

Purley Park Trust Limited

# Acorn House

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 20 February 2018.

Acorn House is a care home (without nursing) which is registered to provide a service for up to five people with learning disabilities. People had other associated difficulties such as being on the autistic spectrum.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Acorn House accommodates people in a purpose built domestic sized building. The service was run in line with the values that underpin the "registering the right support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can lead as ordinary a life as any citizen.

At the last inspection, on 5 January 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the domain of responsive had improved to outstanding. Evidence in other domains continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

The service was exceptionally person centred and responded creatively to people's diverse, individualised needs and aspirations. Activity programmes were designed to meet people's individual preferences and choices. Care planning was highly individualised and regularly reviewed which ensured people's current needs were met and their equality and diversity was respected.

People continued to be protected from all forms of abuse. Staff were trained in safeguarding people and knew what action to take if they identified any concerns. The service identified general health and safety and individual risks. Action was taken to reduce all risks, as much as possible. All aspects of safety were considered and actions were taken to assist people to remain as safe as possible.

People continued to be supported by adequate staffing ratios. Staff were able to meet people's specific needs, including any relating to diversity, safely. Recruitment systems made sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff.

A well-trained and knowledgeable staff team remained able to offer people effective care. They met people's diverse needs including their current and changing health and emotional well-being needs. The service worked very closely with health and other professionals to ensure they offered individuals the best care in the most effective and comfortable way.

People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The caring, committed and enthusiastic staff team continued to meet people's needs with kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively.

The registered manager was experienced, respected and highly thought of. She and the management team ensured the service continued to be well-led. The registered manager and the staff team were committed to ensuring they offered people exceptionally person-centred and responsive care. They continually checked there was no discrimination relating to staff or people in the service. The quality of care the service provided was constantly assessed, reviewed and improved, as necessary.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains safe.

Good ●

### Is the service effective?

The service remains effective.

Good ●

### Is the service caring?

The service remains caring.

Good ●

### Is the service responsive?

The service has improved to outstanding.

The service responded quickly to people's emotional, health and other well-being needs.

People were assisted to develop ways of managing behaviours that caused distress to themselves and others.

The service developed individual and innovative ways of helping individuals to increase their experiences and improve their enjoyment of life.

Outstanding ☆

### Is the service well-led?

The service remains well-led.

Good ●

# Acorn House

## 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.

The inspection was unannounced and took place on 20 February 2018. The inspection was completed by two inspectors.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for four people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with four people who live in the service (one person was out all day) and observed interactions between people and the care staff. We spoke with three staff members, a visiting professional, the nominated individual and the registered manager. We requested information from four professionals including the local safeguarding team. We received responses from all four. All responses were extremely positive. We received comments from some relatives.

## Is the service safe?

### Our findings

People were protected, as far as possible, from any form of abuse and remained safe. Staff continued to receive appropriate safeguarding training and were knowledgeable about how to raise a safeguarding concern should they need to. People told us they felt safe living in the home. One person said, "I feel very safe, it's my home" and, "I'm always safe with staff looking after me properly." The local safeguarding authority told us they had no concerns about the service. Professionals commented, "From what I have witnessed staff always treat clients well and have their safety at the top of their care" and, "I have never seen anything I'm uncomfortable with." A relative commented, "I have complete confidence that the residents are safe and being well treated, and in 19 years I have never seen anything that I was not comfortable with."

The service continued to keep people, staff and visitors as safe from harm as possible. Health and safety training was provided regularly. Maintenance and safety checks were completed at the required intervals. There was a fire safety policy and procedure and records of fire drills which were completed. Maintenance checks, including fire equipment were completed at the correct frequencies, by appropriate contractors or staff, and were up-to-date.

Any risks to people were identified by individual risk analysis and appropriate risk management plans were developed. These were linked to individual support plans to assist staff to provide care in the safest way possible. These included areas such as use of laptops and support with finances. People's finances were protected by a variety of systems and their finances were checked regularly. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours.

People who live in the service may, on occasion, exhibit behaviours which may cause distress or harm to themselves or others. Staff were trained in a nationally recognised system which taught techniques for staff to follow to reduce the likelihood of any such behaviours occurring. The training taught staff to deal with distressing or harmful behaviours, as safely as possible. The training was up-dated every year. The registered manager was a qualified trainer in this system. Behaviour plans were developed by the management team and other behavioural specialists, as necessary. The service did not, currently, use physical interventions. A professional commented, "My experience with them has been that they have managed a what seemed unmanageable situation in an approachable manner which has led to my client being less likely to need a more restrictive environment."

