Care Quality Commission

Acorn Care Services Limited

Acorn Care Services

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 announced inspection took place on the 7, 8, 9 and 12 December 2016. Acorn Care Services provides a personal care service to people who live in their own homes in the community. At the time of our inspection the service was supporting 25 people.

There was a registered manager in post at the time of our inspection. 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 received care from staff that were kind and friendly, committed to providing the care and support people wanted to enable them to stay in their own homes. Staff had the skills and knowledge to provide the care and support people needed and were supported by a registered manager and care manager who were receptive to ideas and committed to providing a high standard of care.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. People told us that they felt cared for safely in their own home. Risks had been assessed and systems were put in place to mitigate any risk.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist the care staff to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity and respect.

Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005 and ensured that whenever they could people consented to their everyday care needs.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

The registered manager was approachable and continually monitored the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good

The service was caring.

People were cared for and supported by a staff team who were described as kind and friendly and committed to providing the best care and support as possible.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was

protected and promoted.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Staff were flexible in the length of time given at each visit to meet the needs of people who used the service.

People using the service and their relatives knew how to raise a concern or
make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager who was committed to leading a service which supported people to live in their own home for as long as it was safe to do so.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

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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 announced inspection took place on 7, 8, 9, and 12 December 2016 and was undertaken by one 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. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and previous inspection reports before the inspection along with the results of questionnaires we sent to people using the service. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we met with two people who used the service and two relatives. We also spoke to four people and eight relatives by telephone. We spoke to four care staff, an office manager, a care manager and the registered manager and provider.

We reviewed the care records of four people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People told us they felt safe with the staff that came into their home and families confirmed this. One person said "I feel very safe with all the staff." Another person said "My carers are very nice; I'm treated very well". One of the relatives we spoke to commented "I feel that [relative] is very safe with them [the staff] and it helps that they see the same person all the time." Staff told us that if they had any concerns they would report it straight away to the care manager or the registered manager. Staff had confidence that appropriate action would be taken. We saw from staff records that all staff had received safeguarding training and that this was refreshed on a regular basis. The staff were supported by an up to date safeguarding procedure and were aware they could contact the local safeguarding team or Care Quality Commission.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people who had been assessed as at risk of falling had a risk assessment in place which gave details to the staff as to how to mitigate the risks of falling and the equipment people had to help them. There were also risk assessments in place for people who had difficulties with their mobility and required a hoist to support them to get up. The care manager reviewed the care plans regularly and staff told us that if they had any concerns the care manager would visit and revise the plans and risk assessments.

People's medicines were safely managed. Detailed care plans and risk assessments were in place when people needed staff support to manage their medicines. One person told us "They [the staff] always prompt me to take my medication". A relative told us "[Relative] would never take their medicines but that's not a problem now". Staff told us that they were trained in the administration of medicines and that their competency was tested. Staff records confirmed that staff had received training in the administration of medicines and that the care manager undertook regular competency tests of the staff. We observed that medicines were stored securely and that medicine administration record sheets had been correctly completed. There was information available which detailed what medicines people were prescribed. The staff told us if they had any concerns or questions they spoke to the care manager who responded promptly.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Acorn Care Services.

People told us that they felt there was a sufficient number of staff to meet their needs. People said that staff usually arrived on time and did not rush them. One person told us "They are always on time and never leave early". Another person said "They have never not turned up". The registered manager explained that the staff rota was based around the needs of the people and the geographical area people lived in to take account of the travel time between calls. The agency only took on new people if they had sufficient resources available to meet the care and support required. Staff confirmed they had regular people they cared for and that travel time was kept to a minimum.

Good

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were happy with the staff and felt they had the skills and training to meet their individual needs. A relative told us "They provide support but it's about maintaining [relative's name] independence; they have really helped their rehabilitation." Another person commented "They always do what they are supposed to do and do it well."

