

Kingswood Care Services Limited

# Acorn House - Laindon

## Inspection report

28 Somerset Road  
Laindon  
Essex  
SS15 6PE

Tel: 01268453216  
Website: [www.kingswoodcare.co.uk](http://www.kingswoodcare.co.uk)

Date of inspection visit:  
30 September 2019  
09 October 2019

Date of publication:  
12 November 2019

## 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 House - Laindon is a care home providing personal care and accommodation for up to six people, with learning disabilities and autism. At the time of the inspection six people were living at the service.

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

People had a good quality of life at Acorn House. We received positive feedback from everyone we spoke to about the service. A relative told us, "My family member enjoys their life there. You can give them a big tick from us."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager was a strong and committed leader who promoted good practice and a person-centred approach. There was an open culture at the service. People, families and staff felt able to speak out and have the confidence they would be listened to and action would be taken. The provider and senior staff monitored the quality of care and learnt from mistakes and concerns to make things better.

The registered manager developed practical and effective systems to help people remain safe. Staff worked well with people to manage risk within a homely environment. The provider was investing in the property to ensure it met people's changing needs.

Staff were skilled and knowledgeable. The registered manager worked with the provider to ensure staff had access to good quality and relevant training and guidance. Staff worked effectively as a team, stepping in well in the registered manager's absence to ensure people were safe.

People's needs were outlined in detailed and personalised care plans which provided staff with the necessary guidance to support people. Staff worked well with health and social care professionals to promote people's health and wellbeing. There were safe systems to support people to take their medicines safely.

Many of the staff had been at the service for some time and knew people well. The atmosphere was calm and respectful, and people spent time relaxing together around their busy schedules. Each person had a varied and flexible timetable, based on their needs and preferences. Staff used a variety of inclusive communication methods to ensure people had maximum access to information.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of what can support services to improve.

As part of this thematic review, we carried out a survey with the registered manager of Acorn House. We considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 26 January 2017 )

Why we inspected:

This was a planned inspection to check that this service remained Good.

Follow up:

We will continue to monitor this service to ensure people receive care which meets their needs.

## 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 House - Laindon

## 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 team was made up of one inspector.

#### Service and service type

Acorn House 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 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. Inspection site visit activity started on 30 September 2019 and ended on 9 October 2019. On the first day of our visit the registered manager and their deputy were not available due to unavoidable circumstances. We therefore returned on the second day to continue our inspection.

#### What we did before the inspection

Prior to the inspection we gathered and reviewed information we held about the service, including information we had received from the provider. The provider is required to notify us of deaths and other incidents that occur within the service, which enable the Commission to monitor any issues or areas of concern.

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 the registered manager, two senior care staff and three care staff.

We focused on speaking with people who lived at the service and observing how they were cared for. Where people at the service had complex needs, and were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service.

We reviewed a range of records, including three people's care records and medication records. We looked at records relating to the management of the service, including staff files and quality audits.

After the inspection

The registered manager sent us information which we had requested. We made phone calls to two people's relatives and received feedback from one health and social care professional.

# 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 now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they felt able to speak out if they had concerns about a person's safety.
- Senior staff worked well with the local authority to investigate safety concerns.
- We found one example where staff had not supported a person to buy an item they wanted to protect them from potential abuse. We discussed this with the registered manager and care staff who acknowledged the person had capacity to make this decision. They demonstrated an open and reflective attitude when discussing the issue and found a less restrictive way to support the person safely.
- Apart from this isolated example, staff enabled people to live full lives, whilst safeguarding them from the risk of abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Detailed assessments provided staff with guidance on how to support people to minimise risk. These were reviewed and adapted as people's needs changed.
- Staff had exceptional skills at using diversion to promote people's safety. A member of staff described what they did when a person was about to place themselves at risk, "We go up to the person and say, 'Let's go for a lovely cup of coffee' and they come with us." We observed this approach throughout our visit.
- There were effective systems and plans to meet people's specific needs in the event of an emergency. One person had a rescue pack which staff could use under certain circumstances.
- The registered manager adapted systems when things had gone wrong or needed improving. A member of staff described how they had made changes in response to a person raising a concern.

Staffing and recruitment

- Families and professionals told us there were enough staff to meet people's needs.
- On the day of our inspection the service was unexpectedly short-staffed. Staff worked well as a team to keep people safe, with one member of staff staying on longer than planned. A member of staff told us this was exceptional, "There's usually loads of us on shift, it's really peaceful and happy."
- Staff continued to be safely recruited.