People were further protected because the service recorded incidents and accidents and took action to manage and reduce the risk of such events recurring. They used such events for learning, issues were discussed in one to one supervisions, staff meetings and other training forums.

People continued to be given their medicines safely by competent and appropriately trained staff. There were detailed guidelines/protocols to identify when people should be given their medicines including those prescribed to be taken when needed. Three medicine errors had been reported in the preceding 12 months. Action taken as a result of these included re-training individual staff and reviewing medicine administration procedures and training. More practically based medicine administration training had been put in place.

Staffing ratios continued to meet people's diverse, assessed needs. There were a minimum of two care staff in the daytime unless there were fewer than five people in residence/at home. One staff member sometimes worked alone in the evening, if people's needs could be met. Staff could summon support or help from nearby services, if required. Arrangements for night staff availability changed according to the needs of the people who lived there. Currently, they were available in the house. Staff felt that there were adequate staffing numbers to meet the needs of the service. The service continued to check the safety and suitability of staff prior to their employment.

## Is the service effective?

### Our findings

People continued to benefit from an effective staff team who met people's individual identified needs. Support plans were of a very high quality and provided staff with all the necessary information to enable them to offer people appropriate care and support. Information was up-to-date and relevant.

People continued to be supported to remain as healthy as possible. Support plans covered all aspects of care including health and well-being. For example a 'Hospital Plan' was produced in case of a hospital admission and contained all of the key information to keep people safe and comfortable. It was easily accessible to pass to hospital staff. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. A health professional commented, "Staff know the patients well and seek medical help appropriately and can recognise a significant change in a resident's health." Another said, "We often put in advice and exercise programmes and have found that these are followed to the letter." A relative told us, "[name's] health needs are addressed meticulously."

People were benefitting from the use of appropriate assistive technology and IT systems. These included the use of finger print locks on their doors. This system (along with others) meant that people could retain their independence, keep themselves and their belongings safe and maintain their privacy. This system supported people with independence and privacy whatever their manual dexterity.

People continued to benefit from a well-trained staff team who were supported to understand people's individual needs. Staff had access to training to develop the skills and knowledge they required. Specialist training continued to be provided as and when required to meet any specific or diverse needs. For example understanding the autistic spectrum, understanding and managing dementia and specialised feeding techniques. Regular supervision, staff meetings and annual appraisals were used to enhance staff knowledge and to support them in developing skills to meet people's specific needs.

People were encouraged and supported to make decision and choices of their own and staff acted in the best interests of the people they supported. The registered manager and staff team had received Mental Capacity training and understood the principles of the Mental Capacity Act 2005 (MCA).

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 people of their liberty were being met. Applications were made appropriately and met legal requirements. Best interests meetings were held, as necessary and records were kept of who was involved in the decision making process.

People continued to be fully involved in choosing, purchasing and preparing food. People were encouraged to eat a healthy, well-balanced diet. Any specific needs or risks related to nutrition or eating and drinking were included in support plans and support was sought from relevant professionals as necessary. The

registered manager and staff had an in-depth knowledge of how to assess and analyse nutritional risk, if required. The actions which needed to be taken when issues occurred were clearly recorded and understood by staff.

## Is the service caring?

### Our findings

People continued to be provided with sensitive and compassionate support by a kind and caring staff team. People told us, "Staff are always kind." A relative said, "The staff are all kind and competent."

Staff continued to develop strong relationships with people in order to enable them to support them as individuals. The registered manager and care staff knew people's needs exceptionally well. Relationships were reciprocal. Staff knew people's individual personalities and characters and people knew staff as people rather than just 'staff'. People continued to be supported to maintain important relationships and make new ones, as appropriate.

People were able to verbally communicate but their other individual methods of communication and the ways they expressed their feelings were clearly noted in support plans. People had monthly key worker meetings where their views and opinions were asked for and their responses recorded. At key worker meetings people discussed particular areas of care such as what's going well, what's not going well and what's it like to live here. This information contributed to an annual check on people's care called, "My person centred review". The minutes of these meetings were presented in a format individuals found easier to understand. Actions to be taken to meet people's choices and aspirations were noted and regularly checked to ensure they were completed in the stated time scales.

