Ark Care Homes Limited

Acorn Manor

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

This unannounced inspection took place on 20 and 22 February 2018.

Acorn Manor is a residential care home for nine people, including two flats for adults with autism, learning disabilities and challenging behaviour. At the time of our inspection there were seven people living at the home.

Acorn Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Acorn Manor offered people a service which was highly personalised and took into account people's complex needs due to their autism. Staff were exceptionally skilled at working with people in the least restrictive way to promote their rights and empower them to live fulfilling lives.

The service ensured people led meaningful and fulfilled lives. This was because activities formed an extremely important part of people's lives.

The service provided safe care to people. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service.

People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their findings.

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 Manor

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 unannounced inspection took place on 20 and 22 February 2018.

The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke to three people receiving a service and seven members of staff, which included the registered manager. We also spent time in communal areas observing the interactions between people and staff.

We reviewed two people's care file, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from four relatives and one professional.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People living at the home were not able to comment directly on whether they felt safe. We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people were happy in staff presence. A relative commented: "(Relative) is very content, safe, absolutely" and "(Staff) keep (relative) safe. They really understand him. So mindful when integrating new staff."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed. Safeguarding had also been reported appropriately to both the local authority and CQC.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.

The registered manager explained that during the daytime everyone received at least one to one support. In addition, staffing levels increased dependent on what activities people had planned. At night there were two waking night staff and two staff members slept in. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff or staff from the organisation's agency would fill in to cover the shortfall, so people's needs could be met by the staff members who knew and understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they were checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Medicines recording records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

Is the service effective?

Our findings

The service continued to provide effective care. People did not comment directly on whether they thought staff were well trained. However, we observed people were happy with the staff who supported them. A relative commented: "The staff are so skilled. They adjust to people's needs. Their level of understanding is great. (Relative's) behaviour has improved."

Staff knew how to respond to specific health and social care needs. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical or mental health.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, psychiatrist and social worker. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff had completed an induction in line with the Care Certificate when they started work at the service. The Care Certificate sets a minimum standard that should be covered as part of induction training of new care workers. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), behaviour management, autism awareness and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. Staff commented: "The training and support is very good."

In addition, the organisation have developed incident report writing training for staff. Manager's have made a DVD of an incident which was used during the training for staff to watch and then write up. The long-term aim was to offer the DVD to other providers for their staff team training. This demonstrated innovative and proactive practice, recognising how to provide staff with bespoke training to enhance their skills in their daily work.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported when it came to their professional development.

Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

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's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for suitability of placement. This demonstrated that staff worked in accordance with the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. Seven people had authorised DoLS in place at the time of our inspection.

People were supported to maintain a balanced diet. One person commented: "Nice lunch." People were actively involved in choosing the menu with staff support to meet their individual preferences. People had preferred meals documented, which also helped inform the menu. A staff member commented: "People are involved in choosing the menu. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored on a consistent basis to ensure their general well-being.

People's individual needs were met by the adaptation, design and decoration of the premises. The home was set over two floors. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Two people had their own self contained flats in order to meet their own specific needs.

Good

Is the service caring?

Our findings

The service continued to be caring. We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. One person commented: "Staff are good." Relatives commented: "The staff are very caring"; "Great team, genuinely care, wonderful staff" and "One and all, the staff are fantastic. I cannot praise them enough. When I visit, it feels like I am visiting family. So glad (relative) is at Acorn Manor, excellent staff."

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. One person commented: "Like living here." Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection.
Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them; this provided them with reassurance.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, using pictures and symbols when planning people's days.

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. Staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about

things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general wellbeing.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people living at Acorn Manor and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

The service had received several written compliments. These included: 'For all the staff at Acorn Manor old and new, a million thanks for the level of care and kindness you show everyday'; 'I can't thank you enough for all the kindness you show (relative)'; 'I am so admiring of the way (relative) has such good experience with you and how happy he is' and 'I could not be happier about (relative) placement at Acorn Manor. Or is in fact, not a placement but his much loved home and I have every confidence that all his needs are fully met.'

Good

Is the service responsive?

Our findings

Acorn Manor offered people a service which was highly personalised and took into account people's complex needs due to their autism. Staff were exceptionally skilled at working with people in the least restrictive way to promote their rights and empower them to live fulfilling lives.

Activities formed an extremely important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, arts and crafts, swimming, forest school, meals out and holidays to places such as Euro Disney. Relatives commented: "They (staff) go above and beyond. Last year they arranged (relative's) 30th birthday party in the grounds of Acorn Manor. We are a big family and all attended. It was smashing. They (staff) also bring (relative) to visit once a month and we always go for a meal in the local pub" and "(Relative) is always busy, out all the time."

People's care and support was planned proactively in partnership with them. The service used a number of innovative ways to achieve this. Where people needed additional time to process information or different mediums to help them understand what was being asked, staff used social stories to help prepare people. A social story might include simple words, pictures and symbols to assist a person to understand. For some people, going out to new activities raised their level of anxiety, but with support and innovative strategies they were enabled to try new things. For example, where there was an activity that required several steps such as swimming, a social story was used to prepare them and alleviate their anxieties.

One person's life had also been enhanced since moving to Acorn Manor as they now attended forest school and did not need staff to be in close proximity whilst there, enabling a sense of freedom. They engaged in making fires, chopping wood, cooking on a camp fire and working with animals to name but a few skills. The person's relative commented: "It has been excellent for (relative). He's doing things which I never thought possible. The staff are absolutely marvellous."

In 2012, the registered manager approached a local nightclub to see whether they could facilitate a disco for people with a learning disability. They thoroughly risk assessed the venue ensuring access to disabled toilets and the need for a ramp onto the dance floor. Now, some years on, the disco remained successful and was attended by 100 to 150 people in the local area each month. A person with a learning disability was also the disc jockey. This had been great for the community and enabled people to meet others and forge meaningful relationships.

People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family. One person had been supported through a very difficult time in their life with the loss of their mother. Staff ensured they regularly supported them to visit her in the hospice leading up to her death. They now had a memorial area in the garden to visit when they chose and at significant times throughout the year. Another person was supported last year to travel to Scotland for a family member's wedding, this was well-planned and took into account their complex needs when in social settings.

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. A staff member commented: "We work well as a team and ensure a relaxed atmosphere."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular basis and at key worker meetings. Relatives were also made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff said, "We work as a team" and "(Registered manager) encourages us to be open about anything which is bothering us." Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change. Relatives commented: "Acorn Manor is very well run. (Registered manager) always keeps in touch"; "(Registered manager) is fantastic. Always open to ideas" and "I have no complaints. I am so glad (relative) is at Acorn Manor." A professional commented: "I can say I found the (registered manager) to be excellent, having a real understanding of the person's needs, working positively with them and their family. (Registered manager) always kept me up to date via emails/phone calls. Information was readily available at reviews. The staff team were always helpful and welcoming."

People's views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues and the registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. In addition, surveys had been completed by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. The registered manager was also in regular contact with families, via phone calls and visits. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Acorn Manor.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and psychiatrist. Regular medical reviews took place to ensure people's current and changing needs were being met.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health

and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed.

The registered manager had notified CQC appropriately. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

The service took people's confidentiality seriously. Care records and other confidential information were stored in locked cabinets in the offices.