Using medicines safely

- There were effective systems in place to support the safe administration, storage and disposal of medicines.
- The service had signed up to STOMP, a campaign aimed at stopping the over-medication of people with a learning disability. Their commitment to this ethos was apparent throughout our visit, with staff proudly

describing the alternatives they now used for people whose behaviour had previously been managed through medication.

- Staff encouraged people to remain independent with their medicines, where appropriate. A person showed us the locked cabinet in their room where they stored their medicines and described how they managed their medicine independently with staff prompts. Following discussions during our visit the registered manager sent us information about a new monitoring system they had developed with the person to help them check they did not miss any medicines.
- There had been an incident prior to our inspection where staff had not ordered a person's medicines as required. This had no long-term impact on the person's health. The registered manager who described effective actions they had taken to avoid a similar mistake happening again in the future.

#### Preventing and controlling infection

- Staff received training in infection control. We observed they worked well with people to both minimise risk and ensure their home remained cosy and inviting.
- There were effective checks in place to ensure measures to control infection were working well.

# 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

- The registered manager showed us the new style care plans they were introducing. These reflected good practice, with additional prompts to highlight where people could complete tasks independently and where they needed support.
- Staff communicated well to ensure they offered consistent support, especially where people could not communicate their views verbally.
- One of the senior managers had developed expert advice on how to support behaviour in a positive way. We saw examples where staff used this personalised and accessible guidance to make people's life better, such as supporting them to become less anxious.

Staff support: induction, training, skills and experience

- Staff told us training was a good quality. We noted the registered manager had worked sensitively with a member of staff who needed refresher training following an incident at the service.
- We observed staff interacting with people in a skilled manner, adapting their approach with each person. Staff were skilled at working with people who were anxious, ensuring they used the least restrictive approach to keep them safe.
- The service used the Care Certificate to enable staff who had no previous experience in care to develop fundamental skills. New members of staff spoke positively about their induction process and the support they received from existing and senior staff.

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

- Staff supported people to eat balanced diets, encouraging a combination of healthy eating and treats. Details of any specialist needs were outlined in people's care plans. The registered manager used a team meeting to provide general guidance on the risk of choking and then describe the specific support a person needed to minimise this risk.
- People made choices about what they ate and were involved in preparing food where appropriate. A person told us, "Yesterday they had roast chicken, so I had gammon and helped with the carrots."

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

- Staff used their knowledge of people to monitor their health. A member of staff described how a person's behaviour had changed and they had booked and appointment with the GP in case of a urine infection.

- Staff worked well with health and social care services and kept detailed records which helped senior staff monitor people's wellbeing and any actions taken. A social care professional told us, "They are particularly pro-active with [Person's] health needs and make sure they get the right support straight away."
- Staff supported people with their oral health in a personalised manner. Staff encouraged people to remain independent, for example staff only brushed the part of a person's mouth which they could not reach.

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

- The property was decorated in a homely, non-institutionalised way. A person showed us their bedroom which was personalised and decorated to reflect their personality.
- The provider had agreed to significant alterations to the property in response to the deterioration in a person's mobility. Staff spoke fondly of the person and told us, "[Person] has to stay here as we are the ones who know how to care for them."

#### 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.

- Where people lacked capacity to make decisions, staff ensured decisions were made in their best interests. Senior staff had completed mental capacity assessments where a person lacked capacity, reviewing these decisions where necessary.
- Senior staff requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised and reviewed as required.
- The registered manager promoted a positive approach to minimising restrictions on people's liberty. For example, they had observed a person had been restrained when they visited a clinic for chiropody treatment. They arranged for a chiropodist to visit the person at home instead. They told us, "We gave [Person] a packet of crisps and sat them in a familiar chair and they are now relaxed during the treatment."

# 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

- There was a focus on people and their needs, rather than staff priorities and tasks. On the first day of our inspection the provider's car was being repaired and a person was not able to go out for coffee. We observed a member of staff arrive with a muffin and coffee from the person's favourite café, which they had picked up on the way to the service at the start of their shift.
- We observed people were very relaxed in their environment and with the staff who supported them. Most people chose to congregate in the lounge when not busy, and the staff's enthusiasm and encouragement created a nurturing caring environment.
- Staff appreciated the people they supported were individuals and acknowledged their specific circumstances in a respectful manner.

