Acorn Care Service Ltd

Acorn Care Service

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 Care is a domiciliary care agency registered to provide personal care for people who require this due to old age, dementia, physical disability, sensory impairment, learning disabilities or autistic spectrum disorder. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency was providing personal care for approximately 45 people living on the Isle of Wight.

People's experience of using this service and what we found
People were happy with the service they received from Acorn Care. We received positive feedback from people about the service and all people who used the service spoke very highly of the care staff. People told us they felt safe and secure when receiving care.
People's risk assessments and those relating to their home environment were detailed and helped reduce risks to people while maintaining their independence. People told us they had been involved in care planning and care plans reflected people's individual needs and choices. Staff were responsive to people's needs, which were detailed in care plans.
People were cared for with kindness and compassion, privacy, dignity and independence were promoted. People were supported to meet their nutritional and hydration needs, and staff contacted healthcare professionals when required.
Staff understood consent and were clear that people had the right to make their own choices. 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.
Safe recruitment practices were followed, and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough care staff to maintain the schedule of visits. Staff told us they felt supported, received regular supervision and training.

People felt listened to and a complaints procedure was in place. The provider sought feedback from people using regular reviews and a yearly survey.

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

Rating at last inspection
The service was rated as Good at the last full comprehensive inspection, the report for which was published in 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 Care Service

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 completed by one inspector and an Expert by Experience in the care of older people, who made telephone calls to people to gain their views about the service. 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 June 2019 and ended on 26 June 2019. We visited the office location on 17 June 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 eight people who used the service and two relatives about their experience of the care provided. We spoke with members of staff including the provider's representative, registered manager, four office-based staff and one care worker.

We reviewed a range of records. This included four people's care plans and related records of care provided including medicine administration records. We looked at three staff files in relation to recruitment and four in relation to staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further five care workers.

Good

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
- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe and their property was respected. One person said, "I feel safe. If anything, sometimes the carers are too cautious." Another person said, "They [staff] make sure the doors are locked and the windows shut – that makes me feel safe."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "Any concerns I would tell the [name office staff member] or [name registered manager], I'm sure they would do something, but if they didn't, I can go to you (CQC) or social services."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities and had attended additional safeguarding training for managers.

Assessing risk, safety monitoring and management
- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed.
- People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, they described how they would ensure people had extra drinks available in hot weather before they left people's homes.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, pets and any equipment required or individual risks.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment
- There were enough staff available to keep people safe. The registered manager and provider's representative were clear that they would only accept new care referrals if they had enough staff in the correct part of the island to ensure they would be able to meet people's needs. This was confirmed by an office staff member responsible for reviewing referrals to the service.
- Care staff told us two staff were always allocated when specific equipment to assist people to move safely

was required. This was confirmed by a person who said, "I need a hoist – two staff always turn up. They get everything organised before they use it [the hoist]." This confirmed that equipment, such as hoists, was used safely.

● People said staff mostly came on time and stayed for the correct amount of time. People told us they received a rota, so they knew which staff would be attending and said office staff generally let them know if staff were going to be late.

● Staffing rotas for people who required multiple visits every day showed a high level of consistency in staff allocations. This meant people received support from consistent staff who knew them well. Rosters also showed that two staff were allocated when this was required to meet the person's needs safely.

● Should staff be unavailable at short notice, such as due to ill health, systems were in place to ensure calls would be covered. The registered manager told us that short term staff absences were covered by existing staff members including office staff who were all suitably trained to provide care for people. An electronic system was in place to alert managers if care staff failed to attend a planned care visit meaning prompt action could be taken and people would not be left without care.

● Recruitment procedures were robust to help ensure only suitable staff were employed. Records showed all necessary pre-employment checks were completed.

Using medicines safely

● Where necessary systems ensured medicines would be managed safely.

● People's care records included specific information about the level of support people required with their medicines; lists of people's prescribed medicines and information about who was responsible for ordering medicines.

● Medicine administration records were reviewed when they were returned to the office and during any home visits made by senior staff. The registered manager explained the actions they would take should any medicines errors be identified or reported to them by staff. The actions described would ensure the safety of the person. They included a comprehensive investigation to identify the reason for the error and action to reduce the risk of repeat errors.

● Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly or following any medicines errors.

Preventing and controlling infection

● Safe systems were in place to prevent and control the risk of infections.

● There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for staff to use. The correct use of PPE was monitored during unannounced observational visits made by office staff.

● Staff were trained in infection control and described how they would minimise risks to themselves or people receiving a service.

● The registered manager was clear as to how any known infectious risks should be managed.

Learning lessons when things go wrong

● Where an incident or accident had occurred, the service had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.

Good

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 prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs. People and relatives if appropriate, were involved in the assessment process.
- Care plans clearly identified people's needs and the choices they had made about the care and support they received.
- Care staff told us that when they identified a change in people's needs they would contact the agency office for a reassessment and review of the person's care plan.
- People were happy with the care they received. One person said, "They [care staff] understand my needs." Another person said, "The regular carers are perfect, very competent, excellent."

