Miss M Levett

# Little Acorns

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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
Little Acorns is a residential care home providing personal care older people, male and female, who are living with dementia. People's dementia is at different stages and therefore needs vary. The service can support up to 20 people and at the time of the inspection there were 19 people living at the home.

People's experience of using this service and what we found
Staff were kind to people and treated them with compassion and respect. A relative told us on visiting the home for the first time, "I stood in the hall and heard laughter. That made up my mind this was the place." Staff understood people's day to day care and support needs and provided these in a calm and supportive way. People's privacy and dignity were supported, and people's independence encouraged.

People received person centred care and the registered manager and staff knew people well. Activities were provided at the home and people were given the choice of what they would like to join in with. A complaints policy was in place and was accessible. Complaints were dealt with in a timely and appropriate way. Most people had end of life care plans and people were supported with dignity at this time of their lives. Staff were supported by the registered manager.

The registered manager knew people well and they responded positively when she spoke with them. The registered manager said, "It's the atmosphere here that brings people in." Auditing processes were in place to ensure trends could be identified and errors dealt with. The home had a positive relationship with professionals such as GP's district nurses and occupational therapists.

People were safe and were protected from abuse and harm. Staff received safeguarding training and were able to describe examples of what constituted abuse. They were able to tell us what they would do in those circumstances. Staff were aware of the whistleblowing policy. At the time of the inspection the home was undergoing some redecoration but remained clean, tidy. Fire and other safety checks had been carried out and accidents and incidents reported. Risk assessments had been completed and people were supported to take their medicines.

Staff training was up to date. Staff were able to describe their induction and how this was supported by ongoing supervision meetings. People were supported to access health and social care professionals. People were supported to maintain a healthy diet and were given choice. Staff sought consent from people. People were supported in the least restrictive way and evidence was seen of best interest meetings to support people who lacked capacity to make certain decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
Good. (Report published 25 November 2016)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-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?**

Good

The service was safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Good

The service was well-led.

Details are in our well-Led findings below.

# Little Acorns

**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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Little Acorns is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during the inspection.

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. The registered manager was also the owner.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information the providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought information from the local authority who have contact with the service. We used all this information to plan our inspection.

During the inspection
We spoke to six people that used the service and two relatives about their experience and the care provided.

We spoke with seven members of staff including the provider who was also the registered manager, the chef and one professional.

We reviewed a range of records including four people's care plans and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. We looked at a variety of records that related to the management of the service including accidents and incidents, complaints, compliments and audit processes. We looked at training and supervision records.

After the inspection
We continued to seek clarification from the registered manager to validate the evidence we found. We spoke to a relative and three professionals who regularly visit the service.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection staff did not consistently follow moving and handling guidelines when supporting people around the home using walking aids. At this inspection we found the provider had acted to address this issue. Moving and handling guidelines were being followed.

Assessing risk, safety monitoring and management

● People's care plans containing details of risks and how to manage them. Assessments had been completed and were people specific. For example, people that had experienced falls had risk assessments that described minimising environmental hazards and specific help people required when moving.

● Moving and handling risk assessments had been completed and we observed people being helped by staff to move around the home safely. Sometimes this involved the use of a walking aid and sometimes people were supported by staff alone. In all cases this was seen to be done safely.

● Staff had received training specific to people's needs. This included moving and handling, dementia and challenging behaviour and diabetes training.

● Changes to people's care and support needs were recorded in their daily notes and in a handover book. The handover book was used when staff changed shift so that incoming staff were made aware of any changes to people's needs.

● Fire safety checks had been done and the home had a comprehensive fire safety inspection in March 2019. Fire alarm tests and fire drills were practised regularly. Extinguisher tests were up to date and the home was fitted throughout with smoke detectors.

● Personal emergency evacuation plans (PEEPs) were in place and copies were seen in people's care plans and were readily available in the event of an emergency.

● Call bells were heard to be activated on six occasions during the inspection and on each occasion, staff responded immediately. The call bell system was subject to regular testing.

● Safety records were checked and evidence was seen of regular servicing. For example, gas, electricity, emergency lighting and plumbing. Safety certificates were seen for the stair lift and for hoist equipment. The home employed a staff member to manage all aspects of maintenance and general upkeep of the property.

