



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Little Acorns
Address:	43 Silverdale Road Eastbourne East Sussex BN20 7AT

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Gwyneth Bryant	0 8 0 6 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Little Acorns
Address:	43 Silverdale Road Eastbourne East Sussex BN20 7AT
Telephone number:	01323720520
Fax number:	01323722520
Email address:	
Provider web address:	

Name of registered provider(s):	Miss Michelle Levett
Type of registration:	care home
Number of places registered:	20

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	20	0
Additional conditions:		
The maximum number of service users to be accommodated is 20		
The registered person may provide the following category of service only: Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Dementia (DE)		

Date of last inspection								
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Brief description of the care home
<p>Little Acorns registered to provide care to up to twenty older people with a dementia type illness. It is a three storey building situated in the Meads area of Eastbourne, with the seafront and town centre within short walking distance. Access to the upper floors is via stair lifts. Service user accommodation comprises twelve single and four double bedrooms. None of the bedrooms have en-suite toilet facilities but all have a wash handbasin. The home provides a dining room and a lounge that looks out onto a patio area. There is a small visitors room that is also used for storage purposes. The rear garden is not accessible or safe for service users as access is via steep steps. There are two bathrooms, both of which are assisted. Toilet riser seats, hand and grab rails have been fitted to meet individual needs. The service provides prospective service users and their families with a copy of the Service Users Guide, a contract, terms and conditions, the Statement of Purpose. they are directed to the CSCI website for copies</p>

Brief description of the care home

of the latest inspection report. periods offered. Fees charged as from 1 April 2009 are from £431 to £500.20 which includes good quality toiletries, activities, newspapers and small items such as tights. Additional charges are made for hairdressing, chiropody and the manicurist. Intermediate care is not provided.

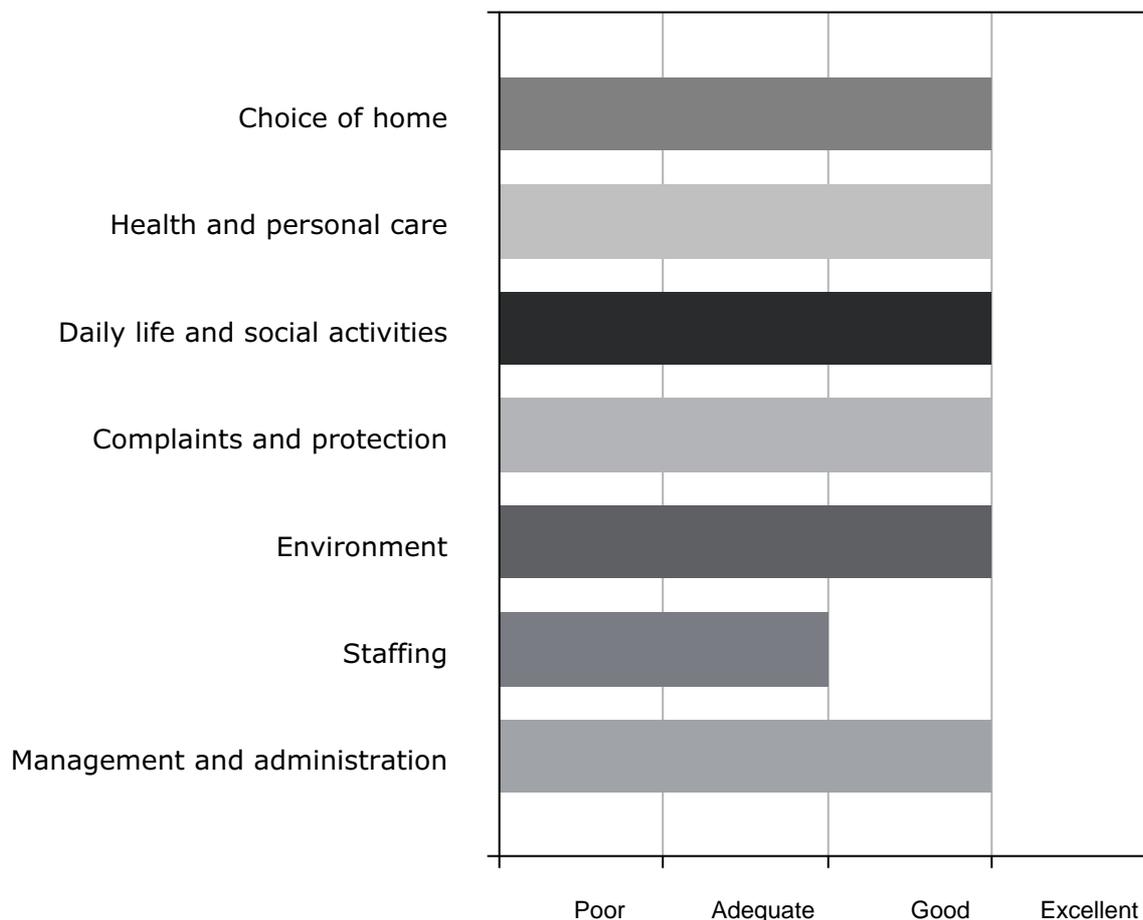
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The reader should be aware that the Care Standards Act 2000 and Care Homes Regulation Act 2001 often use the term 'service user' to describe those living in care home settings. For the purpose of this report those living at Little Acorns care home will be referred to as 'residents'.