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. For staff who did not have a care qualification this included the care certificate which is a recognised formal induction covering all aspects relevant for social care staff. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people. One staff member said, "I'd not done care work before this job. When I first started I got lots of training and I'm doing my [care qualification]."
- There were systems to monitor training and records viewed showed that staff had completed all necessary training for their roles. Training staff had completed included; Safeguarding; infection control; medicines management and the Mental Capacity Act. Staff were also provided with additional training that was specific to people's individual needs, such as catheter care. Where necessary training was refreshed every year and staff confirmed this.
- Staff told us they were supported in their roles and had regular work placed supervision meetings with a member of the management team. A staff member said, "I'm very well supported and have regular supervision; I can talk to the management at any time though if I needed to, I don't need to wait for my supervision." The registered manager was completing annual appraisals for all staff who had been employed more than one year.

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

- People who required meals preparing said they were given choices and had plenty of drinks offered. People also said care staff remembered to leave drinks and snacks, where required. One person said, "They [care staff] microwave my dinner and will leave me drinks to have later in the day." A relative told us "They

[care staff] make sure to leave a drink before they go."
● Information about people's dietary requirements were included in their care plans. This included information about people's dietary needs and any specific preferences they had.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● People were happy with care staff who they told us supported them to access healthcare services. One person told us, "If I am unwell they [care/office staff] ring 111 and then take advice."
● Care plans included information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.
● Staff worked well with external professionals to ensure people were supported to access health and social care services when required. Records showed that staff sought timely support from external health and social care professionals, when needed for people.

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.

We checked whether the service was working within the principles of the MCA.
● People and relatives told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people. A person told us, "I can say 'no' to care if I want. They [care staff] never mind."
● Staff had received training in the Mental Capacity Act 2005 (MCA).
● Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. Records of care people had received included information where people had declined planned care showing staff respected people's rights to change their minds.
● The registered manager understood their responsibilities in relation to MCA and was aware of recent changes in respect of community deprivation of liberty Safeguards (DoLS) although none were in place for anyone receiving a service from Acorn Care.

Good

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 and relatives told us that staff were kind and caring and knew their preferences. A person said, "The best carers are friends, they know what I want and leave everything I need by my bed." Another person said, "Always kind" when asked about the care staff. A relative said, "They [care staff] are extremely kind and caring. I have got to know them." Other people and relatives made similar positive comments.
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Most told us they had a regular rota, meaning they generally visited the same people and had therefore had the opportunity to get to know people and people had the chance to get to know them.
- Care staff told us that before visiting a new person they were provided with information about the person's care needs. This meant they would know important information about the person such as any equality and diversity or protected characteristics before attending and therefore be better able to meet people's individual needs. This information was seen in care plans we viewed during the inspection. The registered manager confirmed that this was also discussed with staff to ensure they were aware of and understood people's individual diversity and equality needs. This meant people could live the lifestyle they chose and receive any necessary support they required to be the person they wanted to be.

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

- A person said, "The carers support me and always ask before giving help."
- People and relatives told us they had been asked if they had any preference in respect of the gender of care staff who would be allocated to them and that, when necessary these individual requests had been complied with. A relative said, "They [office staff] asked if there was a preference regarding the gender of care staff. [Name of person receiving care] said 'no preference, and I was a bit surprised and had to check to make sure. Everything was fine though – they [care staff] are all so professional." This meant people were cared for by care staff they felt comfortable with and had been able to make decisions about who provided their care.
- Staff understood people's rights to make choices. Discussions with staff showed that they understood people had the right to make some unwise choices. Staff described how they would offer healthy food options, but if people were able to make a choice and choose less health foods, these would be provided.
- Care records viewed showed that when people had declined planned care or requested additional support this was met.

Respecting and promoting people's privacy, dignity and independence

● People told us they were treated with dignity and respect. A person said, "They are careful what they do and are always polite."

● Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed, curtains drawn, and people were covered up.

● Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

● People confirmed they were encouraged to be as independent as possible. One person said, "When I have a shower they [care staff] do some things and let me do the parts I can do myself. "Another person said, "They [care staff] will put my blouse on for me and let me do it up myself. They support me all the way."

Good

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 now 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 received individualised care which met their needs. A relative said, "We tell them our preference and if [person receiving a service] does not want a shower they [care staff] will give a body wash instead." People also confirmed that care staff would do what was required and asked of them. A person said, "They [care staff] do anything I ask."

● Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, dressing, meal preparation, health issues, shopping and information about the person's life history and individual preferences. Care plans reflected people's individual needs and were not task focussed.

● People and relatives confirmed they had been involved in their care plans. One relative said, "Both of us were consulted on the care plan." A person said, "It is efficient – it's all in the folder." Care plans were reviewed at regular intervals or when a person's needs changed. A person said, "I am asked regularly if the care is good."

