

Mrs Sarbjit Soor

Acorn Care Home

Inspection report

83 Blythswood Road
Goomayes
Ilford
Essex
IG3 8SJ

Tel: 02085971793

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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

This inspection took place on 18 December 2017 and was unannounced. At our last inspection in July 2015, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection, we found that the service continued to be rated "Good".

Acorn is a care home. People receive accommodation and personal care support 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 is registered for four people. At the time of our visit four people were using the service.

The provider of the service is an individual who is responsible for the day-to-day management of the service. Therefore they are not required to have a separate registered manager. Therefore, the provider is the registered manager of the service. 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.

People continued to receive safe care. There were enough staff to meet people's needs. Staff were appropriately recruited. Sufficient staff were available to provide care and support to meet people's needs. People were protected from the risk of harm and appropriate risk assessments were in place to provide safe care. People received their prescribed medicines from competent staff who were trained to administer medicines safely.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The policies and systems at the service support this practice. People continued to receive care and support that was responsive to their needs.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on going professional development they required to work effectively in their roles. People had access to healthcare professionals as needed and were supported to maintain good health and nutrition.

People and their relatives felt staff were kind and caring. Staff supported people to maintain their independence and respected their privacy and dignity. People were supported to take part in activities based on their own interests.

People, relatives and staff felt the service was well run and the registered manager was approachable. The registered manager worked well with other organisations to ensure people received the care and support they needed.

The registered manager had systems in place to monitor the quality of the service provided to people.

People and their representatives were able to raise concerns or complaints if they needed to and felt these were listened to and acted upon.

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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Acorn Care Home

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 checked 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 was a comprehensive inspection that was unannounced. The inspection was completed by one inspector on 18 December 2017.

Before the inspection, the provider completed a 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about.

During our inspection we spoke with four people who used the service, two relatives, two members of staff and the registered manager. We looked at two people's care plans, two staff recruitment files, staff training records and records relating to the management of the service such as quality monitoring surveys. We also looked at the environment of the service.

Is the service safe?

Our findings

People nodded when asked if they felt safe at the service. A relative told us, "Yes [person] is very safe here, we haven't encountered any problems." Another relative said "[Person] is safe here."

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received safeguarding training and knew what to do if there were any issues. They were aware of the whistleblowing policy and knew they could approach other organisations if they had any concerns about abuse. The registered manager understood their responsibility about reporting safeguarding concerns.

Risks associated with people's care needs had been assessed and staff knew how to lessen risks to ensure people's safety. For example, risk assessments were in place for medicines management, maintaining skin integrity, choking, falls, nutrition and moving and handling. These were reviewed regularly and updated as required. Environmental risk assessments covered areas such as fire precautions and action staff needed to take in an emergency. The provider also carried out regular maintenance checks such as an annual gas safety check and portable appliance test to ensure any equipment was safe to use.

The staff recruitment process was robust. It included a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer decisions and prevent unsuitable people from working with people who need support. Recruitment records also included proof of identity, two references and an application form. These checks help employers to make safe recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

People, relatives and staff told us that there were adequate numbers of staff on each shift to meet people's needs. One person said, "The staff come to help whenever I need them." We observed that staff had time to interact with people and support them in an unhurried and calm way. The staff rotas showed there were consistent numbers of staff deployed each day to meet people's needs. Staff covered each other for sickness, absence and leave. This meant people received care from a consistent group of staff they knew.

People received their medicines as prescribed from trained and competent staff. People's medicines and guidance about how to administer these were recorded in their care plan. Medicines administration records (MAR) included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. Regular medicines audits were completed by the registered manager to ensure that they were administered safely.

The home was clean and free from odour. One person told us "It is a splendid room. I have all my bits and pieces, what more could I want." Relatives told us their family members' rooms were always clean and tidy.

Staff knew how to prevent the spread of infection and were aware of hygiene practices. They were provided with gloves, aprons and hand gel to help prevent the spread of infection. They used protective clothing when carrying out personal care.

We saw accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example, one person had poor mobility and it was decided that staff should monitor and walk beside them when they mobilised. This helped to minimise the risk of falls.

Is the service effective?

Our findings

People told us they were well looked after. One person said, "It is good here. They look after me well." A relative told us, "They [staff] understand [my relative's] cultural needs and provide for [relative]. They go the extra mile, nothing is too much for them."

