

## Optima Management Limited

# Acorn House

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection on 22 September 2016 and made telephone calls to people who used the service and staff on 4 October 2016.

Acorn House is a community based service providing care and support to people living in their own homes. At the time of the inspection, there were approximately 89 people being supported by the service.

The service has a registered Manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Staff also felt that they were given the opportunity to get to know the people they supported. Relatives we spoke with described the staff as very good and caring.

People's needs had been assessed and care plans took account of their individual preferences and choices. Staff supported people when required to attend health care appointments with their GPs or hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

## 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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

### Is the service caring?

Outstanding ☆

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans put in place to meet people's needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

### **Is the service well-led?**

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

**Good** ●

# Acorn House

## **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 inspection took place over a two day period. On 22 September 2016 we visited the provider's offices and on 4 October 2016, we carried out telephone interviews with people who use the service, their relatives and staff. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. The PIR 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, office staff and the HR manager. We also spoke with four care staff and eight people who used the service and two relatives. We looked at the care records of six people who used the service, and the recruitment and training records for six staff employed by the service. We also looked at information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

## Is the service safe?

### Our findings

People told us they were supported by staff who made them feel safe. One person told us, "I feel particularly safe and secure." Another person we spoke with said, "[Carer] keeps me very safe." A relative we spoke with also told us they felt their relative was a lot safer having staff visit them regularly.

Staff we spoke with showed a concern for people they supported. One member of staff said, "The same staff visit the same people, so there is an increased sense of responsibility." Another member of staff said, "We try and keep people safe." Staff also took responsibility in supporting people who did not have relatives to support them. One member of staff said, "When we know someone doesn't have anyone, then we will pop in and check on them, it's not part of the normal package but it's important to make sure they are ok."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify, and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy. One member of staff said, "I wouldn't have any issues with reporting my concerns." When we spoke with the office staff they told us that the care staff would call in with concerns about people and they would then take action to safeguard them. For example, if staff felt a person was particularly vulnerable because they lived alone then they would raise this with the office who would schedule well fair visits for them. Staff were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report to the manager. If the manager was unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the people from harm. We found that the provider issued regular emails and newsletters to staff to inform them of any changes or concerns that had been identified.

Individual risk assessments had been undertaken in relation to people's identified support needs. Risk assessments were discussed with people or their relatives and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred. A member of staff said, "We have an interest in peoples wellbeing, we make sure we use the right techniques and follow the care plans and risk assessments."

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. . The recruitment manager told us, "We try and take experienced staff on but if they are not experienced then we explain in the interview about the stresses of the job." The manager also told us that when staff were recruited they were given limited hours so as not to overwhelm them. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us that there was enough staff to support people safely. For example, where a person required two people to support them, we saw that the service had provided the correct level of

staffing to meet their needs. One person told us that they had two care staff support them at all times, they said, "They do it together, it's a joint job and they do it well." People told us that staff arrived at the allocated times or within half an hour of the agreed times. One person said, "We have an understanding, [Staff] comes within a half hour window, sometimes it's before 10 and sometimes just after. I don't mind as I'm in anyway." People also commented that they had not had an occasion when a call had been missed and they had not been informed. One person said, "If there is a problem then they will call and let me know." This was also evidenced in the providers quality audits.

People we spoke with were positive about the staff that provided care and said that they were supported by a consistent group of staff which meant that they were able to get to know them. One person said, "[Staff] is lovely, she will come over sometimes to check on me, I have no inhibitions I am very comfortable with her."

Medicines records instructed staff on how prescribed medicines should be given including those that were given as and when required (PRN), and how a person was to be supported with this. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines. If people refused to take their medicine, they would inform the office and relatives. We saw that medication audits were also completed and where errors were made then these were address in staff supervisions and additional training and support was provided.

## Is the service effective?

### Our findings

People using the service were complimentary about the staff that supported them. One person said, "[Staff] are trained well enough." Another person told us about new staff. They said, "Sometimes they bring along trainees, I don't mind, they have to learn don't they." One person was complimentary about the more experienced staff but not so much about new recruits, they said, "There are a lot of new helpers [Staff], it's difficult to keep up with names, they are very sweet but are still learning." Staff told us that they were supported by the provider to gain further qualifications and training. One member of staff told us that they needed training on 'Stoma' and although it took a little while to organise it was provided to them. A stoma is an opening on the surface of the abdomen which has been surgically created to divert the flow of faeces or urine.

Staff were trained, skilled, experienced and knowledgeable in their roles. We saw from training records that staff had received training in areas such as safeguarding, infection control and safe movement. Staff told us that if they needed refresher training then this was provided to them. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. We saw that staff training was classroom based and was carried out within the service so that knowledge was specific to the needs of the people who used the service. The recruitment manager told us, "We don't do any on-line training, we find it works better to have staff come into the office." Staff we spoke with were complementary about the training. One member of staff said, "The training is pretty good, we have it regularly and every year we get an update." We saw that on the day of our inspection, some staff had come to the offices to attend group training.