● The Food Standards Agency had awarded the kitchen the highest rating which means that standards of food hygiene were safe.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. A person said, "I like it here, they look after me well." Another person told us, "It's good here, there're quite nice, aren't they?"

● People were protected from abuse and harm. Records showed that staff received safeguarding training

and regular refresher training. Staff were able to describe different scenarios that would constitute safeguarding and were able to tell us what they would do. A staff member said, "I'd report it to the manager or deputy. If that didn't' work I'd call CQC." Another said, "If I saw staff abuse or anyone withholding something I'd speak to the manager or CQC."

● The registered manager told us about a person they had accepted at the home who arrived with a safeguarding plan in place. This was an ongoing situation which the registered manager and staff were managing. There had been no concerns since the manager had taken over management of this plan. Previous safeguarding plans had been managed effectively.

● Staff were aware of the whistleblowing policy and told us what action they would take if they felt someone was at risk.

Staffing and recruitment

● Staff had been recruited safely. Relevant checks had been completed before staff started working at the home. These checks included references and past employment history. Disclosure and Baring Service (DBS) checks were done prior to people staring work at the home. This ensured that staff did not have any criminal convictions or cautions or were otherwise banned from working with children or adults.

● Systems were in place to manage staff discipline. The registered manager told us that they managed sickness and have had to use discipline procedures to enforce this.

● The registered manager has never had to rely on agency staff. Regular staff were asked to help to cover leave and sickness. The registered manager or deputy were available to cover shifts if needed. During the inspection enough staff were seen working each day and staff rotas confirmed that all shifts were covered.

Using medicines safely

● Medicines were ordered, stored, dispensed and returned safely. Medicine administration records (MAR) were seen to have been completed accurately. We saw staff completing records showing the date, time and amount of medicine given. MAR charts were signed by the person giving the medicine.

● Staff were trained to give medicines. We observed medicines being given to people. Staff took time with people, explaining what they were doing. A person living with dementia refused their medicine and the staff member withdrew and asked another staff member to help. The second staff member tried the same approach and was successful.

● The medicine cabinet was locked between each person. There were protocols for 'as required' (PRN) medicines such as pain relief medicines. PRN, medicines were recorded on the MAR chart and were subject to a separate protocol. A staff member told us, "If it's PRN I'll look at the MAR sheet. If it's not on there I'll speak to a senior."

● The registered manager monitored MAR charts daily and carried out a full audit every month. No medicine errors had occurred, but the registered manager said that if she found one she would call the person's GP straight away.

● A recent pharmacy review of people's medicines took place. A letter was seen inviting contact from relatives where changes had been proposed to medicine regimes.

Preventing and controlling infection

● The communal areas of the home and people's rooms that we saw, were clean and free from any obvious hazards. There were no unpleasant odours throughout. Staff wore gloves and aprons at appropriate times and records confirmed that they had completed infection control training.

● To prevent legionella disease, water temperature testing was completed regularly throughout the home.

● A relative told us, "They have a good observance of cleanliness. (relative) has needed changing after spilling something and they've done it whilst I've been there."

Learning lessons when things go wrong

● Records were seen of accidents, incidents, first aid and injuries. Copies of records were placed in peoples care plans. Information was then passed on at shift changes and any ongoing action required recorded.

● Evidence was seen of immediate action having been taken in response to incidents. For example, a person was found to have a minor pressure sore. This was treated immediately by staff, recorded and the district nurse called. Relatives were contacted following any incident.

● Some people were susceptible to falls despite preventative measures being put in place. The registered manager told us that if a person has more than one fall contact with be made with the fall's prevention team for advice and where appropriate a visit to the person.

Good

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager received most referrals for new placements from the local authority. She told us that she contacted people's relatives and invited them to go with the registered manager to meet the person for the assessment. All aspects of a person's care and support were discussed.
- This initial assessment formed the basis of people's care plans. After a month of living at the home, relatives were invited in for a full review of their loved one's care and support needs. The registered manager said, "It's very important the relatives are happy. It's their relatives' home and everyone is at different stages."
- The registered manager made sure that the staff had the necessary training and skills to meet a new person's care and support needs. The registered manager sought the views of professionals during assessment and ensured that care and support could be provided in line with current legislation and guidance.
- The registered managed ensured that care was person centred and that support provided to people was given in line with current best practice. This was supported by professionals and confirmed by relatives.