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

- We observed staff continually offering people choice. Staff described how a person always had their hair done in a very specific way. We observed however when they were getting ready to go out, the staff member still offered them choice saying, "Do you want some hair spray and your hair done in a French plait?"
- Staff advocated for people and ensured they were involved in their care. For instance, staff had supported a person to request specialist shoes in their favourite colour, rather than the standard black ones they had always worn.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to develop their independence, for example to butter a roll for their meal or tidy up their room.
- Following our visit, the registered manager sent us information of new arrangements for the auditing of a person's medicines. They described how they had involved the person in discussing the change in a respectful way which ensured the person's independence and dignity was maintained.
- People's dignity was central to the service. A person showed us the key which they could use to lock their bedroom for privacy.

# 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

- The service was tailored flexibly and around peoples' needs in a person-centred manner. We observed people adapting their day flexibly depending on what was happening that day. One person was having a lie in as they had been very busy, so they relaxed in their pyjamas. We observed staff talking to people about their day, for example involving them in discussions planned outings.
- Staff carried out regular reviews of people's care to ensure it met their needs and their care plan reflected the support being provided. People were involved in reviewing their care and plans for the future with staff.

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.

- Care plans and reviews were written in plain English, with appropriate use of pictures to support a person in understanding about their care.
- Staff adapted how they communicated information in a personalised manner, according to the person's needs and specific circumstances. For example, they had helped prepare a person for a medical procedure by showing them pictures of the process.
- The provider held meetings with senior staff which focused on sharing and developing best practice in inclusive communication.

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

- The atmosphere was lively and stimulating during both our visits, with people coming and going, accessing the local community, in line with their preferences. Staff supported a person to attend a part-time job whilst another person went out to the hairdresser.
- Special events were celebrated in a person-centred way. A person told us they had had their hair and nails done for their birthday and were going with selected friends to a Beefeater later in the week.
- Relatives told us staff communicated with them well, for example when a person was unwell. A relative told us, "The manager always goes out of their way and chats to us quite regularly."

Improving care quality in response to complaints or concerns

- There were very few formal complaints, however the provider had responded well when they had received complaints.
- The registered manager described how information from minor concerns raised by people and their relatives were used to make improvements, such as altering the way money was signed in and out.

#### End of life care and support

- Staff had considered and planned for people's holistic needs should they require end of life support. Care plans outlined where there would be involvement from family.
- Care plans were person centred and written sensitively, reflecting each person's circumstances. One person's care plan considered their understanding of death, based on staff observations of their reaction to the death of a character in their favourite television programme.

# 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 led by example and promoted a culture which was person-centred and non-institutionalised.
- Communication at the service was open and honest. When we discussed a person's circumstances, the registered manager told us, "We talk about this when we go out for a coffee each week."
- The provider put systems in place which supported best practice, such as the meetings to develop skills and knowledge around inclusive communication. We found these systems had been applied at Acorn House to make people's lives better.

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

- The registered manager described a culture of learning throughout the organisation. For example, there were regular Health and Safety and management meetings where senior staff discussed any issues, such as medication errors. These meetings were attended by the senior manager responsible for training and development who would ensure themes around gaps in staff knowledge were fed into future learning.
- Staff managed risk well in the managers absence. When discussing an incident, a member of staff spoke of the responsibility they all shared to get things right, saying, "I see we need a plan C for when plan A and B have gone wrong."
- There were effective systems in place to monitor the service and check people receive good care. Staffing changes at the deputy and assistant manager level meant there were some gaps in these checks during this period of transition.

Engaging and involving people using the service, their representatives and staff, fully considering their equality characteristics; Working in partnership with others

- There were regular house meetings which were practical and well-designed. The registered manager told us they had tried different format but now prepared pictorial agendas for each person which offered choice on things which were important to them. Last year they had discussed the guest list to the Christmas party and to share out the tasks, such as washing up.
- Staff told us they were well supported by the registered manager and encouraged to be involved in the

service. Records such as the communication book and team meeting minutes reflected open discussions with the key aim of meeting the needs of the people at the service.

- Staff worked well with families to ensure people were supported consistently. For instance, the registered manager had agreed a shared approach with a family member to help minimise a person's anxiety.
- The service developed positive partnerships with external professionals, working together to promote people's wellbeing. A professional told us, "The management at Acorn House work very well with other professionals, keeping us all informed of any changes in people's health or well-being."