Staff also told us that they would be introduced to people before they started to support them and would also shadow more experienced staff. A person we spoke with also confirmed this and told us how new staff would be brought round by experienced staff. Staff we spoke with told us that shadowing allowed them to fully understand the person's routines and preferences and also allowed for a formal handover. One member of staff said, "We get to know our customers well, we see the same people, it's lovely, much better this way."

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. We saw that supervisions were used to support staff if mistakes were made and allowed the supervisor and member of staff to discuss performance and any training needs. Staff told us that management would also gain feedback from the people they supported in order to get a full picture of staff performance. They also told us that spot checks were carried out to ensure staff were performing to the standards required. They told us that they would be observed first hand and given feedback on their performance.

Staff we spoke with demonstrated an understanding of how they would use their MCA 2005, training when providing care to people. 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 found that staff understood the relevant requirements of the MCA particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. One member of staff said, "Consent is something we have to get from people, even if they can't talk to me, I will watch for gestures so I know they are alright with it." People were asked to sign their care plans and consent to the care they were provided with.

Care records showed that staff supported people where possible to remain healthy. We were told that staff encouraged people to eat well. For example, staff told us that if they knew a person did not have family support then they would drop in and check that they had eaten or would check that they had groceries available. Staff also told us that they would also monitor if a person had not eaten enough and encourage them to eat and drink fluids.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where required staff would attend the visits with them. The provider kept records of people's healthcare providers and were able to call on them when the need arose, for example district nurses and GPs.

## Is the service caring?

### Our findings

People and their relatives were complimentary about the staff that supported them. One person said, "[They are delightful and helpful, I would give them top marks." Another person told us that the staff were, "brilliant." They also said, "They are very caring and gentle." Relatives of people who used the service were equally complimentary of the staff. One relative said that the staff were, "lovely people who know what they are doing." Another relative said, "[Staff] are very good they are much better than other agencies we have used."

People told us that staff worked with them and took note of what they liked and cared about their preferences. For example, one person said, "I have male [staff] come and provide me with support, it was what I wanted." The person spoke very fondly of the male staff and told us that they had developed a positive relationship with them and enjoyed their company. Another person also spoke fondly of their support staff and said, "I don't see many people so it's nice to have a chat, [staff] and I talk about anything, we have a great rapport."

Our discussions with staff also further evidenced how caring they were towards the people they supported, and how they worked to provide people with a positive outcome to life. Staff gave us examples on when they had supported people beyond their normal duties. For example, we were told how a member of staff found a person on the floor of their home. They called for an ambulance and stayed with the person until the ambulance confirmed that the person was well. The member of staff told us that the call did not require them to support the person with personal care, but they noted that the person was in need of support on this occasion as a result of the fall. The member of staff said, "I supported the lady with her personal care although I only support her with medication and breakfast, but I could not leave her like that, she has her dignity, and I had to help her maintain it."

Another member of staff told us that during Christmas, they knew of some people who did not have family around to spend Christmas with. Staff cooked the people Christmas dinner and took it over for them to enjoy a nice meal and presents. Again this was not part of the package but showed that staff were aware of supporting people emotionally through festive periods when they would be alone.

Staff told us that they 'look after' the people they supported and would go and carry out wellbeing checks on people they knew did not have family. For example, a member of staff said that welfare visits were arranged for people who did not have family to assist them. They said, "[Person] lives round the corner from me, I will pop in if they need anything." Staff told us that they opted to support vulnerable people who lived nearby so there was always a member of staff able to get to them if needed.

Staff also told us that they would arrange for people to have birthday surprises. They said, "[Person] had a birthday but has no family, so we went over and lit the candles before we went into the house, we entered the house singing happy birthday, they were so pleased." Another member of staff also told us about how the provider had been liaising with a person's family in order to organise a birthday celebration for them. They said, "[Person's] family don't live local so we have been helping them to organise the party." We also saw that the provider had organised a MacMillan coffee morning at the offices for the Friday after our

inspection. Staff we spoke with were aware of this and told us how they would be supporting people to attend by driving them to the offices. People we spoke with were also aware of the coffee morning and were looking forward to visiting the offices to meet other people who used the service and staff.

Staff told us that they encouraged people to maintain their independence where it was possible. They told us about a person who initially would not shower regularly. Staff supported them and provided them with encouragement to stay clean. A member of staff said, "At first, they wouldn't even get up, now they are up and showered regularly." A person we spoke with also confirmed this, they said, "[staff] allows me to be independent, but if I need help they are caring and gentle." They also told us that staff spoke with them and took interest when they were being supported. They said, "The carers are interested in me, the care isn't done in silence."