This was an unannounced inspection carried out in just over six hours. There were sixteen people in residence on the day of the site visit. Two people living in the home were spoken with in addition to discussion with the Registered Manager, one carer and the cook. The purpose of the inspection was to check compliance with the requirements made during the last inspection and to inspect other standards. A range of documentation was viewed including service users care plans, personnel files and medication records. A tour of the premises was also carried out.

A number of documents and records were viewed; including personnel files, medication charts and care plans and a tour of the premises was also carried out.

Prior to the site visit we asked the Registered Providers to complete an Annual Quality Assurance Assessment (AQAA). The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service. This was completed well and provided when we asked for it and the information included in this report as necessary.

The last key inspection was carried out on 19 June 2007 and an Annual Service Review conducted on 9 June 2008.

The reader should note that the Registered Manager is also the Registered Provider. Ten resident and five staff surveys were sent out. Three residents returned surveys and four staff also responded and the comments are included in the report.

What the care home does well:

The atmosphere in the home was comfortable, homely and relaxed. Meals continue to be good with alternatives offered at each mealtime and special diets are catered for. People moving into the home are able to bring in their personal possessions to personalise their bedrooms and the home has a well maintained and accessible garden to the rear of the property, which is secure and secluded. There is an open-house policy, which welcomes visitors at all reasonable times and complaints are handled well ensuring that residents feel listened to and their views acted upon. There are sufficient staff on duty to meet the needs of residents and the home is well managed ensuring that residents health and welfare is protected.

What has improved since the last inspection?

There were no requirements made as a result of the last key inspection.

What they could do better:

Shortfalls were identified in respect of staff practice and staff training. Additional shortfalls were also found in respecting residents dignity, medication records and ensuring residents have a good nutritional intake. The AQAA showed that not all the required policies and procedures were available and this needs to be addressed and all policies in place need to be updated annually to ensure they accurately reflect current practice and legislation.

Although shortfalls were identified the reader should note that the Registered Manager is keen to ensure they are all addressed without delay and would not have occurred had she not had to deal with the change of ownership issues.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line -0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People moving into the home benefit from an admission process that ensures their individual needs and wishes are assessed and identified as being able to be met prior to moving into the home.

Evidence:

As part of the care planning process all people moving into Little Acorns have an assessment of their needs which is used as a basis for their individual plans of care. The admission assessments for five individuals were viewed and it was evident that care needs had been identified prior to all three people coming to live at the home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

While people benefit from satisfactory care planning, improvements need to be made to the recording of medication and respecting service users dignity.

Evidence:

Five care plans were viewed in conjunction with other documents such as medication administration records (MAR) and daily notes. It is clear that the plans have been developed from the information in the pre-admission assessments. The plans were generally satisfactory in that they included clear information on the care needs of people living in the home and the necessary action to be taken to meet those needs. The records relating to some healthcare needs such as dentist and opticians are held in a separate folder and it is good practice to ensure that the care plans include a reference to this information and where it is held. Two plans had not been reviewed since April and the Registered Manager was aware of this, however other documents indicated that the needs of these individuals had not changed. It was of concern that one resident has lost weight consistently and there was no information to show that a referral to a dietician had been made or if food is fortified with high calorie items such

