

Acorn to Oak Homecare Limited

Acorn to Oak Homecare

Inspection report

Unit 28 SBC, Olympus Park
Quedgeley
Gloucester
GL2 4AL

Tel: 07565791160

Website: www.a2ohomecare.com

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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

About the service: Acorn to Oak Homecare is a domiciliary care service. There were 48 people receiving the regulated activity of 'personal care' from Acorn to Oak Homecare at the time of the inspection.

People's experience of using this service:

- There was a person-centred culture that was driven by a motivated and committed provider and registered manager. This motivation resulted in a stable staff team who were supportive and committed to providing consistent, good quality, individualised care and people received a caring service.
- Staff ensured people's care needs and personal wellbeing was at the heart of this service. Staff provided care and worked creatively to ensure people's religious needs were met and facilitated a sense of community to protect people from becoming isolated.
- People and their relatives told us staff treated people like family. They felt their views were listened to and they were part of a service that cared for them and acted on their views.
- Staff had good relationships with people and knew them well. People told us they were happy with the staff who supported them.
- People received their medicines as prescribed and medicines were managed safely.
- Care plans were person centred and included people's personal preferences. This meant people received a service which was tailored to their individual needs.
- There was an open culture where staff and people told us they felt they could raise any concerns that they wanted to.
- People, relatives and staff told us the service was well-led. The registered manager was a visible presence and knew people and their relatives well.
- People's feedback was encouraged and used to shape the service. Systems were in place to monitor and improve quality in the service.

The service met the characteristics of Good overall.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: This was the first time the service has been inspected since their registration with the CQC on 10 April 2018.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Acorn to Oak Homecare

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for people with physical disabilities and people with dementia.

Service and service type:

Acorn to Oak Homecare is a domiciliary care service. This service provides personal care to people living in their own houses and flats. Not everyone using Acorn to Oak Homecare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced inspection and the service was given 48 hours' notice. This was to ensure people and staff were available for us to speak with. The inspection took place on 10 April 2019.

What we did:

We reviewed information we had received about the service since it was registered with CQC. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with 10 people using the service and nine relatives. We spoke with four members of staff, the registered manager and a representative of the provider. We reviewed five people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe. One person said, "I feel very safe here around the staff who support me."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed. Where people were refusing care and self-neglecting, staff and management were aware of their responsibilities to share these concerns with other health and social care professionals such as people's social workers.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and care plans provided clear guidance for staff on how to reduce the risk of harm to people. Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. One person was at risk of choking. Their risk assessment contained clear guidelines for staff on how to support them to eat safely.
- The staff we spoke with understood people's risks and how to support them. This included risks in relation to pressure sores, falls and choking.
- People had environmental risk assessments of their homes to minimise risk to themselves and staff visiting the property.

Staffing and recruitment

- Safe recruitment processes were followed. Checks had been completed to ensure appropriate staff were employed at the service.
- There were sufficient numbers of staff working in the service. Staffing levels were calculated according to people's needs.
- People were supported by a consistent team of staff that knew their needs well. One person said, "I have regular carers and know them well."
- The registered manager told us that plans were in place to ensure if an emergency or a major, unplanned incident was to occur this will be managed with the least disruption to people's care. These ensured people received their care as planned; including in severe weather.
- The service used the local authority's electronic call monitoring system to monitor that people received their care as agreed. At the time of the inspection, we did not see evidence of any missed calls. The registered manager told us that if staff were going to be late, people would receive a phone call notifying them of this.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to maintain their knowledge and skills.
- Medicines were administered safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed; including medicines prescribed on an 'as and when required' basis (PRN).
- Where people were supported with medicines, they had a medicine care plan in place. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Regular medicines audits were completed to ensure any shortfalls in medicine administration were being promptly identified and addressed.

Preventing and controlling infection

- Staff had received training around infection control practices .
- Staff had access to personal protective equipment such as aprons and gloves to prevent cross infection.

Learning lessons when things go wrong

- Processes were in place to ensure appropriate action was taken when things went wrong. The provider had a process to learn from incidents and ensure these were used in a positive way to improve the service. For example, the registered manager told us how they would use staff supervision and team meetings for reflective work to enable staff learning and development following any incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "The staff know what they are doing." One relative said, "The staff are well trained and are good at their job."

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

- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately and based on current best practice.
- The provider and registered manager ensured people received care and support which was current and effective. For example, staff had been trained in dementia care.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records .

