. Acorn house Residential Home had received compliments from relatives and from visiting healthcare professionals.

Good

# Is the service well-led?

## Our findings

People told us the providers were friendly and helpful. They knew the registered manager and the providers. They said, "I think it's very efficient. I never expected it to be the way it is. I expected it to be like the army"; "It's managed very well" and "All I say it's very well. What I need I have here. We are kept clean, warm and have food. As soon as you ring your bell someone comes to see what you want". People had noticed that there had been improvements to the home, such as "The new table, blinds put in. Improved the lounge new television"; "The people who bought the house want to do a lot"; "[Provider has] not long bought this place so have done improvements, they are ongoing. I'm very happy here"; "New furniture, decorating done, front door been done, outside painted, hallway painted. Doing things a bit at a time but they are getting done" and "They are putting new bathrooms in, wet room and bathroom". We observed one of the providers serving lunch and helping people with their meals.

Relatives told us the service was well led. One relative said, "It's the only place we looked at. Yes I do without doubt [it is well led]". Relatives had noticed improvements to the service. They said these were, "They keep the furnishings all lovely. New curtains"; "They replaced all the windows at the back, upgraded bedrooms, new floor in the conservatory, put in a wet room, some of the dining room furniture [is new], new curtains, threw away quite a few chairs. The first thing they bought was a new Television, a big improvement". Relatives told us that senior staff were always available when needed.

There continued to be an effective management team at Acorn House Residential Home. This included the registered manager and providers. Our observation showed that people knew who the registered manager and the providers were. People were able to point them out and knew their names. People stopped by the office to chat with them. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager and the providers had an 'open door' policy which meant that staff could speak to them if they wished to do so and the registered manager worked as part of the team. Staff said, "The owners go out of their way and go the extra mile. I can approach them and have a chat"; "They make it clear to go in the office and discuss any problems" and "I have confidence in management, I love it here". We observed this practice during our inspection. Staff had received surveys to gain feedback about the service and the support they received. We viewed completed surveys and found these to be mostly positive with comments such as, 'Management is brilliant here, any problems or worries it get sorted straight away and we are praised which makes the job worthwhile'.

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as accidents and incidents, medication, kitchen, infection control, health and safety, closed circuit television (CCTV), maintenance, learning and development for staff. The providers also carried out series of audits either quarterly or as at when required to ensure that the service runs smoothly. They used

these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The service worked well with other agencies and services to make sure people received their care in a cohesive way.