Staff support: induction, training, skills and experience

- Staff induction took place on site and involved initial training followed by shadowing more experienced staff. A staff member said, "I did two trial shifts after induction, shadowing." Another staff member told us, "I shadowed a few times. I was able to ask lots of questions and get to know people."
- A senior carer had recently been trained as a training ambassador and provided most of the training to staff. They told us, "I hold sessions every two to three months and I keep and update the training matrix." The training matrix was seen, and all staff were up to date with training. The registered manager audited training records to make sure training met the needs of people.
- Personnel files contained details of spot checks. These are unannounced supervision of staff by the registered manager or senior staff member. A staff member said, "I have spot checks about every 3 weeks. I always get a chance to talk about it afterwards."
- Personnel files contained records of three-monthly supervision meetings and annual appraisals. The service is quite small and the registered manager or her deputy regularly worked alongside staff each day. They were able to see staff interact with people and monitor performance. An example of the effectiveness of training was seen when people were helped to move around the home. This was carried out safely and in line with moving and handling guidelines.

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

- People told us that they were offered choice and enjoyed the food. We were shown a food diary where

people's daily choices were recorded for the chef. A person told us, "We get a choice." Another said, "The food is pretty good."

● People were supported to follow a healthy diet. The menu was varied and hot and cold drinks were offered throughout the day. Some people were living with diabetes which was diet controlled. Their needs were met each day with suitable food and drink options. Others had a high protein diet which was catered for. A person had a puree diet following a recommendation from the speech and language therapist (SALT). The person was still offered choice each day. The chef knew everyone's needs.

● Nutritional risk assessments had been completed to help identify if anyone was at risk of dehydration or malnutrition. People's weight was monitored and referrals made to people's GP and the SALT where there were concerns about unexpected loss or gain of weight.

● We saw people being supported to eat and drink at mealtimes. Most people could manage independently but some required encouragement and reminders to eat. Others required one to one help. Positive interactions were seen between staff and people.

● People were supported to eat their meals where they chose. They were offered a choice to move to the dining room, remain in the lounge or to eat in their own rooms. The registered manager helped at lunchtime and spoke kindly to a person asking them where they wanted to eat. The person indicated by winking that they wanted to remain in the lounge.

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 health and social care professionals and evidence of this was seen in care plans. Care plans contained a document containing key information about their health conditions and care and support needs. These documents were prepared to accompany people to hospital for the information of other professionals.

● The registered manager had a positive and effective relationship with visiting professionals. One told us, "I visit several times a week. They make referrals and get in touch quickly but always appropriately." They said, "A few people here have diabetes and are at risk from pressure sores. They call whenever they are concerned."

● Another professional said, "I've been coming here for 18 years. I'm pretty sure I would have noticed if anything was wrong in that time."

● People had regular access to chiropodists, hairdressers and dentists as well as their own GP's and district nurses.

Adapting service, design, decoration to meet people's needs

● The home is a large house split across four floors. The communal areas are at ground level and bedrooms are location on the ground, first and second floors. All staircases had chair lifts which were seen to be in working order. The communal area extended to a large patio and a raised garden area which were used by people when the weather allowed. The patio had level access from the dining room.

● At the time of the inspection some building work was going on in the basement and the dining area was being redecorated. This did not impact on people being able to use the dining area at mealtimes.

● The home was decorated with plain walls and people had their names clearly marked on their doors. These aspects helped those living with dementia. The registered manager told us that when the decoration was complete she was going to purchase large clocks for each room that displayed the date, time and time of day. These have proved to be helpful for people living with dementia.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were able to and were encouraged by staff to make day to day decisions. This including menu choices, what they would like to wear each day and what their preferences were with personal care such as washing and bathing.
● Staff were aware of the importance of consent. A staff member told us, "I always ask for consent. Some people can't talk but you get to know them and their ways." Another staff member said, "It's all about communication and acknowledging if they indicate no, then move away and try again later."
● A staff member said that a person was sometimes reluctant to go to the toilet. They explained that they would take them for a short walk and when passing the toilet, suggest using it. This distraction worked.
● Staff had completed mental capacity act (MCA) and dementia and challenging behaviour training. A risk assessment in a care plan was seen suggesting contingencies when a person became aggressive. This included continuing to talk calmly and to be aware that the person may be unwell and consider calling the GP.
● Staff had completed deprivation of liberty safeguards (DoLs), training. Care plans contained details of DoLs that were in place for people and best interest meetings involving relatives and professionals.
● Mental capacity assessments had been completed and were decision specific covering all aspects of people's care and support needs. The registered manager had assumed capacity. Where there were concerns that people lacked capacity to make certain decisions a best interest meeting was held.

