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Acorn Residential Home

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

Acorn Residential is registered to provide accommodation and personal care for up to eight people with a learning disability. This was the only home owned and managed by the provider who was a partnership, one was the registered manager, the other a senior care worker.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large domestic style property. At the time of our visit six people were living in the home. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
Risks to people had been assessed and regularly reviewed. People were protected from avoidable harm, discrimination and abuse. Appropriate staff recruitment checks were made. Procedures were in place to reduce the risk of the spread of infection. Medicines were administered and stored safely.

Staff were suitably trained and supported. 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 supported to maintain a healthy balanced diet and to stay healthy, with access to health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respect and ensured people's privacy was always maintained. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

People's communication needs were met. The provider had effective systems in place to deal with concerns and complaints and to assess and monitor the quality of the service people received.

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 5 May 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Acorn Residential Home

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:

One inspector carried out this inspection.

Service and service type.

Acorn Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered manager who was 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 site visit took place on 22 October 2019 and was unannounced.

What we did before the inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before our inspection visit, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to

send us by law.

During the inspection

We spoke with five people using the service, the registered manager, the owner/provider, and two care staff. We reviewed a range of records. This included three care records, two staff files, and policies and procedures relating to the care of people living in the home.

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, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported safely by staff, who had received training in safeguarding adults at risk of harm.
- People we spoke with and the surveys they had completed confirmed that people felt safe living at Acorn Residential. A comment from the relative's survey said, "I have nothing actually but praise, satisfaction and being thankful to Acorn Residential for how the management and staff are taking care of my relative."
- The provider took appropriate steps to protect people from abuse, neglect or harm and the registered manager knew they had to report suspected abuse to the local authority and CQC.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their support needs.
- Staff had considered people's individual mobility needs, their risk of falls, nutritional and communication needs. These risk assessments were updated on a regular basis or when required.
- Risks to the environment were managed appropriately. Current test certificates for electrical installation and appliances, gas and fire safety were seen. This helped to ensure the premises were safe for people, staff and visitors.

Staffing and recruitment

- No new staff had been recruited since our last inspection. The registered manager told us three or four staff were on duty during the day and one waking night staff, with another staff member living close by on call. The registered manager/provider lived close to the home and could be called upon at any time.
- People commented that staff were 'Excellent,' 'Very kind' and 'Fun.'
- During our unannounced visit there were three staff on duty plus the registered manager.

Using medicines safely

- Medicines were stored and administered safely by staff who were appropriately trained to do so.
- People had regular reviews of their medicine needs by their GP.
- Staff managed the care and routine of one person who required regular hospital visits.

Preventing and controlling infection

- Overall, we observed that the home was clean.
- We found staff were following the requirements of the control of substances that are hazardous to health (COSHH). Clinical waste was segregated and disposed of correctly. These processes helped to prevent and control the spread of infection.

- The Food Standards Agency inspected the home in January 2018 and gave a rating of five, where one is the lowest rating and five the highest. The food hygiene rating result given to a business reflects the standards of food hygiene found on the date of inspection.

Learning lessons when things go wrong

- The registered manager explained the process they used to monitor and record any incidents and accidents.
- The registered manager had oversight of any incidents, accidents or dangerous occurrences like trips or falls. They analysed such incidents to see if any additional actions were required. For example, referrals for additional healthcare assessment.

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 told us that they made their own decisions about the care and support they needed, and staff worked with them.
- People's care needs were assessed before the service commenced supporting them. These assessments helped to build a comprehensive care plan of a person's needs. Staff had read the care plans and knew how people wanted to be cared for, including the choices they were making around their daily routines and personal care.
- People could visit the home, spend time with other residents, enjoy a meal together before deciding if they wanted to live there. This helped to ensure all the residents got on well together.

Staff support: induction, training, skills and experience

- People were supported by a regular and consistent staff team, who had relevant training and qualifications to carry out their roles.
- Staff received supervision and an annual check of their performance.
- Records showed the training staff had completed in the last 12 to 18 months including, first aid, fire safety, safeguarding adults and infection control.
- The majority of the training was on-line, but courses such as moving and handling and first aid were face to face.

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

- People's nutritional needs were met by a varied and healthy diet of people's choice. People who required a monitored diet for health purposes were supported by staff to do this.
- People had access to the kitchen and could make themselves a snack, a meal or drink at any time. Staff were available to support people when required.
- On the day of our visit people told us they were going bowling with staff and then out for a meal together.

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

- The home had good communication links with the local GP service and other healthcare professionals when they needed them, such as the district nurses and dentists.
- Each person had a 'hospital passport.' The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are in hospital.

- One person told us about their regular hospital visit, how they travelled independently and how kind hospital staff were towards them.

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

- Acorn Residential was based in a large private house on a quiet residential street and had been a care home for many years. Locals and residents all knew one another very well.
- Each person had their own room with washing facilities and bath and shower rooms were shared. All areas of the home were fully accessible, to everyone. There were communal areas, with a large lounge, dining room, kitchen and garden.
- People's rooms were individually decorated. Where we saw minimal decorations, such as pictures or photos, staff were able to explain this was how the person liked their room to be kept and the reasons why.

