

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

Acorn Lodge - Blackpool

183 Reads Avenue, Blackpool, FY1 4HZ

Tel: 01253300036

Date of Inspection: 01 March 2013

Date of Publication: April 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

Requirements relating to workers ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Mr & Mrs A Seedheeyan |
| Registered Manager | Mr. Daniel Lea |
| Overview of the service | Acorn Lodge provides personal care for up to ten people with enduring mental health needs. Support is available through local community mental health services. It offers long term accommodation in a domestic dwelling. Access to the home requires people to be mobile without the need for mobility aids as there is no lift. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

Contents

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'.

| | Page |
|---|------|
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 7 |
| Safeguarding people who use services from abuse | 9 |
| Requirements relating to workers | 10 |
| Staffing | 11 |
| Assessing and monitoring the quality of service provision | 12 |
| About CQC Inspections | 13 |
| How we define our judgements | 14 |
| Glossary of terms we use in this report | 16 |
| Contact us | 18 |

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 1 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with three people about their experiences of living at Acorn Lodge. They said they had been given information about the home before they moved in, and that the staff regularly spoke to them, sort their views and helped them with any problems.

Comments included:

"I like it here, the staff are great, the food is good and I can do whatever I like, whenever I like."

"The staff have arranged for me to go to church. This is really important to me"

"I spoke to the staff about a problem I was having and they listened and helped me sort it out"

Training certificates for the staff team showed that staff had undertaken training regarding abuse. There were a range of policies and procedures addressed the importance of whistle blowing, reporting bad practice and the rights of people using the service. We found that the registered manager had in place recruitment and selection procedures they were used to carry out relevant employment checks on staff when they were employed. The staff team is made up of a small team of people and the registered manager explained that as a result, people who use the services received a good level of consistency in relation to the provision of care. A range of internal quality audits were undertaken by the registered manager to ensure that the service provided remained consistent.

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.

Reasons for our judgement

We spoke with three people about their experiences of living at Acorn Lodge. They said they had been given information about the home before they moved in, and that the staff regularly spoke to them, sort their views and helped them with any problems.

The home's Statement of Purpose, Service User Guide and brochure were available and gave guidance to prospective users of the service and their families about the service and what it could offer. This helped people or their family to make a positive choice about living at the home.

The care practices we observed during our visit confirmed that people were being encouraged to maintain their independence and undertake tasks by themselves where able. We observed examples of good practice with people who required support with their personal care needs being treated with respect and dignity. The staff members we spoke with told us they had access to people's care plans. They said these clearly described the level of support that each person required so that a consistent and high quality of care could be delivered.

People were also encouraged to express their views and opinions including what they would like to do each day. We saw evidence that activities of different types were available to people if they wanted to get involved.

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

The people we spoke with said they felt well cared for. Comments included:

"I like it here, the staff are great, the food is good and I can do whatever I like, whenever I like."

"The staff have arranged for me to go to church. This is really important to me"

"I spoke to the staff about a problem I was having and they listened and helped me sort it out"

Individual records were kept for each person with a personalised plan of care setting out the action to be taken by the staff team in order to address assessed needs. This ensured that all aspects of health, personal and social care needs of people were known and met. Risk assessments had been completed to identify the potential risk of accidents or harm to the people being support. These were seen to be regularly reviewed and updated when necessary.

The care plans were well structured, detailed and written in the first person. Care had been taken to record what was important to the person, what people liked about the person and detailed the best way staff should assist the person in a way that was acceptable to them. Care plans had been reviewed regularly and updated to reflect any changed needs. This meant that staff always had the most up to date information, so that an appropriate level of care could be consistently delivered.

We looked at the care plans of two people. Each one described the person's individually assessed needs and the support required to meet that need. One member of staff commented, "We spend a lot of time talking with people, and spending time with people. We get to know people very well, and make sure their plans contain all the right information about them." Significant events were recorded and daily records detailed a range of information about the person including activities enjoyed and personal care given.