We saw from staff records that all staff had undertaken a comprehensive programme of training which was regularly refreshed. One of the staff we spoke to told us "I have done a lot of training and if you don't understand something you just have to ask; [name of care manager] is very good and will always come out and help if there is better way to do things." When staff first started to work for the agency they undertook a thorough induction programme which included manual handling, health and safety, safeguarding and administration of medicines. One member staff said "Once I had done the office based training I shadowed an experienced carer and then [name of registered manager] checked with me as to if I felt okay to work on my own." All new staff were expected to undertake the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt well supported and valued in their roles. Staff told us and we saw from staff records that they all received regular supervision and had had appraisals. We also saw that the care manager undertook 'direct observations' which meant they went out, unannounced, to people's homes and observed the staff undertaking their work. The observations were recorded and any further feedback for the care staff would be undertaken during supervision if need be. One member of staff told us "[Name of care manager] comes out, doesn't tell us and observes what we are doing; it's good to make sure we are doing things properly. The care manager also delivered the care to people which all the staff we spoke to welcomed because they felt it helped them as the care manager could understand some of the issues they may have with supporting some of the people. The care manager told us they liked to be hands on to be able to offer the level of support the staff needed at times.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware that, if a person had been assessed as lacking the capacity to give their consent, the service would ensure that appropriate steps would be taken legally to identify someone to act in their best interests. At the time of our inspection the majority people using the service were able to give their consent and were actively involved in their care plan; where it had been identified that someone lacked capacity appropriate actions had been taken. One of the relatives we spoke to told us "I have Power of Attorney and they are excellent at

communication; they make sure I'm in the know about everything."

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. One person told us "They always make me my breakfast; it's always very nice."

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist. We saw from one record that when there was a concern raised about someone's mobility the care manager had arranged for a visit from an occupational therapist. One person told us "[Name of care staff] could see I was very unwell and sat with me whilst I contacted the GP; they then rang my relative to ask them to come to make sure I was not on my own waiting for the GP to come; [care manager] later rang to see if all was okay." Another person told us "They provide an excellent service; we needed help with [name of relative] catheter and they called a nurse for us and then kept checking with us until she had arrived".

Good

Is the service caring?

Our findings

People and their families told us how happy and pleased they were with the care they got from the agency. People described the carers as friendly and kind. One person said "They're [Staff] all very kind and very gentle." Another person said "Very professional and caring." One relative commented "They are all absolutely perfect; they are like friends who bring fun." Another relative told us "We are absolutely happy with the care [relative] gets; they really care about [relative]." Several people and their relatives all said they would be happy to recommend Acorn Care Services and some had.

People were encouraged to express their views and to make their own choices. People confirmed that staff gave them choices in everything they did, for example what they wanted to wear if they were unable to get their clothes themselves, the food they ate and what support they received with their personal care. Staff responded to people's requests and ensured people were happy with the support they were offered. A relative told us "They allow [relative] to have some independence and this means that it can take longer as they never rush them."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. One person said "They always ask me what I need doing and offer to do other things for me." A relative told us "They recognise individual needs." Staff spoke to us about being able to provide continuity of care and having the opportunity of getting to know people well; they explained that they supported a regular set of people but as they were a fairly small agency they did get to meet all the people which helped when they had to cover for anyone on leave. The registered manager explained they tried to keep staff with the same people but also ensured that the people got to know all the staff should they need to cover. We could see from the way both the people and staff spoke that everyone looked upon each other as family and were committed to providing the best care and support as possible. One member of staff commented "I treat people as I would want my mum to be treated."

People told us that they were treated with respect and that their dignity was protected. One relative told us "They're very polite to [relative] and treat them with respect." Another relative said "Very caring member of staff, they maintain [relative's] dignity and let them have some independence when carrying out personal hygiene." Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. One person told us "The staff never talk about anyone else they help; I am happy they would not speak about me."

