

Prime Life Limited

Acorn Close

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acorn Close is a residential care home for up to 23 people providing personal care to people living with mental health needs and may also have additional learning disabilities. At the time of inspection there were 23 people living at the home.

People's experience of using this service and what we found

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles. Staff were happy working at Acorn Close and were proud of their relationships with the people they supported.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Acorn Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Service and service type

Acorn Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke

with five members of staff including the registered manager, senior care worker and three care staff. We also spoke with a professional visiting the service.

We reviewed a range of records. This included four people's care records and medicines records. A variety of records relating to the management of the service, including quality assurance audits were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. We were told, "It was a bit rocky at first but I love it now; I am safe."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. They told us they knew who to speak to if they needed to raise concerns.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. For example, risk of self-neglect. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Records showed that premises and equipment were maintained, and any issues were promptly reported by staff and dealt with to ensure the environment remained safe. Maintenance tasks were reported and recorded in a timely manner.
- Fire risk assessments were in place and staff were able to tell us how to respond in the event of the fire alarms sounding. Individual risk assessments were in place which considered increased risks from people smoking.
- Staff were aware of people's fluctuating mental health and knew how some risks were increased when people felt increasing anxiety. Staff were able to give us examples of how they supported people at these times.

Staffing and recruitment

- Safe recruitment and selection processes were followed. The provider had recruitment procedures in place and they confirmed in the Provider Information Return that these were adhered to. Staff also told us that the necessary pre-employment checks were undertaken before they were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People's staffing needs were included in their care plans. People and staff told us there were enough staff to meet people's needs. One person told us, "There is always enough staff, they take me in the van to see my daughter and my grandkids and they take me to see my sister. It's really good here and the senior nurses are quite good as well."

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- All areas of the home were clean and free of odour, including communal areas.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.
- Staff received training in medicine management and their competencies were checked to ensure they administered medicines safely.
- Medicine was appropriately and safely stored and we saw staff had correctly completed medicine administration records.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Learning lessons when things go wrong

- The registered manager was pro-active in using information from other services operated by the provider, audits, complaints, incidents and safeguarding alerts to improve the service. We saw the provider had systems in place to implement shared learning across the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure staff understood people's needs and preferences and all staff were kept up to date with changes.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's individual needs and effectively provide the care they needed.
- Staff used evidence-based tools to assess people's risks and needs, for example, nutritional needs assessments.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely.
- Staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued development. They spoke of having achieved qualifications relevant to their role. A member of staff told us they could ask for further training if they felt they needed it and were confident it would be provided.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the management team were very supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and dietary needs were assessed and understood by the service. Staff were knowledgeable about people's cultural, religious and other dietary needs. One person told us how their individual dietary needs were met and they received guidance from staff to manage their health condition.
- Pictorial menu's were available to help people choose their meals. Meals were prepared and cooked with support staff in each area of the service.
- People were able to choose where they ate their meals. When people needed support to eat, staff did this sensitively and discreetly. People told us that when they preferred to eat alone, staff supported this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and care needs of people. Staff had contact with a range of community healthcare professionals about people's needs. They worked with them to ensure people received responsive and effective care.

- There was detailed information in people's care files to inform staff about people's health, behaviour and well-being. Personalised guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed.
- The registered manager had good oversight of people's health appointments to ensure appointments were not missed or follow up appointments were made.
- People were supported to receive good care when they had to transfer between services. For example, each person had a detailed 'hospital passport' to take with them should they ever need to go there. This contained vital information including their health conditions, medicines and communication needs.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and in a good state of repair and well equipped to meet people's needs. Shared areas were bright, comfortable and included a pleasant garden for people to spend time in.
- People's rooms were decorated according to their choices and kept as they liked them. People had many personal items such as photographs and ornaments on display.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care. One person told us, "I normally ask if I want support, but I can choose what I wear, I can choose what food I eat, I can listen to music, I have just started watching the television again."
- Staff completed mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care which included the wishes of the person.
- Applications for DoLS had been completed and submitted appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and friendly. One person told us, "They [Staff] are very helpful, they help calm me down, they talk to me." One staff member said, "I'm proud to say I work here. I love working with the people we support."
- Staff took pride in people's progress and spoke positively about the people they cared for. One staff member told us the best thing about working at Acorn Close was, "Hoping that we make a difference to people's daily lives."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. Most people told us they knew about their care plan but chose not to read it.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and they support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. People told us, "They always knock before coming in to my room. and "The staff are always respectful and remember what I like."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One member of staff said, "People are always encouraged to make their own choices, like choosing their own clothes and when to get up."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and, where appropriate, their relatives had been involved in creating and updating their care plans.
- Care plans were detailed and highly personalised. They were regularly reviewed and changes made as appropriate. They included information for staff on how best to support people with personal care, eating and drinking, medicines, managing emotions, behaviour and other day to day activities. They also included information about their health needs and the care people required to manage their long-term health conditions.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people and spend time together as they wished.
- People were able to pursue activities they enjoyed. People told us they enjoyed art and crafts, music therapy, playing basketball and eating out. One person told us, "If I wanted trainers or tracksuit they would take me shopping, they are really good like that."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we looked at complaints records. We saw complaints were appropriately recorded and dealt with, and learning was shared with staff to reduce the likelihood of recurrence.
- People knew how to raise concerns and were confident they would be dealt with properly. One person

said, "I've never had cause to complain but if I did, I know I could talk to [registered manager] and they would take care of it."

End of life care and support

- Systems and processes were in place to support people at the end of their life.
- People were given the opportunity to record what was important to them at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive person-centred culture. Staff told us there was a strong feeling of teamwork and that the good relationship and communication between staff and managers allowed people's needs to be met.
- We found an open and transparent culture, where managers and staff were committed to further improving the service for the benefit of people using it. Staff told us they were proud of the relationships they built with people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.
- The management team supported staff to learn from incidents and actions taken. Learning was shared during regular team meetings and the registered manager arranged separate meetings for night staff to ensure they were able to attend or visited the service at night to meet with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The management team carried out a range of regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the registered manager acted to improve the service.
- The staff and management team worked together to ensure people received a good service and people's risks were well managed.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought feedback at peoples' meetings and people were also asked for their opinions through questionnaires. We saw that issues and suggestions were acted upon.
- People's equality characteristics were considered when sharing information, accessing care and activities. For example, people's care plans contained information about their spiritual and cultural needs, and what support they needed to meet these.

Working in partnership with others

- The registered manager had good working relationships with people's GP, dieticians and mental health teams.
- A visiting health professional on the day of inspection told us they had an 'excellent' working relationship with the staff in the home.