Observation of care practices during our visit confirmed that people were receiving effective, safe and appropriate care that met their needs. Discussion with a staff member confirmed they were clearly aware of the needs of each person and the level of individualised support required. From observation, it was clear that staff were attentive,

kind, patient and encouraging so that people felt well supported and cared for.

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

The people we spoke with said that they felt safe living at Acorn Lodge. They were clear about who they would speak to if they felt there was a problem or if they needed help. Training certificates for the staff team showed that staff had undertaken training regarding abuse and the protection of vulnerable adults. A range of policies and procedures addressed the importance of whistle blowing, reporting bad practice and the rights of people using the service. Clear information was available for staff outlining necessary measures to safeguard people living at the home.

A staff member spoken with expressed a good understanding of safeguarding including the signs and indicators of potential abuse. When questioned, this person was clear about their responsibility in reporting any concerns about care practices that potentially could be considered abusive. This person was also confident that the registered manager would refer appropriately under the local arrangements for reporting abuse. These systems helped to protect people. There was a clear procedure in place to record monies spent in respect of people living at the home.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We checked to see what systems were in place to make sure that people's needs were met by staff who were fit to do their job. We found that the registered manager had in place recruitment and selection procedures they were used to carry out relevant employment checks on staff when they were employed. These included health checks and Disclosure and Barring Service (DBS) checks. The registered manager confirmed that all the staff who worked in the home had been cleared to do so. Information contained within the records confirmed this.

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

The people we spoke with said that they liked the staff who worked at Acorn Lodge.

Comments included:

"The staff are very helpful. You can sit down and talk to them."

"The staff are like my friends"

"If extra staff are needed for an event or outing, then they come in to work and help us do what we want to do."

Information contained within the rotas showed that there were usually two staff on duty during the day to meet the needs of the 10 people living at the home. During the night, there was one member of staff on duty.

The staff team is made up of a small team of people and the registered manager explained that as a result, people who use the services received a good level of consistency in relation to the provision of care. The registered manager explained that a needs analysis and risk assessment had been taken when deciding on sufficient staffing levels, and that if people's needs changed, this needs analysis and risk assessment would be reviewed to ensure the correct levels of staff input were provided.

Staff who were spoke with said as the staff team knew the people at the home very well, they felt they could respond to unexpected changes in people's circumstances, and they were willing to cover staff sickness, vacancies, absences and emergencies. The registered manager explained that staff sickness, vacancies, and absences were low in number and that the service was not experiencing any problems in this area at the time of our visit.

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

The people we spoke with did not comment on this outcome area.

A range of internal quality audits were undertaken by the registered manager to ensure that the service provided remained consistent. Assessment and monitoring of the service provided to individuals was ongoing. Amendments to care plans were undertaken as necessary at each review or when there had been a change of circumstances. Risk assessments were undertaken as required with outcomes incorporated in the individual care plans. A record was kept of any accidents or incidents that had taken place and actions taken to reduce the potential for risks in the future.

We saw records of equipment being properly maintained and checked. Further safety measures were in place such as checks to maintain the hot water at a safe temperature and checks of the emergency lighting and fire alarms. These checks promoted the safety of staff and people living at the home. The registered manager explained that an order had recently been placed for door guards to be purchased to the fire doors within the home. Once fitted these door guards would allow fire doors to be held open safely. The registered manager explained that the device would be activated by the fire alarm, and they would release the door, thus containing any smoke created by a fire. The Registered agreed that once fitted, he would inform CQC so that our records would be up to date.

There was clear evidence that health care professionals including mental health professionals had been contacted over the health and welfare of the individual concerned. This helped people to maintain their optimum health.

Surveys for staff and relatives were made available to capture their views and opinions about a range of issues. Surveys for residents were also available however for some people, this form of internal quality monitoring was inappropriate. For other people, staff had to sit down and spend time with the person to find out what they thought.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