The service continually supported people to maintain and develop their independence. Plans included information about how people were supported to make decisions and keep as much control over their lives as possible. Detailed risk assessments supported people to live their life as independently as possible, as safely as possible. Examples included participating in daily living chores, accessing the community and participating in activities.

People's privacy and dignity continued to be respected and promoted. Staff ensured that people had privacy and supported them to maintain their dignity. For example people were provided with means of securing their private space whilst having independent access to it, themselves. Support plans included positive information about the person and daily diaries, kept for individuals, were written in a positive and respectful manner. A relative wrote, "I have observed that [name] and other residents are all treated with respect, and that every effort is made to preserve their dignity."

Staff continued to meet people's diverse physical, emotional and spiritual needs. The service had a strong culture of recognising equality and diversity which was enhanced by staff training and discussions. Staff were committed to supporting people to meet any specific special needs and individual support plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary.

## Is the service responsive?

### Our findings

The registered manager and staff team were exceptionally responsive to enable them to meet people's complex and quickly changing needs. Staff were trained and knew what action to take if people were showing any signs of anxiety or becoming distressed. A professional told us, "Staff make appropriate referrals in a timely way but additionally start work on any issues immediately so they have completed some preparation work before we make the first visit. This is very helpful."

The service presented examples of excellent responsive practice. These included, a person's behaviour causing harm and distress to themselves and others to the level that hospitalisation was necessary. During their time in the hospital staff continued to support them and remained positive that they would go home at some point. Over the past few years the registered manager and staff team spent many hours meeting with professionals, health professionals and relatives. The co-operative working was to enable all parties to support the person to deal with complex emotional issues as effectively and sensitively as possible. After working closely with their relatives and other community professionals the person returned home. The staff team advocated on their behalf to access special counselling. The entire staff team were provided with a bereavement training day to assist them to support people with bereavement and loss issues. Additionally the service has a qualified counsellor within the staff team. The person's return home has been successful and after some initial difficulties the incidents of distress or harm decreased to just one minor incident in nine months. This has resulted in the person being able to deal with difficult issues in their past and has greatly reduced their distress and improved their emotional well-being and enjoyment of life. A professional said, "I could not speak more highly of what they do."

The service continued to assess people's needs regularly and a formal annual multi-disciplinary review took place. People were encouraged to attend their reviews and choose who else they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Support plans showed that staff responded exceptionally quickly to people's changing needs.

Several people's health had deteriorated and they had been hospitalised. The service supported them whilst they were in hospital and made significant adjustments to the house and their living arrangements to enable them to go home at the earliest opportunity. They moved people's bedrooms (with the agreement and co-operation of others) redecorated, had doorways filled in, showers removed, adapted baths fitted and assistive technology was added as required.

For people who remained unwell the service worked very hard to ensure their needs were met. They did this by early referrals to relevant professionals and careful monitoring of their health. Staff learned to use appropriate risk assessments and systems, for areas such as nutrition, to enhance health monitoring techniques. This ensured people's condition was understood and any changes were responded to immediately. Responses included additional staffing, further referrals and necessary training (all of which were completed as a matter of urgency). This meant people could return home as soon as possible and could stay in their own home where they were happy and comfortable, for as long as possible.

The service was extraordinarily person-centred. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs. For example one isolated person who found it difficult to go out into the community or interact with others was supported to increase their life and social experiences. Staff through a detailed assessment and plan of care developed trust and respect between them and the person. Additionally the service sought support and advice from other professionals. Their work has resulted in the person being able to visit various local attractions, go on holiday, join in daily activities interact with others and to improve their numeracy and literacy skills. They are currently awaiting a placement at the local college where care staff will support them one day a week. When they moved to the home their communication was minimal. The staff improved this by using pictures and objects of reference to help them to make choices and remind and reassure them about where they were going. These techniques were no longer necessary as the person actively sought staff to meet their needs. The person had improved their lifestyle and experienced things they had never been able to, prior to admission, in less than a year. A professional commented, "The service strives to meet individual needs in a person centred manner."

