

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Acorn Residential Home

Acorn Residential Home, 47 Mitcham Park,
Mitcham, CR4 4EP

Tel: 02086486612

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Yoheswari Nithiyananthan & Mr Kanagaratnam Nithiyananthan
Registered Manager	Mrs. Yoheswari Nithiyananthan
Overview of the service	Acorn Residential Home provides accommodation and support to eight people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

people who used the service told us that they were well supported and they talked about a wide range of activities they took part in. One was a committee member of a self advocacy organisation. Some people who used the service were enabled to go out unaccompanied and others with staff support. They all used local shops, pubs and community facilities. One person told us they liked it at the service and that they chose their own food. Another told us that they were "in charge" and that they did the housework. we were also told by one person that attended their own review meetings and also went to college.

We saw comprehensive policies and procedures as well as support plans, health action plans, risk assessments and person centred plans. People told us they would know what to do if they had a problem or thought they had been abused.

Staffing levels were appropriate to meet the needs of the people who used the service and all staff had to undertake Common Induction Standards and other mandatory training. They then went on to undertake qualifying training, for example NVQs. There were a number of systems in place for measuring and monitoring the quality of the service, including sending questionnaires to relatives, seeking the views of the people who use services and monitoring health and safety, incidents, accidents and medication errors. there was engagement with other agencies, including the Local Authority, health professionals and the day centre some people attended.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them and expressed their views and were involved in making decisions about their care and treatment. They were supported in promoting their independence and community involvement. Their diversity, values and human rights were respected.

We were told that staff helped the people who use services to make choices and were trained in doing so. We observed staff interacting with the people who used services who were engaged in a variety of activities and were given information and choices. We were told that one person who was of African origin was supported to purchase and prepare appropriate food. We spoke to this person who confirmed that this was the case. This person was also encouraged to take part in community activities and was also very involved in a self advocacy organisation and was a member of a local health organisation as a patient.

Another person who used the service had decided to go out for lunch, which they had done unaccompanied. We were told that an assessment had been carried out of the risks and it had been agreed with the Local Authority Care Manager that this person could go out alone. Other people who used the service had been out with a member of staff.

We were told about one resident who had been supported through a health programme which they were initially reluctant to take part in. With support and accessible information, including from an NHS specialist and trial runs to enable them to familiarise themselves with the environment, ultimately this was successful and the person gave consent. We were also told about other activities that the people who used the service took part in including going to church, local pubs, shops and restaurants as well as theatre shows and musicals. We discussed these activities with a number of the people who use the service.

We were told that the people who used the service were encouraged to develop their independence and where possible they did their own laundry and other domestic chores,

with as much support as was required. The same principle was applied to personal care.

One person told us that they had been very unhappy in their previous place and that they felt unsafe. They said they chose to live in this service.

We noted that the provider had policies regarding support planning, reviews, risk assessments, equal opportunities and adult protection.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan in a way that was intended to ensure people's safety and welfare. Within personal files we observed Assessments, Person Centred Plans, Health Action Plan, Hospital Passports, risk assessments and other personal information. We were told that a number of people who used the service had health needs and we saw evidence of the involvement of health professionals in this process. There were also assessments carried out by Local Authority social workers. The relatives of people who use the service were also involved in the support planning process and they had copies of the plans. One person who used the service told us that they attended their own reviews.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff were trained and had attended adult safeguarding courses. The subject was covered in their induction and they were encouraged to report to their manager if they had any concerns. The manager told us about one occasion where they had reported an incident to the local safeguarding Team. they worked with the person's GP, family, social worker and members of the Community Learning Disability team to resolve the situation. One consequence of this was a DoLs application.

The manager told us that they had attended provider meetings sponsored by the Local Authority Adult Safeguarding team. We were also told that the financial records of people who use the service were monitored by family members of Local Authority Social Workers. We were shown procedures for decision making about personal money which involved social workers and family members as a safeguard.

We interviewed three people who use the service and they all told us that they would know what to do if they were abused or thought someone else had been.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. There were two staff on duty at all times during the day and one person sleeping in at night with another person on call. The rota confirmed this. We were told that additional staff were used as needed. There were eight staff altogether which was sufficient to provide this level of cover. The provider used the Skills For Care Common Induction Standards and training included Adult Protection, Food Hygiene, First Aid and Manual Handling. The manager monitored staff on a daily basis and advised them accordingly.

All staff are CRB checked and the provider had records of these checks on file. All staff have job descriptions and most had undertaken qualification training or were planning to do so. Some new staff were still in their induction periods. Staff files included application forms, photographic ID, references, CRB records, health questionnaires, the employment contract, training records and personal details.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider sent an easy read questionnaire to the people who use the service to canvas their views and questionnaires were also sent to family members and other professionals, for example the day centre people attended, every year and we saw those for 2012 in people's files. The majority of people had responded by saying the service was either "good" or "excellent".

The manager told us they kept in touch with professional developments in the field by reading professional journals and using the internet. they received updates from the CQC. They also get feedback from other professionals involved with the people who use the service. We were told that "the families tell us what they think and we also discuss things with the clients". The manager said that it was part of their role to see that people looked happy and well groomed and that the house was clean. We were told the staff team is always improving the skills they have.

Risks to health and safety are identified and action is taken where appropriate. We were told "we learn from accidents, for example falls". Medication errors are reported and expert advice is sought from professionals. Staff performance is audited through supervision.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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