

Mr & Mrs Y Jeetoo

Acorn Lodge - Surbiton

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Acorn Lodge - Surbiton is a residential care home providing personal care for those with mental health issues, learning disabilities or autism. The service can support up to ten people.

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 our inspection three people were receiving personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.

Staff could describe how their training and personal development related to the people they supported. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People received support to eat and drink enough to maintain a balanced diet.

Right Care

People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Staff were patient and used appropriate styles of interaction with people.

Staff supported people to express their views using their preferred method of communication. Staff had the opportunity to try new experiences, develop new skills and gain independence. Preferences were identified and appropriate staff were available to support people. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

Right culture

Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. The provider engaged in local forums to work with other organisations to improve care and support for people using the service/ the wider system. Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.

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.

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 29 November 2018.)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Acorn Lodge - Surbiton

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Acorn Lodge - Surbiton is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acorn Lodge - Surbiton is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person that uses the service. We spoke with the registered manager and three staff members. We reviewed two people's care records, three staff files and reviewed a range of documents in relation to the management of the service.

Following the inspection we received feedback from two relatives and reviewed electronically submitted evidence. We also received feedback from a professional that worked with the service.

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 understood the potential risks of abuse. A staff member told us, "It's protecting adults rights, from abuse. I would let my manager know what is going on."
- We identified that staff were not always clear on the external agencies they could raise safeguarding concerns with. We raised this with the registered manager who took action to ensure staff were updated on processes. We were satisfied with their prompt response and will review their progress at our next inspection.

Assessing risk, safety monitoring and management

- Risk assessments were clear in monitoring and managing potential risks to people. Clear measures were in place for staff to follow, and to support them to minimise the likelihood of risk occurrence.
- Regular checks were made to ensure that the premises were monitored and safe for people to live in. Suitable personal emergency evacuation plans were in place to guide staff as to how to support people to leave the building safely in the event of a fire.

Staffing and recruitment

- Staff were safely recruited by the provider. They were subject to Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured that they obtained suitable references prior to the commencement of staff employment; as well as their employment history.
- There were enough staff to meet the needs of people living; including supporting them in the community.

Using medicines safely

- People's medicines were safely managed and administered. Medicines administration records showed that people received their medicines when they needed them. A relative told us, "[Person] understands his medication as well as he can and it is regularly reviewed."
- Records included a full medicines list so that staff were clear on the medicines that people were prescribed. People's medicines were stored securely.

Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider ensured that lessons were learnt where incidents occurred.
- There were full records detailing incidents and accidents, as well as remedial action taken. Records showed that any learning from these occurrences was shared with the staff team.

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.

Staff support: induction, training, skills and experience

- Staff did not always receive regular supervision sessions and appraisals. Records highlighted gaps in the frequency of supervision meetings. However, staff told us they felt well supported by management and were able to review their working practices.
- We raised the above with the registered manager who sent us an appraisal schedule. They also booked in staff supervision sessions. We were satisfied with their response and will review their progress at our next inspection.
- Staff received regular training to ensure they had the skills to carry out their roles effectively.

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

- People's needs were assessed prior to them moving into the home. Records showed that the provider liaised with the placing local authority to ensure they could meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink meals of their choosing. One person told us, "[Staff member] will make me some sandwiches for my lunch, that will fill me up. They're good sandwiches."
- Where people required support in maintaining a healthy diet, records showed that the provider was working with relevant professionals to ensure people were supported with healthier food options.
- People were supported when they needed to access other healthcare professionals. Records showed that people were supported with GP and hospital appointments. Contact details for important professional contacts were within people's care records so that staff were able to access them should people's needs change.

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

- The home met the needs of people living there. People's rooms were personalised to reflect their personal interests and preferences. Record showed that people were asked their views on the decoration of their rooms annually.
- The design of the home ensured there was enough space for people to have personal items in their rooms. People were able to choose whether they socialised in communal areas.

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 understood the principles of the MCA and how it applied to their roles. They demonstrated that they understood the importance of seeking consent.
- Records showed that any DoLS applications were made in a timely manner. Staff were aware of those that were unable to access the community independently and how to support them effectively in order to keep them safe.