Before a person started to use the service, the registered manager carried out an assessment of their needs, including equality, diversity and human rights to ensure the staff could meet their needs.

People and their relatives felt that the staff had the knowledge and skills to look after them. One relative said, "They [staff] know what they are doing." The staff training matrix showed that staff had undertaken training in areas such as first aid, health and safety, infection control, food hygiene and dementia care. Some staff had completed professional qualifications in Health and Social Care Level 2. The registered manager monitored staff training to ensure that they were up to date with their knowledge and skills. Staff described the training as very good. A staff member told us, "We get very good training. It helps us do our job well."

Staff felt supported by the manager. They told us that they received regular supervision (one to one meeting with the registered manager to discuss their work or any issues they might have). New staff completed an induction and shadowed experienced staff before beginning to work on their own with people.

People were supported to maintain a healthy balanced diet and to eat well. They told us the food was very good and they enjoyed it. One person said, "The food is very nice, I enjoy it. I am watered and fed." Staff understood the importance of good nutrition and encouraged people to eat well.

Care plans identified specific dietary needs and the cook had records of these. Special diets such as those for people who were vegetarian or required a diabetic meal were catered for. We saw that the cook had information about any allergies people had as well as their likes and dislikes. All food was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs.

People were able to see health care professionals when required. The management team worked well with other health and social care services to ensure people's health needs were met. We saw from people's records that they had visits from the GP and district nurse when they were unwell. The outcome of each visit was recorded and any advice given by them was followed up.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). The staff had completed MCA and the Deprivation of Liberty Safeguards (DoLS) training. They had a good understanding of the subject and acted in accordance with this when supporting people. Assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted to the local authority and approved. Where people were not able to make certain decisions, we saw a best interest decision meeting was held involving relatives and other health care professionals.

We saw that adaptations had been made to the premises to ensure peoples' needs were met. For example, a walk-in shower room was available downstairs for people who had difficulty using a bath. A stair lift was fitted to enable easier access for people who had mobility issues.

Is the service caring?

Our findings

People and their relatives were happy with the service. One person told us "The staff are very kind and caring." Another person told us they were happy living at the home and that the manager was like their daughter and looked after them well.

We saw positive interaction between people and staff. They had built a good relationship with people and were aware of their individual needs, wishes, likes and dislikes. We noted that staff spent time in the lounge sitting and chatting with people. For example, one person who used the service took pride in dressing up and wore colourful jewellery. Staff ensured that they engaged in conversation with this person and complimented them on their clothing and jewellery which made the person laugh.

People were treated with dignity and respect. Staff told us people's privacy and dignity needs were understood and always respected. A staff member told us "We always make sure people are covered up going from the bathroom to the bedroom. We always close doors to protect privacy and give people a choice in what they do." For example "[Person] doesn't always want to have their lunch at a certain time, so we offer it a little later." They also told us about a person who preferred to spend time alone. The staff respected this and checked to make sure they were fine. This meant that people were treated with dignity and were given freedom and flexibility in their everyday lives.

During our inspection we also observed people's independence being promoted. For example, one person liked to help set the table and were encouraged to do this with supervision. The person told us they enjoyed helping out. People carried out their own personal care as much as possible with staff encouragement. The care plans included information regarding people's independence.

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief. The plans also included information about how people preferred to be supported with their personal care. Staff we spoke with were able to tell us about people's preferences and routines. A staff member told us "We treat people like our own family."

People were supported to maintain relationships with relatives and friends. Relatives commented that the staff always made them feel welcome whenever they visited and were always offered tea or coffee. They told us they could see their family member in private or in the communal areas if they wished to and that there was no restriction on visiting time. One person was supported to keep in contact with family members in New Zealand and America via 'skype'.

Confidential information such as care records was kept securely and only accessible by authorised staff. This helped to promote people's privacy.

Is the service responsive?

Our findings

People received care that met their individual needs. The provider had carried out an assessment of each person's needs to ensure that they could meet people's needs. Personalised care plans were developed with people and where appropriate their relatives so that staff knew how to meet their needs.

Relatives confirmed that they had been involved during the assessment and care planning process with the manager. People received care from staff who were aware of their individual care and support needs. One person said "It is absolutely fine here. The staff are excellent." Another person told us, "I am very happy here. They look after me well. I have no complaints."