Good

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People told us that staff were kind and they were treated with compassion and respect. A person said, "They're very good here." A staff member was talking with a person and the person said to them, "You're a very nice, kind lady." A staff member said, "Eye contact is important. We treat people like you'd want your mum or dad treated."
- A relative told us, "She used to live at home with me and was happy. My measure of her happiness is how she appears now, compared to then. She is actually happier here than she was at home. That says a lot." Another relative said, "Staff are lovely, I used to be a nurse, I know what to look for."
- Staff took time to sit and talk with people, showing patience and understanding. We heard staff talking to a person about having their nails done. During another conversation a staff member said, "You used to like horses didn't you." The person smiled. Another conversation after breakfast, the staff member said, "You've done very well (name of person)". They replied, "Thank you," and the staff member said, "No, thank you."
- Staff understood the importance of equality and diversity. People were treated equally with no one receiving less attention than anyone else. People were given opportunities to sit with friends or to sit alone if they chose.
- A local Christian church group visited the home once a month to support those who wanted to practice their religious beliefs. These wishes were reflected in care plans.

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

- Evidence was seen of relatives and people being involved in care planning and reviews. A relative told us, "It's an ongoing partnership with me and the staff. I know her (relative's) moods and her physical and emotional needs." Another relative said, "I'm involved. They always tell me about it and ask my views."
- People's care plans reflected their care and support needs and their faith and hobbies and past times that they have enjoyed. A section of the plan was called, 'how I see me now.' People at the home lived with dementia, some quite advanced. This section, written with them, reflected their thoughts, concerns and perception of their life now. Staff and others who read the care plans could understand people better having read this section of the plan.
- We spoke to staff about giving people choice. They told us that each day people were offered choice about what to wear and what to eat. When the regular hairdresser came to the home, people were always asked if they wanted their hair done, even if it had been their routine for years.
- A person liked to choose their own clothes each day and a small selection was prepared each day by staff to enable choice. The only help needed from staff was to make sure it was appropriate to the season.
- A staff member told us, "I am involved in care plan reviews. We sit and go through each one, one by one.

Any changes are reflected whether it's meds, diet, anything." Another staff member said, "A senior writes up the reviews but everyone is involved including the GP." Day to day changes in needs were recorded in the handover book which is discussed at each shift change.

● Staff were aware of the importance of confidentiality. Meetings discussing people were held in private and personal documents were kept locked in the registered manager's office.

Respecting and promoting people's privacy, dignity and independence

● Staff respected and promoted people's privacy, dignity and independence. A staff member told us, "I'll always ensure the bathroom door is closed and I'll ask people if they need help. If they say 'no', I'll move away and only step in if I'm needed." Another staff member said, "I maintain eye contact. I'll always cover private areas with a towel."

● People were spoken to in a mature and dignified way. If they could not answer staff were seen sometimes to touch people on the arm reassuringly rather than just walk away. A professional told us, "People can become anxious at times with dementia but I can see people are happy with the way they are treated." The registered manager said, "We give people dignity, no one knows how much they understand."

● We spoke to a relative about independence. They told us, "Her (relative's) illness is progressive but they still involve her. She likes to wipe tables clean and to join in with the daily notes." They said, "It's not coherent but she thinks she's helping and is involved." Another relative said, "They know people better than us, they are with them every day, we accept that. They know what people can do."