Evidence:

as cream and butter. In addition this particular resident clearly asked a senior carer for cereal and the carer tried to divert her as she had already had breakfast. The cereal was provided when the inspector intervened. It is crucial to provide additional meals for those residents who are losing weight. This was discussed with the Registered Manager and the carer who both agreed to ensure residents requests were met in future. A resident asked the senior carer what their medication was for and although the carer told her it could be heard clearly by everyone in the lounge/dining areas. It is important to ensure that such information is given quietly in order to maintain the individuals dignity. Daily notes were variable with some giving good information on how the individual spent their day but others were limited to comments such as 'slept well'. It is crucial to ensure that daily notes are sufficiently detailed to reflect both staff input and to facilitate the review process. The night notes indicated that staff begin to get residents up and dressed from 6am onwards, but the care plans viewed indicated that residents do not want to get up until 7am. This was discussed with the Registered Manager who agreed to ensure staff only get those residents up who wish to do so. One resident requested to use the toilet but it was being cleaned and the senior carer said they must wait until the cleaner had finished. This is not acceptable and must be addressed to ensure residents needs are treated as a priority. People living in the home are encouraged to remain independent within a risk-assessed framework. Risk assessments had been carried out and they clearly identified the hazards and included sufficient detail for the management of risks. The risk assessments relating to manual handling include how many carers but also need to include direction to staff in the use of equipment such as lifting belts and slide sheets.

Medication Administration Records were viewed and there were a some shortfalls in that some signatures were scribbled out or overwritten and there were some gaps. It is important that medication records are clear as to whether or not medication has been given. Of the three resident surveys responses to the questions were mostly positive. Comments in surveys included:

- * Caring and supportive staff
- * All the staff are very caring
- * The home is good at communicating with my mother
- * Individual care is given

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People in the home have the opportunity to experience a lifestyle that matches their expectations, choice and preferences in respect of leisure activities and meals

Evidence:

There is a varied daily programme of activities and care plans included information on encouraging residents to participate. In addition outside entertainers visit the home regularly and the Registered Manager has arranged for residents to visit a local club. Care plans included information on preferred hobbies and leisure activities but it was not clear if the activities provided reflected this. On the day, staff played a child's game with residents but there was no information to suggest that residents liked this particular game. It is important to provide activities based on residents preferences and suitable to their age group. There is a monthly church service in the home and the Registered Manager said she would be happy to take residents to a local church if they wished. The returned surveys indicated that the home does not always offer activities residents could participate in, although there was agreement that the care was good. Menus are varied and alternatives are offered at each mealtime. On the day, two residents were given their breakfast later in the morning as they requested but staff only offered a choice of cereals or porridge. Viewing the menus found that residents

Evidence:

should be offered toast with a range of toppings. This was discussed with the Registered Manager who agreed to deal with the issue as she believed that staff were offering all choices. Although one resident is losing weight discussion with the cook found that she had not been asked to fortify anyones meals with butter or cream but she would be happy to do so. The cook was aware of who was diabetic and how to meet their dietary needs.

There is an open house policy which welcomes visitors at all reasonable times and discussion with the Registered Manager found that relatives often take residents out for meals and visits to local attractions.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a satisfactory complaints procedure with evidence that those living in the home feel that their views are listened to and acted upon. People living in the home are further protected by satisfactory adult protection systems.

Evidence:

The AQAA demonstrated that the home has policies and procedures on both complaints and safeguarding adults. The complaints log was viewed and showed that all complaints, including minor ones, are recorded and include outcomes to ensure that action is taken to remedy any shortfalls. The staff training programme includes Safeguarding Adults and the Registered Manager said she is in the process of arranging up to date training for all staff.

The registered manager said that she has received information on the Mental Capacity Act and Deprivation of Liberty Safeguards and intends to both undertake training in these matters and to ensure all staff also have this training.

The Registered Manager raised some concerns in respect of the personal finances of one resident and as a result of the discussion will consider referring the matter under the Safeguarding Adults protocols.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The standard of decor and maintenance within the home is good, providing people living in the home a safe, homely and comfortable environment.

Evidence:

A tour of the premises was carried out and a random selection of rooms inspected. The home continues to provide a safe and comfortable place in which to live. Communal space consists of a combined lounge/ dining room which was light, airy and nicely furnished.

Individuals bedrooms were of a satisfactory size, well maintained, clean and pleasingly decorated and it was evident that people are able to bring in their own possessions in order to personalise their bedrooms. Where rooms are shared screens are in evidence and all possessions are stored separately. All radiator have guards fitted and window restrictors are in place.

