Review of compliance

Ark Care Homes Limited Acorn Manor	
Region:	South West
Location address:	Raleigh Hill Heywood Road Bideford Devon EX39 3PG
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	Acorn Manor is an 8 bedded residential care home including two independent flats for adults with autism, learning disabilities and challenging behaviour.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Acorn Manor was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 December 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out a review with an inspection to Acorn Manor on 20 December 2011 and we looked at the key outcomes 1, 4, 7, 13 and 16. The purpose of this review was to check compliance in these key outcome groups for people currently living in the home.

We looked at the records of two people in detail; and where possible we spoke to the individual and or their carer. Some people have communication difficulties, so we spent time observing how their needs are met. We also spoke to a professional about people's experiences of care and support at Acorn Manor.

People were treated as individuals in a respectful way, for example we were told "this is the only place I've lived where I have choice". Acorn Manor was well set up to help people with limited verbal skills to communicate in different ways through pictures and facial gestures for example.

People were supported to be actively involved in the community where they lived and lead busy lives.

Professionals said that Acorn Manor was a well run home, where people had a very good quality of life and their health had improved.

What we found about the standards we reviewed and how well Acorn

Manor was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views are taken into account so that their independence is consistently promoted.

Overall, we found that Acorn Manor was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experience person centred care because there is clear guidance for care workers to follow about managing risks and individual needs.

Overall, we found that Acorn Manor was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People are protected from potential abuse because the provider has ensured that care workers follow robust policies and procedures.

Overall, we found that Acorn Manor was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People's needs are met because of high staffing levels.

Overall we found that Acorn Manor meets this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Acorn Manor has systems in place to assess the quality of the service including consultation with people who use the service. Internal audits are robust, which means that necessary improvements service are recognised and addressed.

We found that Acorn Manor was meeting this essential standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We carried out an unannounced inspection to Acorn Manor on 20 December 2011.

Care workers treated people with dignity and respect in daily living tasks and listened to people interacting with them in a respectful and encouraging way. For example, a person told us that they choose how to spend their time and had taken the lead in choosing the decor and furnishings in their room. This demonstrated that people were able to make decisions about their daily lives.

We spoke to a care worker who was giving 1:1 support to this person. The care worker was able to give a good picture of the individual's needs as had been described by the person. We looked at duty rosters and saw that this person had had two named care workers every day, which had been funded by the placing authority.

We looked at the individual's care file and found that there was detailed information about the person that had been obtained including people that were important to them and interests they had. This person told us that they liked music and reading and was working on life skills. This information was also outlined in the person's care plan, which was in easy read words making it accessible to that person.

We looked at another care file for a person we had spoken to and found that the level of information about that person was detailed and provided clear guidance for care workers about how the person's needs should be met. For example, this included information about the route the person liked to walk. We met the person in the afternoon and they told us that they had been on a "nice walk" that corresponded with the route we had seen in the care file. The care worker offered the person "a late lunch" and choice about what they would like to eat. This means that people experienced consistent person centred care and support because their needs, choices and preferences were clearly recorded.

We saw that when care workers approached people, they did so in a respectful way. A care worker told us that people living at Acorn Manor have a high level of support and the team understood that could be "intrusive" and gave an example of changes that had been made for a person so that they had more privacy. We saw a care worker knocked on a person's bedroom door before entering. This means people's privacy was respected.

Other evidence
We looked at two files and saw that risk assessments were detailed and contained sufficient information for care workers to know whether a person was able to make an informed choice or not about issues that may have affected them.

We spoke to the manager about their understanding of deprivation of liberty safeguards. They showed us written evidence of advice taken from the local safeguarding board team about a particular person's needs. This demonstrated that the manager has a good understanding of procedures and protects people's rights.

We also spoke to two care workers about recent training they had been given covering people's rights and the mental capacity act. Both gave good examples showing how they had applied this knowledge when delivering care to people living in the home. This demonstrated that people's rights were respected.

Our judgement
People's views are taken into account so that their independence is consistently promoted.

Overall, we found that Acorn Manor was meeting this essential standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People we spoke to said that they were having their care, treatment and support needs met. To illustrate this we looked closely at the experiences of a person with physical disabilities. We saw records demonstrating that risks had been identified regarding this person's ability to walk. We read entries showing that the person's GP had examined the person resulting in treatment and temporary limiting of exercise. The person told us that they were resting and getting good support from care workers. Similarly, we saw that this person's healthcare needs were being monitored regularly by the medical centre. The team at Acorn Manor demonstrated through records that foot care for example was being done so that identified risks associated with illness were minimised for that person.

We closely observed people's experiences throughout the day. Care workers engaged well with people, with good eye contact and a sense of warmth and understanding about individual needs and interests. Care workers anticipated people's needs, for example we saw a person's self esteem and confidence being promoted as we spoke to them. This was done in a positive and encouraging way demonstrating that people's dignity and independence was maintained.

We saw one person getting ready to go out for a seven mile walk. A care worker told us that they also had to ensure that the person had a 'going out bag', containing emergency equipment including medication that they might need if the person had an epileptic seizure. We looked at a risk assessment and checklist that had been completed showing that the care worker had prepared this and was clear about what

the potential risks might be whilst out. Therefore, known risks for people have been managed in a safe way.

A professional told us that they have complete confidence in the way people's care is managed at Acorn Manor. For example, we were told that there is good communication about changes in behaviour that may indicate other physical health problems. We also saw evidence of this in the records we looked at. Therefore, people's health needs have been well managed.