The majority of people receiving personal care were able to express their wishes or had families who could support them and were involved with their care plans. We spoke to the registered manager about what support was available should a person not be able to represent themselves or had no family to help them. The manager explained that if that situation did arise they would support the person to get an advocate. At

the time of the inspection no one had needed the support of an advocate but there was information available should they need it.

Good

Is the service responsive?

Our findings

People and their families, where appropriate, met with the care manager before they received a personal care service. This gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines and what support they needed. One person told us "The initial assessment was really good and very individual". The information gathered was then used to develop an individual care plan for people. If the provider was unable to meet those requirements then the service was not offered. This ensured that people's needs were consistently and effectively met.

The care plans detailed what people wanted and when they wanted support. They were regularly reviewed and updated and we saw that if a person needed to make changes this was accommodated; for example one person told us they needed to make a change to the time of a visit due to needing to attend an appointment; the care manager made the necessary change and ensured the person was appropriately supported.

The care manager initially delivered the care which enabled them to fully brief the care staff as to the support needed and how it should be delivered. The staff told us how helpful it was to have the care manager delivering the care and it made it easier to be able to talk things through with them if any adjustments needed to be made as the care manager had first-hand knowledge of the person. Daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. One person told us "They [staff] record everything about the visit and their notes are very accurate". Staff told us that they would report any concerns or issues to the care manager and that they spoke regularly so that everyone was kept up to date.

Staff were aware of people's cultural needs and explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans. At the time of the inspection there was no one who had any specific cultural needs. The information in the care plans ensured that staff were aware of people's past history, any hobbies or interests they may have or had. Staff were able to tell us about the individual people they supported and spoke fondly of people; for example one member of staff told us about someone's love of cats and birds and how they as carers needed to make sure they fed the cats and left food out for the birds.

People and their families were given information about what do if they had a complaint or needed to speak to someone about the service. The registered manager had ensured that there was always someone people could contact. People told us that they would speak to the registered manager or any of the staff if they had a complaint and knew someone was available at any time. One relative told us "They have always dealt with any issues straightaway." Another told us "I have had no issues but I have confidence that any issues would be immediately dealt with". We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to but that there had not been any in over twelve months.

Good

Is the service well-led?

Our findings

People benefited from receiving care from a team of people who were committed to providing the best possible care and support they could which was consistent and could be relied upon.

There was a 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 approachable and was passionate about providing the best possible care to people; they provided a 24 hour on-call service for people.

The registered manager ensured that regular 'direct observations' of the staff were undertaken by the care manager to ensure that all staff were delivering the care as required as detailed in the individual care plans. This also gave the care manager an opportunity to gather feedback about the service which was used to continually improve and develop the service.

Feedback questionnaires were sent out to people and their families. We saw from a survey undertaken in 2015/16 that there was a 100% satisfaction rate with the service. Some of the comments we read from people included 'All the staff are first class, very caring and very friendly; all doing a 'grand' job.' 'Cheerful and interested in what I have been doing and encouraging; grateful for their help.' 'No hesitation in recommending them.'

We could see from speaking to people, their relatives and staff that Acorn Care Service delivered on its commitment which was 'To provide a service tailored to meet individual service user requirements, enabling people to remain at home with appropriate support.' One person told us "This is an old fashioned type of company with proper values; they actually care about the person needing care".

Staff felt listened to and were in regular contact with the care manager and registered manager. Staff told us that they were involved with the development of people's care plans. One member of staff told us "[Name of care manager] does the initial care plan and discusses it with us before we go into someone; we can then feedback if we need to make any changes; [name of care manager] always comes out if we need them and has a really good understanding of things." One member of staff told us "We all work well together as a team and learn from each other; we treat people like our family."

The registered manager had ensured that there were up to date policy and procedures to support the staff. These included safeguarding, health and safety and whistle- blowing. Staff knew how to access the procedures if they needed to. Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were kept. Training records showed that new staff had completed their induction and all staff were up to date with their training. Staff were encouraged to undertake further training and qualifications.