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 now 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 were well supported at the home. One person said, "I like living here, I'm quite safe here. The home's good here." Relatives told us, "The staff are all excellent, incredibly helpful and caring."
- Records showed that people were asked whether they had any religious needs or preferences. At the time of our inspection, there was no-one practising a faith however staff were aware of people's beliefs.
- Staff were passionate about the people they cared for and were motivated to meet their needs with compassion and kindness.

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

- People were supported to express their views about the care they received. Regular keyworker meetings ensured that staff reviewed people's goals and areas of their lives that they wished to enhance.
- Staff were clear on understanding people's care plans. A staff member said, "I've had time to read them, if you don't read it you don't know what is going on with them [people]."
- A professional told us, "This [person] is supported to maintain his personal hygiene/care and their appearance, to a very high standard. They are encouraged to do as much as possible for themselves, so that they can maintain a certain level of independence and control over their life."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff ensured that when they delivered personal care that doors were closed and that were able to maintain people's dignity. For example, covering private areas of the body and ensuring people were not full exposed.
- A relative said of the staff, "I would say they are [caring], I have the impression they are very fond of [person]. More like a family environment."
- People were supported to be as independent as they were able to be. This included household chores such as laundry or meal preparation. Staff offered minimal support where it was safe to do so and met people's preferences.

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.

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 active within the local community and were encouraged to participate in activities of their choosing.
- Relatives told us that some external activity provision had ceased following the COVID-19 pandemic. The registered manager confirmed this and told us of other activities they were seeking to provide for people. We will review this at our next inspection.
- We observed people freely accessing the local community to visit local shops or café's where they were able to do so independently. One person told us of a recent group holiday and how they were looking forward to their next trip.
- People accessed the local day centre, drop ins and self-advocacy groups. People went to a weekly charity group for socialising and lunch.

End of life care and support

- Where people had chosen to express their end of life wishes this was recorded in their care plan. We raised with the registered manager that records should state where people or relatives had declined these conversations. We will review these records at our next inspection.

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

- People's care records reflected their preferences in relation to the ways they'd like to receive their care. Staff were guided as to how people wished to receive their personal care, and which areas they were able to address for themselves.
- Where people had emotional needs there was clear information for staff as to what made them happy, so that people's wellbeing was increased and they received meaningful engagement that met their 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 provider had a clear AIS policy, to inform their provisions for those with an impairment.
- Pictorial surveys were in place to support people to give feedback on the service. The provider ensured

information was available to people in other formats, such as large print.

Improving care quality in response to complaints or concerns

- The registered manager ensured that complaints were responded to and reviewed by management.
- At the time of inspection, there were no open complaints.

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.

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

- The registered manager confirmed that supervision, appraisals and the recording of medicines audits needed further attention. Following the inspection, they submitted to us evidence of the new documentation and schedules they had put in place. We were satisfied with their prompt response and will review this at our next inspection.
- The Care Quality Commission were informed of important events as they occurred. The registered manager was clear about his responsibilities and had sufficient oversight of the day to day running of the service.

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

- Relatives were positive about the registered manager and the communication they received. Comments included, "We know who to speak to as we're in quite frequent contact" and "I think Acorn is very well run".
- A professional told us, "I have dealt with the manager, who I have always found very approachable and responsive. I find him to be incredibly supportive with their [person's] wellbeing and quality of life being of paramount importance."
- Staff spoke positively of the culture of the home at the ways in which they worked as a team to meet people's needs. It was clear staff knew people well and empowered people to remain as independent as possible.
- The registered manager understood the importance of apologising when mistakes were made.

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

- Records showed that people and their relatives were asked for their views on the service and how it was run. We reviewed questionnaires that had been completed by people at the home and saw there was positive feedback.
- People were regularly consulted on their day to day preferences, menus and décor of the home through discussions with their keyworkers.

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other agencies to meet the needs of people they were supporting. They had good working relationships with the local pharmacy, mental health team and commissioning bodies.
- Where improvements were needed the registered manager welcomed feedback to develop the service.