

GT Care (Wakefield) Ltd

The Acorns

Inspection report

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Stanley
Wakefield
West Yorkshire
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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

The Acorns is a residential Care Home for up to five younger adults with learning disabilities. Care is provided in a house within a residential area. Some of the bedrooms are accessed by stairs and there is an enclosed garden.

At the last inspection, the service was rated Good.
At this inspection we found the service remained Good.

People were supported to stay safe and understood safety measures in place, such as fire procedures. People were actively encouraged to manage their own risks and be independent in their care and support. Systems were clear for managing medicines in the home and staff supported people's independence where they wished to manage their own medicines.

Staff had regular opportunities to update their skills and professional development. Staff demonstrated an understanding of the impact of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a friendly, welcoming atmosphere and people experienced good quality interactions from kind and caring staff who knew each person well. Staff were highly motivated and worked well as a team, with effective support from managers in the organisation.

Care records contained clear information covering all aspects of people's individualised care and support. People were enabled and empowered to be as independent as possible and they felt able to complain if they were unhappy about any aspect of their care.

There was a clearly defined management structure so that all staff knew their responsibilities. There was an open and transparent culture in which staff felt able to approach managers.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, and we were able to improve the rating to Good.□

The Acorns

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 19 September 2017 and was unannounced on the first day.

There was one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We gathered information before the inspection from notifications, liaising with other stakeholders and reviewing the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with all the people who used the service and with three people's relatives by telephone. We spoke with four staff, the registered manager, the provider and the management team. We observed how people were cared for, inspected the premises and reviewed care records for three people. We also reviewed documentation to show how the service was run.

Is the service safe?

Our findings

People demonstrated they felt safe. One person said, "The staff do keep us safe from bullying. I feel safe and there are a lot of alarms and the house has six cameras on the outside, CCTV. So yeah, it's definitely safe living here". Another person said, "I like living at the Acorns and feel safe there". Another person said, "This is the best care home that I've lived in, and I've lived in a few. I wish you could live here so that you could see just how good it is. I don't feel safe out there in the world, but I do feel safe in here (The Acorns). We are asked a lot to tell the staff if we have any worries, there is always someone to talk to if I feel stressed". One person who could not verbally speak with us in detail showed happy facial expressions and staff understood the non-verbal cues which might mean the person was unhappy.

One relative told us, Yes, my [family member] is definitely safe there I feel. There have always been enough staff around when I call, but I do have concerns about lower level staff turnover. The higher level staff are pretty constant, but the actual carers, I have seen quite a turnover down the time my [family member] has been there".

Another relative said, "Yes and no. Some things I agree with and some I don't. I think [my family member] is safe in general, but sometimes they don't take things into consideration."

Staff understood people's individual risks and promoted their independence and capabilities. Detail in people's care records matched what staff told us, which showed staff knew how to meet people's care needs, whilst encouraging them to manage risks safely. The safeguarding champion had responsibility for ensuring people were protected. Safeguarding and whistleblowing procedures were fully understood by staff.

Staff knew how to report accidents and incidents, with behaviour analysis records and incident reports showing staff response where people's behaviours challenged the service or others. Staff de-escalated potentially harmful situations. Records of incidents showed not all of these had been notified to the safeguarding authority or CQC as required. The provider said managing incidents was integral to their work and they did not regard some incidents as reportable, due to the nature of each person's needs. We recommend the provider reviews their systems for recording and reporting incidents to ensure there is effective monitoring in place.

Medicines management was safe. One person told us, "I think there are enough staff and I do get my meds on time." The provider had notified us of two separate medicines errors and they had taken robust action to ensure staff learned from these and had further training to prevent similar occurrences.

The provider and the staff development manager said their value based recruitment process aimed to recruit new staff with attitudes and behaviours in keeping with the values and commitments of the organisation. Staff suitability checks were carried out, such as obtaining references and Disclosure and Barring Service (DBS) checks. However, gaps in staff employment were not recorded, although the provider said they always discussed employment history.

Staffing levels ensured people received high levels of support according to their needs and were adapted where these changed.

Is the service effective?

Our findings

People told us staff had the right skills. One person said, "If I need something, there is always a member of staff to help me. They don't do it for me, they help me to do it. The staff know how to settle us if we are at a high level too. The food is great, and I don't care what anyone else says, everybody gets what they want on that (shopping) list. Within reason of what we can eat. I'm overweight, I know that I am, but everybody can ask for what they want and within reason, we get it." Another person said, "The food is alright. I get a choice of the things that I eat." Another person added, "The food is sometimes good, sometimes not, but yes, I do get a choice. If I don't like something, I can request to have something else. I get a say in the shopping we order for the week as well." Another person said, "The staff are well trained. I can talk to them, when they aren't busy and they are helpful. One relative we spoke with said, "My [family member] is supported to live the best quality of life that is possible with [their] conditions. [They] always seem very happy when I see [them], I would know if [they] weren't". Another relative said, "Some staff seem better trained than others and more able to deal with my [family member's] problems." A further relative said, "I don't have any problems with the staff. They seem to be adequately trained to carry out the jobs to help my [family member]."