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.

- Only one person at the home had a DoLS and the details were clearly outlined in their care plan.
- People were happy to go out alone or with staff. On the day of our visit people were given the choice to travel to the bowling by car or on the tram and whether staff went with them on the tram.
- We saw that staff spoke clearly to people and gave them time to make decisions.

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 received the care and support they needed from caring staff.
- People were very open and chatty and wanted to tell us about their home, show us their own rooms and tell us about staff. All the comments about staff and the home were positive.
- Two comments from the relative's survey said, 'Excellent, the best care my relative has ever had' and 'Our relative has never had such good care, he is happy.'
- We observed people and staff spending time together, communicating in people's chosen way and being comfortable in one another's company. It was clear that people knew the staff and one another very well. We saw people making jokes and teasing staff in a friendly and positive way.
- People and staff came from diverse cultural and religious backgrounds and these were respected by everyone.

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

- All the people we met were able to make their views heard and staff respected their comments and decisions.
- A comment from the healthcare professionals survey said, 'People are always happy and chatty when I visit. This is a family environment.'
- One person conducted surveys of the other people using the service. Helping them to complete an easy read questionnaire about the support they received. We saw the results of the last survey which was very positive. Any concerns that may arise were discussed and dealt with by staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were always respected. We observed that people were dressed appropriately for the activity they were doing, and staff supported them to maintain their personal appearance.
- People were supported to be as independent as possible by staff who gave people the time and encouragement to make their own decisions.

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

- We saw that care plans were up to date and contained relevant information and guidance for staff. This guidance included, how they liked to be supported, a communication profile, their cultural and religious needs, mobility needs and a medical history.
- Care plans were person centred and informative, helping staff to support people in the way they wanted to be supported.
- People were encouraged to be part of the support planning process. Care plans were reviewed on a regular or as-required basis, dependent on people's support needs.

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 AIS was being followed by the provider and staff.
- People had a communications folder with guidelines and pictures and a section on 'how to speak to me.' This information helped staff communicate with people in the most appropriate and effective way.
- Everyone at Acorn Residential had good verbal skills, many had their own mobile phone and could use a land line phone when they wanted to.

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

- Those people with a mobile phone could make and received calls at any time. For other people staff ensured family and friends could ring and speak to people or they could make their own calls from the house phone.
- People had a flexible weekly plan of activities, both at home and in the community. These included tandem cycling, gardening, golf, photography, football. People also enjoyed playing on-line games and one person attended a local day centre.
- People could choose to attend church and were supported to do so if required.

Improving care quality in response to complaints or concerns

- People told us if they were unhappy with something or someone they would tell staff and it would be fixed.
- The provider had systems in place to record, investigate and respond to any complaints raised with them.

- Information about making a complaint was available to people, in a format appropriate to their communication styles.

End of life care and support

- At the time of this inspection Acorn Residential was not supporting anyone who was receiving end of life care.
- Care plans contained minimal information on people's end of life wishes. We spoke to the registered manager about this and they confirmed it was something they needed to explore and discuss with people.
- Staff had supported people following a recent death of a person living at the home. People and staff had attended the funeral. Staff had spoken to people individually and at house meetings, asking how they felt and supported them through the process of grieving.

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; 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 registered manager had a clear vision in relation to how they wished the service to be provided. Another member of staff was trained to Level 5 in adult social care management, which helped to ensure the home was run and managed with people at the centre.
- In a recent survey of healthcare professionals, two responses said, "I visit all the learning disability homes in the area and I think this one is outstanding" and "Good management, great atmosphere."
- We found the registered manager and staff to be relaxed, friendly and happy to chat with us.
- They were clearly knowledgeable about the people who lived at Acorn Residential, their support and communication needs and what they liked and disliked.

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

- The registered manager was aware of their responsibilities to send CQC notifications about changes or incidents that affected people they supported and had a good knowledge about their responsibilities with regard to the Health and Social Care Act 2008.
- The staff team, who had worked at the service for a long time were clear about their roles and were committed to supporting people to live good lives.
- The registered manager demonstrated a good knowledge of the needs of people they supported and the staff team.

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

- Resident meetings were held monthly to ensure people were fully engaged in how they were being supported and were able to make suggestions as to events or activities they would like to take part in.
- Staff meetings were also held monthly to coincide with the resident's meetings. This helped to ensure changes or on-going plans were put into action in a timely manner.
- The provider conducted annual surveys of relatives and healthcare professionals and as previously mentions a resident conducted the in-house surveys.

Continuous learning and improving care

- The registered manager had systems in place to monitor the quality of the service that they provided.

These included, checks on the environment and the care and support people received.

- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular networking meetings with Merton local authority 'Dignity in Care' forum. These forums included representatives of CQC, the NHS and the Fire Service. This gave an opportunity to learn and ask questions from a wide range of other professionals.

Working in partnership with others

- The registered manager had established and maintained good links with the local community and with other healthcare professionals which people benefited from.