● The registered manager provided information about when staff had responded to meet people's individual needs. For example, staff providing additional support such as remaining with a person until another family member arrived when their main family carer was admitted to hospital in an emergency. Some additional unplanned visits were also made when necessary. For example, the registered manager told us they had attended a person when a family carer had needed to leave the house for a short period of time and the person could not be left on their own. These and other examples of additional tasks were important as many people did not have family members living locally. A person told us "I have no family here. If they [care staff] were not there for me I would not manage."

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.

● The service was working within the Accessible Information Standard (AIS).

● People's communication needs had been assessed and care plans detailed what support they required to communicate effectively. This included information about hearing or vision loss and where necessary how this was corrected such as the wearing of hearing aids or spectacles. A person told us, "They [care staff] talk slowly for me which helps." A relative said, "[Person's name] is deaf and they [care staff] are very good."

● Where people's first language was not English efforts were made to allocate staff who could speak some of the person's preferred language.
● The registered manager said information could be provided in a larger print version should this be required and gave examples of how staff allocation rosters were sent to some people in larger print format.

Improving care quality in response to complaints or concerns
● People and relatives told us they knew how to make a complaint. They said they would speak to the 'office' if they had a concern or complaint. One person told us, "Each client has someone nominated to them and she liaises with the office. If there was a problem I would do it through her." People and relatives felt confident to raise issues and said that they were asked regularly if the care was good.
● The provider had a complaints policy. Written information about how to complain was available for people and relatives within the information pack provided to all new service users. People and relatives were also asked if they had any complaints when service reviews were undertaken. Records of complaints were maintained, and these showed that action was taken when a complaint or request to change a care staff member was received.

End of life care and support
● No people using the service were receiving end of life care at the time of our inspection.
● During the initial assessment prior to commencing a service a check was made to ensure the service knew if any decisions had been made by health professionals and the person in respect of emergency care should this be required. This would mean that in such situations, care staff would know what action to take.
● The registered manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained and supported.
● Some staff told us they had attended end of life care training and this had been helpful previously.

Good

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 now 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

- People and staff felt the service was well-managed and told us they had already recommended the agency to a friend or relative. One person said, "The management manage extremely well and employ extremely caring staff." Another person said, "I would recommend the agency – I love them all."
- The provider's representative and management team had a clear vision and values for the service. This included providing quality individual care for people.
- The vision and values were cascaded to staff and monitored through training, staff meetings, and staff supervision meetings.
- The management team were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings, during staff training and observations of staff.

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

- The service had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required. The registered manager completed the provider Information return when requested and to a good standard. This is a form CQC requires service providers to complete at least yearly providing information about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The registered manager was clear about their roles and responsibilities. Discussions with the registered manager showed they knew individual staff and people who received a care service. They also confirmed that they were part of the on-call roster and would undertake care visits when required.
- The registered manager was supported by an office team who all had clearly defined responsibilities but told us they would cover each other when required.
- A representative of the provider worked daily at the agency office and was fully involved in the day to day running of the service. For example, they shared an office with a staff member responsible for making

decisions about the acceptance of new referrals and the rostering of care staff. They also confirmed that, when necessary they would undertake a range of tasks including providing direct care. During the inspection they demonstrated an understanding of the agency and a commitment to ensuring people received a high-quality service. Care staff told us they knew the provider's representative and that they felt able to speak directly with them if necessary. Care staff also confirmed they had, on occasions, worked with the provider's representative on some care calls where two staff were required.

● The management team had quality assurance systems in place. Specific staff and the registered manager completed a number of audits. We saw records of these audits were maintained. Records of care provided and medicines administration records (MARs) were reviewed when these were returned to the office. Reviews of care were completed regularly with a set schedule in place with more frequent reviews for new people.

● Policies and procedures were in place to aid the smooth running of the service.

● The registered manager monitored complaints, accidents, incidents and near misses and other occurrences. The registered manager told us they would, "check for patterns or themes," although, as there had been few incidents none had been identified.

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

● There were opportunities for people to provide feedback. People had regular individual reviews during which they could provide feedback about the care and the service received. Quality assurance questionnaires were sent to people. The registered manager monitored all feedback received. They told us the response rate for surveys had been low, so these were now completed whenever office staff attended the person's home for a review or staff monitoring visit. This showed the registered manager was keen to gain people's views about the service.

● Staff were all positive about the registered manager and other members of the management team. Staff told us they felt the management were supportive. One said, "Any problems I can call the office, they are always helpful and listen to me." Another staff member told us about support they had received out of office hours and they knew support was always available.

● Team meetings were held several times a year. These were organised to cover the geographical areas different staff worked in meaning specific issues to these teams could be discussed. Minutes viewed showed staff were able to raise issues and their views were sought.

Working in partnership with others

● The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.

● The service had links with other resources and organisations in the community to support people's preferences and meet their needs.

● The registered manager attended a local home care forum with other providers and described how this helped them keep in touch with other local services and initiatives in the community.