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person centred and had details of peoples care and support needs. Staff knew people well, their personal history, likes and dislikes as well as the detail about their health needs. At lunchtime a person said, "That's the one I think." Staff responded by bringing the salt and pepper. The registered manager said, "We don't have key workers, everyone needs to know everyone's needs."
- People living at the home were living with varying stages of dementia. Staff told us that people liked routine and could become anxious if changes were made. The registered manager told us that putting up a Christmas tree each December caused some people anxiety and staff had to explain and reassure people.
- Care plans had a section called, 'my life before you knew me.' This contained their history and family details. Staff knew about people. We heard them talking to people about relatives and their individual interests. For example, they knew that one person was very keen on music and drawing. Another person who had a large family became anxious towards the end of each afternoon. Staff recognised this pattern of behaviour as thinking they needed to prepare for their family to come home. Reassurance and distraction were used by staff and this helped the person relax.
- An activities co-ordinator visited the home once a week. At other times staff took time with people to help them with activities. After breakfast a staff member helped a person into the lounge and said, "Let's go and do an activity." People were then supported to read, draw or watch television. We saw in a care plan that one person was fond of gardening. Staff told us the person would be supported in the garden whenever the weather permitted.
- People who chose to spend their time in their bedrooms were offered daily activities. This one to one support might involve just talking to the person or sometimes helping them with an activity like reading or drawing. A staff member told us that a person seldom came out of their room but they loved the visits from pet pals. On the last visit they brought kittens in one of which fell asleep on the person's lap. The person smiled and clearly enjoyed the experience.
- The registered manger told us the home used to have a mini bus for trips out but now people's dementia was quite advanced and people liked to have a regular routine within the home environment. A relative confirmed this telling us, "We took her out for a coffee once but it was such an ordeal for her. She just wants to be here."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.
● People's verbal communication varied. Some people could talk freely and communicate their wishes and needs to staff. Other people were more limited with their speech. The registered manager told us that she had used pictorial flash cards in the past that people could point to, to indicate their wishes. She said that now staff knew people so well that they understood subtle nods of the head and other non-verbal communication.
● The registered manager said, "We don't use key workers here. All staff need to know how to communicate with everyone." A staff member told us, "Body language is often their first language."
● We saw how some of the non-verbal signs were used. Some people leaned forward so staff could place a napkin around their neck before eating. Others declined this by not moving. A person was asked if they had had enough lunch and they responded by smiling and nodding. A staff member told us, "(person) can't talk. They will push us away during personal care and we know to move away and try again later."
● A care plan had details of how to approach a person when they anxious or upset. It suggested certain body language to avoid, for example crossing arms. It also suggested saying sorry as a means of reassurance.
● The registered manager told us that she was looking at using flash cards again and photographs of food to make it easier for people to indicate choice at mealtimes.

Improving care quality in response to complaints or concerns
● Little Acorns had a complaints policy that was accessible to everyone. People were able to make themselves understood about minor day to day issues but were dependent on relatives to raise ongoing concerns.
● A relative told us, "I've never had to complain. They keep me informed. I'd go to the manager if I needed to." Another relative said, "I would know how to complain if I needed to. They talk to me about everything."
● A professional told us, "I would know how to complain or raise an issue. We are told about any concerns."
● We saw the complaints book. Each entry had details of the complaint and how it was resolved. This included an apology if necessary and contact made with relatives. Complaints were all of a minor nature for example a mix up with people's clothing on return from the laundry. All complaints were dealt with in a timely manner.
● There were not enough complaints made to make any conclusions or identify any themes. The registered manager did however review the complaints book every month.

End of life care and support
● People were supported as far as practicable to remain at the home until the end of their lives. At the time of the inspection no one was in receipt of end of life care but the home had recent experience of caring for people who had been at the end of their lives.
● End of life arrangements were seen in some people's care plans. Evidence was seen of this discussion with people but not everyone was prepared to make decisions. PEACE plans were seen in some care plans. These are plans made and agreed about future care arrangements.
● Staff had received end of life training. Staff told us what was important when looking after people at these times. A staff member said, "Make sure they are comfortable. That they have enough fluids and that their skin is intact." Another staff member said, "We have a duty of care to do the best things for them in their final days."
● Staff told us that they received support from the registered manager when managing end of life care and when people die. A staff member said, "My first one passed peacefully which had helped me. We are definitely supported by the manager at these times." A professional said, "She (registered manager) sits up all night if they're dying."
● We were shown several complimentary letters from relatives thanking the registered manager and staff for the care and support provided to their loved ones in the last days of their lives.