The service continued to keep information on individual people, their history, likes and dislikes. For example, each person's file contained an 'Important to me' sheet. This included personal information about each resident so that the staff were reminded to always take an individualised approach when caring for people. They had creative ways of ensuring people were seen and supported as unique individuals. For example keyworkers had developed journals for each person detailing what they had done throughout the last year using photos and memorabilia. This was the second year they had produced the journals. People had really enjoyed making them, were very proud of them and really enjoyed showing them off to families, friends and visitors. The journals meant people could participate in recording their lives in a meaningful way and revisit things they enjoyed during the year. Additionally they had helped in changing the review process which was much more person centred. The journals had become the focal point of the reviews and in some cases meant the resident felt empowered enough that they managed their own review. Some people who wished to had developed in particular areas of their lives for example, 'college work' and had documented their progress in additional special journals. This helped them to show the progress they were making and gave them a great sense of achievement.

The service made particular efforts to involve families (where agreed by people) with aspects of care for people. This enabled them to see the work that goes on with other professionals and give their input. This has proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example specific meetings are held with one person and their family where everyone shares their experiences. This creates an environment where everyone involved can work out the best way to support the person consistently. A relative commented, "The home has at all times worked co-operatively with me regarding [name's] best interests. There have been minor differences of opinion as to how to deal with certain aspects of [name's] behaviour, but no sense at all of a lack of co-operation."

Discrimination was understood by the registered manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff and people were able to communicate as effectively as possible. The plans detailed how people communicate their feelings, emotions and choices so that staff

may assist to meet their needs. Information was produced for people in user friendly formats such as an easy read of the Human Rights Act 1998 which included photographs, pictures and symbols. There was excellent communication between staff and people who understood each other very well. Staff interacted exceptionally sensitively and gently with people.

People continued to be given opportunities and encouraged to participate in individualised, flexible activities. Arrangements for activities were made with people and met people's individual needs and preferences. They were provided with varied and meaningful activities which enhanced their lifestyles. These included college courses, work experience and participating in activities in day services. One person told us, "We go to craft, we go on holidays and we stay in caravans."

The service had a robust complaints procedure which was produced in a user friendly format. The service had received no complaints since the last inspection. People told us they could talk to the registered manager or staff if they weren't happy.

## Is the service well-led?

### Our findings

People continued to benefit from good quality care provided by a staff team who were exceptionally well-led by the registered manager. 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 had been in post since October 2013. She was highly qualified, experienced and well-trained. She knew the service and the individuals who lived there extremely well and was totally committed to providing person-centred care to individuals. She was supported by a committed, experienced and knowledgeable staff team. Staff described her as, "very supportive both personally and professionally and always available." Another said, "She is a brilliant manager who has provided stability for people." A family member commented, "Generally, I would say that the standard of care at Acorn House is outstanding, and at a level which I would say is normally hard to achieve." A professional commented, "Overall I feel the residents receive an excellent level of care." Another said, "This is a good strong staff team" and the team have evolved into a consistent, strong team which has impacted well on people and external professionals."

The registered manager had created an open culture and developed positive values within the service. This was reflected by staff attitude and behaviours. The values of the service were displayed in the office and discussed at staff and training meetings. Additionally, people who used the service were made aware of the values of the organisation. Values were included in plans of care and produced in individual user friendly formats. A family member said, "I would say that the staff have managed to create a very good atmosphere, and a sense that everyone (staff and residents alike) are happy."

The service took into account the views and opinions of people, their families and friends and the staff team. People's views and opinions were recorded in their annual reviews and at monthly house meetings. Staff meetings were held regularly and minutes were kept. People were supported to be involved in all decisions about their home, as far as they were able and/or chose to be. A quality satisfaction survey was sent to all relevant people annually. The results were collated and any necessary action taken to address any identified shortfalls. Staff told us, "The whole staff team have an input and we all enjoy our work."

People continued to benefit from good governance of the service. The quality of the service was monitored and assessed by the registered manager and the staff team to ensure the standard of care offered was maintained and improved. A variety of auditing and monitoring systems remained in place. For example regular health and safety audits were completed at appropriate frequencies. The registered manager completed monthly quality assurance reports. Information about the service was presented to the board of trustees every three months. Action plans were developed as necessary in response to internal or external audits.

Actions were taken as a result of listening to people, staff, other interested parties and the various auditing

systems. These included obtaining more suitable transport for the service, providing an adapted bath, decorating bedrooms for people and improving communications between the service and relatives. An improvement plan for the next 12 months was in place.

People's records remained of a very good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was knowledgeable about new and existing relevant legislation. For example the accessible information standard and the duty of candour.