Discussion with the Registered Manager found that she has a plan to completely refurbish all bedrooms as they become vacant and this will include new vanity units, carpeting and furniture. Work had begun on this as one room had been completely cleared ready for the refit. On the day, residents were complaining of the cold and although staff turned the heating on they failed to check the thermostat was sufficiently high for the radiators to operate. It is crucial for staff to ensure that the home remains at an optimum temperature. The laundry facilities are satisfactory and

Evidence:

washing machines are able to wash clothes at temperatures that control the risk of infection. There were plenty of gloves and aprons available for staff and they were seen to be working in ways that reduced the risk of cross infection.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are sufficient staff with the skills and competency to meet the needs of people living in the home and recruitment practices are robust ensuring that people using the service are protected.

Evidence:

The staff rota showed that there are three care staff on duty during each daytime shift and two at night. In addition to care staff there are cooks and a cleaner and the Registered Manager is on site most days. Despite this level of staffing residents were left unsupervised on a number of occasions during the morning. Given the needs of residents, staff must ensure they are not left unsupervised unless in an emergency. As mentioned in other parts of this report senior staff ignored residents requests for additional cereals and a blanket until prompted by the inspector. In addition, staff interaction with residents was unsatisfactory in the early part of the visit. It is of great concern that staff do not respond adequately to residents expressed needs. However, it was good to note that the cleaner stopped to talk to residents when going through the lounge and provided a blanket for a resident who said they were cold. This demonstrates good practice and should be copied by care staff at all times. Of the eighteen care staff, five have achieved National Vocational Qualifications in care at level 2 and a further three are in the process of gaining this qualification therefore the home is on target to exceed the required 50% of staff trained to this level. There is a

Evidence:

staff training programme but it needs to be more consistent to ensure staff receive updated training as required. Currently only two staff have been trained in dementia care and discussion with the Registered Manager found she was aware of this shortfall and intends to address it without delay. The lack of training in dementia care may account for staff failing to respond to residents needs. All new staff undergo an induction period that meets the latest guidance. Recruitment records for three staff were viewed and it was evident that all staff had provided the required information prior to appointment, including Protection of Vulnerable Adults and Criminal Record Bureau checks, two written references and a full employment history. All staff have received mandatory training, including manual handling to ensure they are familiar with current guidelines, however one carer was seen to assist a resident to sit by holding her under the arm. This was discussed with the Registered Manager who agreed to remind this carer to follow the training in practice.

Of the four staff surveys returned all responses to questions were positive and there was agreement that staff get the training and support they need. Comments in surveys included:

- * Managers priority is always the wellbeing of residents - nothing is too much trouble
- * I think Little Acorns is a good caring home - I have always been happy working here.
- * The staff are friendly
- * The home is good at looking after the needs of residents.
- * Food is very good.
- * The staff are caring and friendly and always do their best

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service is generally well managed and all aspects of the welfare, safety and health of people living in the home are protected and promoted.

Evidence:

The Registered Manager has the required skills, qualifications and experience to effectively manage the home. There has been some recent changes to the ownership of the home which as necessitated the Registered Manager being absent from the home to deal with the complex legal aspects of this. All shortfalls were discussed with her and she was aware that standards were not as high as normal, but she was disappointed in the shortfalls in staff practice as training has been provided. It was good to note that she agreed to take immediate action to address the shortfalls and put in place systems to prevent future lapses. There are quality monitoring systems in place with regular relatives surveys being carried out and staff meetings. It would be good practice to carry out residents meetings or one-to-one sessions to try to enable them to have a say in how the home is run. The Registered Manager confirmed that

Evidence:

relatives are invited to care plan reviews but this offer is rarely taken up. The home does not handle residents money at all and if items are purchased the cost is added to the monthly invoice and receipts provided.

The AQAA showed that regular checks are made on all electrical and gas appliances and systems In addition checks are carried out on call bells, water delivery temperatures and emergency fire systems. All staff have been trained in fire safety and a fire safety risk assessment has been carried out for all parts of the premises. These systems ensure the safety of people living in the home in the event of fire. Accident records were viewed and found to be accurate and maintained in line with the Health and Safety Executive guidance. The AQAA showed that a number of policies and procedures had not been updated since 2002 and this needs to be addressed to ensure they accurately reflect current legislation and as a point of reference for staff.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	8	12	That service users who are losing weight are referred to a dietician and are given high calorie meals in the interim. To ensure they maintain a healthy weight.	08/07/2009
2	9	13	That medication records are clear, accurate and up to date. To ensure it is clear whether or not medication has been given.	08/07/2009
3	10	12	That service users are given immediate access to toilets. To ensure their dignity is maintained and continence not compromised.	08/07/2009
4	12	16	That activities provided are based on service users preferences. To ensure their leisure preferences are met.	08/07/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	37	That all policies and procedures are updated at least annually.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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