Staff said they felt very supported in their work and through relevant training. The training matrix showed which staff had undertaken training and identified any further training due. New staff completed the Care Certificate, their induction was detailed and they were enthusiastic about the quality of induction and training they received which continuously highlighted the organisation's values and commitments. The provider and staff development manager explained the variety of meaningful training methods, including scenarios based upon the people staff supported, so staff could link theory to practice in a person-centred way. Staff confirmed the training was done in different formats, such as face to face, role play and DVD as well as discussions, presentations and a resource centre. Spot checks of staff practice took place and records confirmed this. The provider told us where spot checks highlighted areas to improve, training was offered if required.

Staff told us and records showed staff had engaged with their line managers in high quality, regular face to face meetings, referred to as performance and progress reviews based around the organisations values and commitments. The management team monitored staff suitability through observation and reflective discussions.

People who used the service expressed their views and made decisions about their care and support. When people could not verbally communicate effectively we saw staff accurately interpreted body language and facial expressions to ensure people's best interests were met. Consent was sought and was appropriately used to deliver care.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had an authorised DoLS in place. Staff clearly understood legislation regarding the Mental Capacity Act 2005 and how it applied in practice. Staff showed us their individual key rings which contained the principles of the MCA.

People told us or showed us they enjoyed the food at The Acorns. Some people independently accessed the kitchen to prepare their own food and drinks, whilst others were supported by staff. Staff said there was no set meal time as this was determined by each person and their individual needs. We saw one person was eating their breakfast meal at lunchtime and they said this was exactly what they had chosen to do. Staff discussed healthy lifestyles with people. The health and well-being champion completed individual health and well-being audits. One person said staff supported them to make healthy choices in their diet, but respected their right to choose whatever they wanted to eat and drink. Where people attended appointments there was a matrix for staff so these were not missed. Staff said they supported people with more complex health care decisions, such as whether to have an operation or a blood test. Staff said they helped one person become familiar with the hospital environment through visiting the hospital and engaging in a role play situation to develop their confidence.

Is the service caring?

Our findings

People and staff told us there was a caring environment at The Acorns. One person said, "The staff are caring and they listen to me." Another person said, "The staff care, yeah. I can decide on the times I get up and the times that I go to bed. They do take our ideas into account, as with food, within reason we can order what we want. The staff are always there to support me when I need them. Honestly, it's the best home I've lived in."

Staff supported people in a positive way. Staff's consistent approach ensured people were all included equally within the home. Staff spoke with people in a respectful way with friendly gestures to reinforce communication. Where people had limited verbal communication staff observed their body language and facial expressions. Staff used a variety of methods to enable people to be involved and included. For example, picture cards, photographs and the use of a tablet to write things down.

Positive caring relationships were developed through staff understanding people's needs and personalities. People's individual pen pictures illustrated their particular needs and preferences for staff to get to know them. Staff emphasised the importance of ensuring people's privacy and dignity, although we noticed on one occasion, staff spoke about one person's sensitive and confidential support needs within the hearing of another person and the other person offered their opinion. Whilst it was clear the people living at The Acorns knew one another well and close relationships had built up over time, this was not appropriate. We saw staff spoke with people respectfully and in tones of voice which showed equality and fairness.

Each person's bedroom which ensured their privacy. Rooms were personalised with people's own possessions, photographs and personal mementos. This helped to make each room personal and homely. Staff emphasised this was people's home and they showed due respect for this. Care records were person centred and it was clear people had been consulted in all aspects of their care and support. Where people needed support with decision making, they had access to independent advocacy.□

Staff we spoke with were very enthusiastic and motivated. They told us they thoroughly enjoyed working with the people they supported. One member of staff said, "It's almost not like work, I enjoy it so much" and another said, "I really feel we make a difference to people's lives". Another member of staff said, "I never come to work not looking forward to my day with people".

People's cultural and spiritual needs were acknowledged as part of the care planning process. One person who used the service attended church and local groups and another person attended the advocacy group. We found there was information in people's care and support plans about the care they might like at the end of their life, even though there were no people at this stage of their lives.

Is the service responsive?