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA, and moving and handling.
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. Staff told us they had received a good induction which had prepared them well for their role and could request additional training if required.
- Staff felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff spent time with people to discuss what they would like to eat and developed a menu for the week.
- Where people had specific dietary needs such as a soft diet, staff ensured these needs were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. Staff arranged medical appointments for people and supported them during these appointments.
- Care records evidenced that people had been referred to healthcare professionals when a need arose. Advice given by healthcare professionals, including Occupational Therapists and the GP, was acted upon and included in people's care records.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people receive care at home, any such application to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- Staff had received training and were knowledgeable about the principles of the MCA. People told us staff asked for permission before providing support. Prior to the inspection, the registered manager had contacted the people using the service to ask them if they were happy to speak with us.
- The service obtained consent to care and treatment in line with legislation and guidance. For people who lacked mental capacity to consent, written records showed mental capacity assessments and best interest decisions had been completed and documented to comply with legislation. For example, in relation to personal care, medicines and activities.
- Care was delivered to people in the least restrictive way. At the time of the inspection, nobody receiving a service from Acorn to Oak Homecare was subject to a Court of Protection order.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a caring culture throughout the service. Without exception everything the service did was to enhance the lives of the people. Staff worked hard to enhance the lives of people who used the service. Staff supported people with kindness and compassion.
- People told us staff were kind and caring towards them and went over and above what was expected of them. One person said, ""Yes, the carers are very nice to me. All very lovely. Really like friends and family but professional. I look forward to them coming". Another person said, "They (staff) are fantastic, very kind and cheerful." The relatives we spoke with described the staff as being excellent, kind and caring towards their loved ones.
- Staff and the registered manager ensured people's religious needs were met. One person told us how the registered manager and staff had worked closely with them and their family to change their call times during their holy month to accommodate their fasting routines. Staff had spent time learning about the person's religious beliefs to ensure the care they provided was person centred and respected the person's religious beliefs.
- For another person, the service had been commissioned to provide end of life care at short notice. It quickly became apparent that the commissioned call times were not enough. However, staff stayed with the person for as long as required to ensure their care needs were met, they were not alone and were able to receive care at home at the end of their life as they had wished.

Respecting and promoting people's privacy, dignity and independence

- The service had developed a community ethos and social network to connect its client group who were spread across Gloucestershire. The registered manager told us this was so that people could build new friendships and minimise social isolation. The registered manager said, "Being a domiciliary care agency should not be a barrier to developing a community feel amongst the people who use our service." The service offered coffee mornings and days out which were all free of charge to encourage people to socialise and engage in activities to aid their well-being. People told us this had a significant impact on their sense of well-being. One person had not been out of their home for several years and had very little social interaction. They had been supported to attend coffee mornings at the main office and a trip to Weston Super Mare which improved their low mood and made them feel connected to others.
- Staff were respectful and ensured people's dignity and privacy was maintained. Staff told us they ensured doors and curtains were closed when carrying out personal care.

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

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.

- The staff we spoke with us told us how they would include people in taking control of their care. This included asking people about their lunch preferences or their preferences in relation to their personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was consistently delivered with consideration of people's individual needs whilst encouraging their independence. People's care plans reflected their current needs and preferences. It was evident from our conversations with staff that they understood people's preferences and routines. For example, staff could describe at length different people's varying preferences for how they would like their personal care to be delivered.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). 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.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed at the service and also placed in people's files in their own home
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately.
- We saw that where complaints had been made, learning had been taken from these and improvements made to the service. The service had received four complaints which had been resolved to a satisfactory outcome.

End of life care and support

- Nobody receiving a service from Acorn to Oak Homecare was receiving end of life care at the time of the inspection.
- Staff had received training around providing end of life care and support. Where required, the service would also request support from other health professionals such as people's GP.
- We discussed with the provider and registered manager how they ensured people's preferences and choices about their end of life care would be followed. The registered manager told us that where required, end of life care plans would be developed with people. The service had recently supported one person with end of life care. Their end of life care plan had taken their needs and preferences into account to ensure they received personalised care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took into consideration their preferences.
- The provider had a set of core values which were displayed at the main office and available in people's care files. Staff we spoke with were aware of the values and said that they shared them. The service had a vision and strategy for the future development. For example, the service were planning to introduce electronic care planning to enable them to provide a more timely and responsive service to people. All of the staff we spoke with were aware of the vision and said that they felt enabled to contribute to it.
- The leadership for the service was the responsibility of the registered manager. Staff were positive about the leadership of the service, whom they described as 'excellent' and 'fantastic'. They felt supported and felt able to raise issues with management.
- Relatives described the leadership as being open and felt managers shared information with them as required.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The registered manager could explain duty of candour and understood their responsibility to be open and honest with people and their family when something had gone wrong. They had not had to apply duty of candour to date, but policies were in place to ensure the requirements of the duty of candour were fulfilled if the need arose.

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

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.

Quality assurance processes were in place. This included regular audits of complaints, accidents and incidents, care plans, environmental issues, medication and records. Actions arising from these audits fed into annual improvement plans. Following an audit of the complaints, it was identified that the complaints process was not always visible or easy to understand. As a result, this was reviewed to make it more accessible for people.

- The registered manager and provider met every week to review any accidents and incidents. The registered manager told us this enabled them to take immediate action to safeguard people and also identify any themes and trends across the service. It was evident from looking at these records that where issues had been identified, prompt action had been taken. When it was identified that one person was suffering a number of falls; the service made a referral to the appropriate health professional to support the person to minimise the risk of future falls.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and, continuous learning and improving care

- The service had implemented an annual survey to enable people to provide feedback relating to their care. The feedback from these surveys were positive.
- Regular staff meetings took place. We saw the minutes of these which showed staff were encouraged and able to speak up and contribute to discussions.

Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.
- The service was a member of the Gloucestershire Care Providers Association. This enabled them to network with other services and professionals to ensure they were providing the best possible care to people using the service which was in line with current best practice.