We asked people about how they spent time to maintain their sense of well-being. Each person had an individualised programme of activities, with 1:1 or 2:1 time with care worker's to achieve this. We looked at duty rosters and saw that these were person centred; against each person's name was a care worker so that the individual had 1:1 and sometimes 2:1 support.

People's interests and hobbies had been promoted. For example, one person is an avid football supporter, had a season ticket for a local football team and was attending matches with a care worker.

Other evidence

We looked at two care files. The quality and detail about individual needs in care plans provided care workers with a lot of information about the person and how to meet their needs. The plans gave clear instructions about the sorts of triggers people may have to cause them distress and therefore present with behaviour that may challenge. We saw that plans covered physical, mental, social and emotional needs, including diverse needs. All of the care files had been reviewed regularly and the information about people reflected what each individual had told us or what we saw when we met them. For example, we saw that a 'communication passport' had been compiled with one person. This gave clear information about how the person communicated and how to read their emotions by their facial expression and gestures.

A care worker told us that the organisation had provided a lot of training that helped them look after the people living at Acorn Manor. For example, they had recently done a half-day training about 'communication passports' and 'sensory awareness profiles'.

We spoke to four care workers about how they monitored people's changing health and welfare needs. All of the care workers demonstrated that they understood when to involve other healthcare professionals. For example, we discussed the needs of a person who was vulnerable in the community and always needed 2:1 support when going out. In the person's file we saw that there was a good risk assessment, with clear instructions about how the person would be enabled to go out. This person told us that they enjoyed going out for walks when they were up to it.

We saw how care workers skilfully reinforced appropriate interactions with visitors to the home. We spoke to care workers about how they manage incidents of challenging behaviour. All of the care workers explained that they tried to diffuse the situation in a calm way, respecting the person and listening to them. From records we saw that debriefing sessions are held, which had been used to learn and reflect on what went well and what might be improved in the event of another incident with the person.

Our judgement
People experience person centred care because there is clear guidance for care workers to follow about managing risks and individual needs.

Overall, we found that Acorn Manor was meeting this essential standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
During our visit, we asked people if they feel safe and whether concerns have been followed up, if they had any. People told us that they felt safe. This was illustrated by one person who said "This is the best place I have ever lived in". This meant that people felt comfortable with the care workers and could rely on them.

We saw that care workers were very skilled, kind and caring towards people. For example, we saw one care worker skilfully diffuse a situation that might have developed further causing injury to that person.

A professional told us that they were confident that all care workers had the right skills and experience to meet the needs of people with complex needs. Therefore, people have experienced well co-ordinated care and support.

Other evidence
We looked at notification information sent to us by the provider, which we have regularly received. The manager told us about advice they had sought regarding a potential deprivation of liberty situation. We discussed this with the manager and looked at records showing the advice received. We told the manager that we should have been notified about this. However, the records demonstrated that deprivation of liberty safeguards had been understood and advice had been sought to ensure that a person's rights were protected.

We spoke to three care workers and asked them if they knew the types of abuse and

how to report such concerns. All the care workers we spoke to gave examples demonstrating that they understood what may constitute abusive behaviour and said that they would report the matter to the provider. The care workers told us that they had recently done a safeguarding update covering the Mental Capacity Act. Therefore, care workers knew how to recognise and report potential abuse so that people were protected.

Our judgement
People are protected from potential abuse because the provider has ensured that care workers follow robust policies and procedures.

Overall, we found that Acorn Manor was meeting this essential standard.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People that we met during the inspection did not tell us anything specifically about staffing levels in the home.

We looked at two duty rosters and discussed these with care workers. We saw that the approach was on individualised care and support, treating people with respect and supporting them in the least restrictive way. For example, we looked at the experiences of one person and saw from the duty roster that they had 2:1 support every day. We saw that care workers were discreet and careful not to make this too intrusive for the person.

We saw that activities which people were doing were well coordinated and that they had the level of support outlined in risk assessments and care plans.

Other evidence
We spoke to five care workers who said that they feel well supported by the provider. We were told that if additional support is needed for people, this is quickly forthcoming and the home uses agency workers from the provider's domiciliary agency. This means that people experience continuity of care and support from care workers that know their needs.

Our judgement

People's needs are met because of high staffing levels.

Overall we found that Acorn Manor meets this essential standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We saw that people living at Acorn Manor received care and support in a positive way that treated them as individuals.

We saw that the plans of care were person centred and gave detailed information about individuals preferred routines to ensure consistent care was given.

We observed that care workers were in constant dialogue with people asking them for feedback. For example, we saw a care worker valuing a person's view point in a way that promoted the individual's confidence.

Other evidence
The manager showed us a quality report and told us that he had sent out surveys to seek the views of relatives, other stakeholders and professionals about the quality of the service. A professional told us that they had been sent a survey previously and had been invited to attend a meeting to discuss the quality of the service. We were told that survey results would be collated into a report. The provider told us that improvement plans would be developed to deal with issues that came out of the survey and progress with this is monitored.

All five of the care workers we met and our observations of them confirmed that there was an open culture of learning and seeking to improve the care delivered to people living in the home.

Senior care workers told us that financial audits of people's savings and cash were done regularly and saw records of these. The provider had also carried out audits. We saw reports of these, which highlighted that people's interests were protected.

Our judgement
Acorn Manor has systems in place to assess the quality of the service including consultation with people who use the service. Internal audits are robust, which means that necessary improvements service are recognised and addressed.

We found that Acorn Manor was meeting this essential standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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