Our findings

People we spoke with said the care provided was responsive to their needs. One person said, "The staff here are really great. They have helped me to [lead a healthier lifestyle]. If I had any problems, I would say, because that's the way I am, but I haven't had any complaints here and I would say if I had, because it's in my nature. I can't praise the staff highly enough here. They've really sorted me out. There is always someone around to talk to when I need to, they take me shopping, see, I've bought these tracky bottoms today. They are respectful of my needs. I've lived here for ten years and I'll be here for another ten years because I like it that much." Another person said, "I'm going on holiday to Lanzarote in October. I like pool, I go to the pub, I go to Huddersfield shopping, I do my drama group on Wednesdays, I also like cooking and on Thursdays I buy the ingredients and cook for those who attend day centre. I support the Wakefield Wildcats Rugby League team and I love going to the games. I also enjoy gardening at home." Another person said, "I go to bowling on Tuesdays, and I go to the Club on Thursdays."

Relatives gave mixed views. One relative said, "My [family member] can be difficult; sometimes I don't think the staff respond to [their] needs as they should." Another relative said, "Some staff are supportive of my [family member] and some aren't. I think some of them are more responsive than others. I don't mean to sound un pc, but some of the younger staff don't respect the fact that the residents are older than them." A relative told us, "I don't have any complaints. There've been no problems with my [family member's] care. [Their] room could be tidier, but that's my [family member] for you, always been that way, but [staff] are good at getting [my family member] to do things and they involve [them] in the running of the home which is good and helps a lot." Another relative said, "I am very involved in my [family member's] care plan. I do get asked to relatives meetings and things. I have had to complain occasionally but I have to say they have dealt with things satisfactorily. I don't think some staff have had the training that they need though." A further relative said, "No I've no complaints, it's a great place for [my family member] to be. [They] love it there and the length of time [they've] been there speaks volumes."

Care was very person centred with the service flexing around individual needs. People discussed their care and support on a monthly basis or more often if they wished and discussions involved people's family or others where appropriate. Support plans enabled each person to be involved and included. For example, there was pictorial information to help people to understand the contents. People were empowered to make decisions and their wishes were respected. We observed one person discussing lifestyle choices with the provider and how they planned to spend their money. The provider gave general guidance, but emphasised the person's right to make financial decisions whilst helping them consider the consequences.

Staff understood the people in the service, their preferences and personalities. Details of people's preferred activities and routines were in their individual files. We looked at three care plans individually developed for each person. These followed a logical format and were individually reflective of people's needs.

Newsletters kept people informed and people's feedback was sought both in informal and more formal ways, such as through conversations and questionnaires. People's suggestions were welcomed and valued by the service with action taken to improve the quality of care. People knew how to make a complaint if they

were unhappy about the service. Staff said they would ensure people's views were heard and they would support them to follow the complaints procedure if necessary. There was a comments, complaints and compliments policy and procedure displayed in picture format for people. People expressed confidence their complaints would be handled well.

Is the service well-led?

Our findings

The service had a registered manager who was registered with the Care Quality Commission and was new in post since the previous inspection, when there had been no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave during the first day of inspection, although the provider supported the process. We spoke with the registered manager on the second day of the inspection.

The provider was very visible and there was a wider circle of management support. This helped to create a positive, person-centred culture and demonstrated good management and leadership. People said they were involved in regular meetings and their views were valued. The provider told us, "I'm transparent. I know you will find some things wrong, but I am looking to improve all the time. Audits are important but care of the service users is far more important to me. Sometimes staff errors means boxes don't get ticked, but as long as they are caring for the service users in the correct way, we can deal with the other issues later."

One person said, "The manager is not here today, I think [they are] on holiday, but [they are] easy to talk to and we get on well." Another person said, "Yes I know the manager and I feel that I can talk to [them]." Another person added, "I do know the manager and [they're] easy to get on with." One relative we spoke with said, "Yes, the manager phones me quite often and I have good chats with [them] about [my family member's] progress. Another relative said, "The manager does try [their] best and is good.

The values and vision of the service were prominently displayed and staff told us these were integral to their role. The statement of purpose was aligned to the CQC key lines of enquiry and there was clear emphasis on the provider seeking new ways to drive improvement in the quality of care. The provider had enlisted the support of an external consultant to help assess the quality of the service and drive up standards of care, developing their vision of striving for excellence. The management team and staff were very enthusiastic and motivated to supporting people's goals and enabling them to lead purposeful lives. Staff said they felt valued and respected by the management team. The registered manager and the provider told us they would not expect staff to carry out any task they would not be willing to do themselves and staff confirmed their involvement in people's care.

There were measures in place for assessing and monitoring the quality of the service provision. For example, we saw up to date audits of finances, medicines, health and safety, environment checks, health and well being. Maintenance records for the premises were organised and available for inspection. Some parts of the premises, such as the stair carpet, were showing signs of wear and tear, although the registered manager said there was a continuous refurbishment programme.

Policies and procedures were regularly reviewed. Where relevant, such as with the whistleblowing policy, staff had relevant contact information. Staff told us policies and procedures were explained at induction

and through training. The provider had completed a detailed provider information return (PIR) which identified the strengths of the service and the areas the provider was seeking to continuously improve. Our inspection of the service found evidence of practice which matched the information contained in the PIR.