Good

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff demonstrated a positive culture. They were approachable and consistently friendly and encouraged a happy atmosphere in the home. Staff were attentive to people's needs. A staff member said to a person, "Let me do you watch up for you and correct the time." The person responded, "You're a very kind, nice lady."
- People spoke well of the registered manager. One person told us, "She's a very good housekeeper. She makes people happy." People knew the registered manager well and responded to her by smiling and holding out to hold hands. A relative said, "I get a call within seconds which is what I want. The manager is fantastic, she's been quite an emotional support."
- A professional told us, "The manager goes beyond the call of duty. There's no frills, what you see is what you get."
- Staff told us the registered manager was supportive and put people and staff first. A staff member said, "It's the most comfortable place I've ever worked." Another staff member told us, "It's brilliant. We're a big family. We have a laugh and a joke but people always come first."
- The registered manager told us that she had worked at Little Acorns for 30 years. She or her deputy were always available to people and staff. She told us, "Treating people with dignity is important. It's important to us that relatives are happy."
- Care plans reflected a person-centred approach to people. Each plan had details of a person's history, family composition and things they liked to do. Care plans were reflective of what was important to people now.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was open and honest throughout the inspection demonstrating an understanding of the duty of candour.
- Registered managers are legally obliged to inform CQC of significant events that happen on their premises. This obligation had been complied with and the current CQC rating summary for Little Acorns was displayed in the foyer of the building for people to see when they entered the home.
- Handover meetings took place at every shift change. At these meetings each person was discussed and staff were appraised of any incidents or other issues that affected a person care and support needs. Staff completed daily notes for people which described a person's profile each day for example their demeanour,

food and fluid intake and acceptance or not of personal care.
● The registered manager completed audits of key areas such as medicines, accidents and incidents and people's food and fluid intake. Any changes for example to food or fluid intake may result in a referral to a person's GP or consideration being given to calling a district nurse or other professional.
● The registered manager had not attended a registered manager's forum for some time but nevertheless kept herself up to date with changes in practice with regular reference to the local authority and CQC websites.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People at the home were living with dementia and it was not possible for them to provide written feedback about the service. Day by day however, people were asked for their views and thoughts and were given opportunities to raise concerns. We saw people being offered those opportunities for example being asked about the quality of the food.
● Relatives were given regular opportunities to feedback about the service. We saw questionnaires the most recent having been completed in June 2019. Most comments were positive however some remarked about the décor and about the laundry service. The registered manager had provided feedback to concerns raised and taken action. For example, the home was in the process of being redecorated.
● Similarly, professionals had completed surveys. These were seen to be positive in all areas with comments relating to the 'homely' nature of the service and 'staff are caring and knowledgeable.'
● Staff meetings were held regularly. A staff member said, "Meetings are once a month. We talk about work issues, suggestions, care plans and future training." Another staff member told us, "Yes we have regular meetings. We don't fill in questionnaires but we have plenty of chances to feedback at meetings or during training."
● Little Acorns is a relatively small service and the registered manager or deputy were always available each day to speak with people and staff. Formal staff meetings were impractical and unnecessary as there were daily opportunities for staff to raise issues.
● The home kept a compliments folder which contained numerous letters and cards of thanks from relatives, commenting on good quality of care and reference to some people's last days. A relative whose partner had passed away at the service two years ago still came into the home twice a week and volunteered to help.
● People were given opportunities to practice their religious beliefs and some people did take Holy Communion each month. Some people were atheists and their views were respected by making sure they were in a different room and were provided different activities when the Christian group visited. A person's faith and other equality characteristics were discussed during initial assessment.
● The home had some links with the local community for example the local church and local organisations like pet pals.

Continuous learning and improving care
● The registered manager encouraged her staff to develop and all had completed modules of the care certificate. The care certificate is an agreed set of standards that define knowledge and skills in the care sector. The registered manager required all her staff to know everyone's needs at the home.
● The registered manager appointed senior carers according to experience and aptitude. She encouraged staff to engage in training relevant to people's needs.
● Accidents and incidents had been recorded and outcomes and learning had been recorded. For example, people at risk of falls had detailed mobility risk assessments which contained an action plan. These referenced previous falls and action taken to mitigate in the future, for example, review of medicines, referral to occupational therapy or GP.

Working in partnership with others

● The registered manager had established positive partnerships with professionals such as GP's, district nurses, chiropodists and community psychiatric nurses. People's care needs were met and best practice followed. A professional told us, "The standard of care is high and the balance is about right. They call us when they need us." Another professional said, "They always tell us about new residents or anyone they have concerns about."