Staff we spoke with said that because they had a set group of people they cared for, they knew the level of dependency so could assist people as they liked to be assisted. One person said, "[Staff] know what needs to be done." Staff respected people's privacy and dignity by encouraging them to wash themselves until they called them for support. This ensured that people's privacy and dignity was observed while allowing them to remain as independent as possible.

Staff told us that they worked at a pace that made people comfortable and did not rush them. This was confirmed by the people who used the service. They said, "We do it together, it's a joint job, [staff] work at my speed." Another person said, "[staff] come and if they have time will ask if there is anything else I want them to do, they don't just leave."

People and their relatives confirmed that they were involved in making decisions about their care through regular reviews, and discussions. The care records we looked at showed that people were involved and supported in their own care, and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

## Is the service responsive?

### Our findings

People who used the service and their relatives had been involved in planning people's care and in the regular reviews of the care plans. We saw that appropriate care plans were in place so that people received the care they required to meet their needs. For example each care plan detailed the length of the call and what assistance was to be provided. It provided specific instructions for staff to follow for instance, if the person needed support getting in and out of the bath.

People told us that staff catered to their specific needs and took account of any changes to their needs. For example, if they needed extra support with housework, then we were told that staff would assist. One person said, "If they have time left over then they ask if I need anything else doing, so I get them to Hoover up or pop the bins out for me. They really don't mind." Another person said, "Staff know me really well, so know what I want and when." We asked staff how they would communicate with people who were unable to verbally communicate. Staff demonstrated and told us, "If I'm dressing someone and I know they might get confused if I say, lift your right leg, I will just touch the leg I need them to lift. This showed that the care being provided to people was person centred and that staff were aware of people's needs, choices and preferences.

Care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and meetings. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings and daily records. Relatives we spoke to commented that they were kept informed of how their relative was and we found that staff in the office were fully informed of the people that were being supported and their families. This showed that people received care and support that was responsive to their individual needs.

The provider had systems in place to review the care plans periodically. The manager told us that if a person's needs changed more often, they would provide on-going updates. One member of staff gave us an example, they said, "Our call times are sufficient but if people's needs change then they can be changed, for example we have one person who has a 30 minute call but it's not enough anymore. The Co-ordinator has gone in and done an assessment to get it changed." A person using the service also said, "They sometimes come along to see how it is, they ask me how I am and if I need any more help."

Staff understood people's individual backgrounds, likes and dislikes. This information was taken from the person's care plan and risk assessments. Where people wanted to be supported by staff of the same gender, this was made available. One person told us that they had female carers attend to them for general tasks but for calls that required support in personal care, then they only had male carers assist them. The person told us that this was their choice and the provider made sure that only male staff came to support them with personal care.

The provider had a complaints policy and procedure in place and people were made aware of this when they started to use the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had

received five complaints in the past year which had resolved in accordance with the complaints policy. They had also received four formal compliments from people who had used the service which had also been resolved in accordance with the complaints policy.

## Is the service well-led?

### Our findings

The service had a registered manager in place. People we spoke with spoke highly of the staff, the registered manager and the company. One person told us that the care package was, "Working well." People also said that the staff, "Know what they are doing," and the company was run by "lovely people."

People said that they could ring the office if they had any queries and were always able to speak to someone. The organisation demonstrated an open and transparent culture throughout. The manager had an open door policy which meant that staff felt empowered to raise any concerns. We saw that during our inspection care staff came in to the office regularly. Staff told us that they were able to raise concerns and mistakes were taken as an opportunity to learn and grow. One member of staff said, "We learn from mistakes, it's a learning opportunity and allows for further training." The manager said that all staff worked as a team and were encouraged to whistle blow if they felt they needed to.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was approachable and friendly, and that they never felt they could not go to the manager if they had any problems. They said, "We always feel cared for." The manager also said, "Staffs' wellbeing is very important to us." They also said, "It's not just about our clients [People], it's about the staff, if the staff are motivated then the service to the clients is better."

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes to improve the quality of the overall service. They were kept informed of changes in the organisation through monthly newsletters and e-mails. They also attended quarterly team meetings. The manager told us of initiatives that were in place to motivate staff and reward staff for performance. These included a, 'fab bonus' which was rewarded for 100 % attendance and paid quarterly, and also a yearly recognition bonus to mark the years a person had been employed with the service. The manager said, "We try our very best to make this a good place to work." We also saw that staff were awarded chocolate boxes throughout the month in recognition of going the extra mile for people they supported.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. We saw that the registered manager carried out regular spot checks and visited people at the start of the service to ensure they knew who to contact. They said, "With new clients the first call is with the registered manager as an introduction, then a week after we will get feedback from the staff and client to see how things are going." They told us that after this, regular reviews would be done to ensure the service was meeting expectation.

The manager had completed a number of quality audits on a regular basis to assess the quality of the

service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager understood their responsibility to report to the CQC any issues they were required to as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.