Staff knew people well. They were aware of peoples' backgrounds and the level of care and support they needed. Care plans contained pre-admission assessments that had been carried out by the registered manager, in order to ensure the service was able to meet the person's needs before they moved in.

We found the care plans were individualised and informative. They included information such as, communication, personal care, mental health, mobility, nutrition and end of life wishes. For example, "[The person] is particular about their appearance and likes to wear jewellery." We saw that a small cabinet was purchased for them to store their jewellery and the person was able to choose their jewellery from this daily. Another person's nutrition care plan stated, "[The person] likes to have a stuffed paratha with tea at lunch time." We saw that the cook had learnt how to prepare this food item which was freshly prepared for them and served.

Care plans were reviewed and updated regularly to ensure staff met people's changing needs. Records indicated that relatives were kept informed of any changes in their family members' health and care needs. This was confirmed by relatives spoken to during our visit.

We saw that staff were encouraging and supportive to people, who were relaxed in their company. The staff knew people's preferences and encouraged them to express their views and feelings. They gave us examples about how they respected choices people made about how they dressed, what they liked to eat or what activities they wanted to participate in. For example, one person liked to have a nail manicure and was regularly taken to the nail saloon to have a manicure which they enjoyed. Another person liked to do puzzles in their own room and had brought their own table, chair and lamp from home, which they used.

People's social, cultural and recreational needs were met. We observed that staff carried out activities with people such as arm chair exercises, looking through photograph albums and chatting about these, going out for walks with staff, playing the piano and listening to music. There was a wide range of activity equipment available for people to use such as board games, reminiscence materials, arts and crafts, books and magazines.

The provider displayed information around the home which was in formats that helped people to understand. For example, a pictorial complaints procedure and information about dementia in Punjabi

(Asian language) for people who could not understand English.

A complaints procedure was in place to record concerns and the action that had been taken as a result. We checked the complaints log and found that the service had not received any complaints since our last inspection. People told us they didn't have any complaints. A relative told us, "[Person] hasn't once complained about anything. We have no complaints. The manager and staff are amazing."

Care plans contained information about people's wishes and preferences around end of life and death, for example whether they wanted to be buried or cremated. Staff had received end of life care training. They sought support from appropriate health care professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. One member of staff told us about how they had supported two people at the end of their life who wished to remain at home and that they had all worked together to make it a calm and supportive process. This meant that people and their family were supported in the last days of a person's life.

Is the service well-led?

Our findings

The provider of the service who was also the registered manager had responsibility for the day-to-day running of the home. People and their relatives felt the service was well led and spoke highly of the provider and all the staff at the home. They told us the provider was very attentive and caring. A relative told us "I cannot fault it. My [person] was a living skeleton before they came to live here. They have gained weight, are happy and content. The level of care is exceptional."

Feedback was regularly sought from people and their relatives through the use of quality surveys and by face to face contact. People and their relatives commented that they were happy with the care provided at the home. A relative commented "This is a home from home, loving, kind, respectful and fun."

The staff at the home had received many compliments from people and their families. The manager also received feedback from a company who had come to the home to check their electrical items (PAT) testing. They gave the following feedback "In our business we inspect a lot of homes. Yours is one of the nicest homes from home we have seen."

The registered manager and other members of staff completed a program of audits to ensure people's safety and welfare. These included audits about medicines, care records, infection control, environment, equipment checks and fire safety. This meant they could observe staff practice check on people's bedrooms, medication, meals, activities and care plans to ensure a continuous drive for improvement. Any actions identified through these audits were completed, such as changing the menu or updating a person's care plan when they required to be cared for in their bedroom.

We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. Regular meetings were held for people living at the home and their relatives at which they were able to participate in decision-making regarding activities and menu planning as well as provide feedback about the service.

Staff told us they felt supported by the manager who was approachable and shared information with them through team meetings and daily discussions.

One member of staff told us "It is a great home. The provider and staff are all very nice. I like working here." Another member of staff said, "I have worked here for more than 15 years. It is a very good place to work, we all work as a team." Some staff had worked at the service for a number of years and they felt valued.

Since our last inspection the provider had informed us of significant events as required by law.

The service worked in partnership with other agencies to support care provision and development such as the local authorities.