

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

Acorn Care Home

83 Blythswood Road, Goomayes, Ilford, IG3 8SJ

Tel: 02085971793

Date of Inspection: 18 February 2013

Date of Publication: March 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

Meeting nutritional needs ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Staffing ✓ Met this standard

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

Complaints ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Mrs Sarbjit Soor
Overview of the service	<p>Acorn Care Home is a home care service without nursing. It provides accommodation for persons who require nursing or personal care.</p> <p>The owner is also the manager of this home. It is registered to provide care for up to three older people. Each person living here has their own bedroom.</p> <p>There are communal sitting rooms and a large garden that can be accessed by people living in the home.</p>
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 18 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People that lived at this home said they "Liked living here and the staff that cared for them were nice". They can choose how to spend their days and were able to access various events in the local community. If they needed someone to support them outside the home staff would accompany them. They were taken to visit local shops to do personal shopping if they wished.

The care plans had recently been reviewed involving each person their family and staff. This ensured care was, individualised and personalised. Choices were available at all mealtimes and a range of diets were catered for.

Relatives that we spoke to liked this home and were very happy with the care their family member received. They knew who to speak to if they had any concerns and found the staff to be approachable and caring.

Staff had worked here for a number of years and had received relevant training to provide care and support to people living at this home. The home manager actively sought the views of people that lived here and their families as to how this home was run.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

There were three people living at the home at the time of our inspection. When we first arrived at the home two people were in their rooms and one person was sitting in the lounge area. The staff said that people liked to spend time in their rooms. The staff informed us that two of the people that lived here had been here for some time and one person was here on a temporary basis.

We spoke to two of the people that lived here. They told us that they enjoyed living in this home. They participated in activities within the local community; one person attended their local day centre three times a week. We saw that people maintained close contact with their families who visited regularly and accompanied them on days out.

The three people that lived here were from different ethnic backgrounds. The staff responded to individual needs particularly in relation to their religious practices. We observed that people were offered choices at mealtimes and sometimes participated in food preparation. The kitchen could be accessed at any time for food and drink.

We saw good interactions between staff and people that lived at the home. The provider had installed a second television in the dining room so one person could access the television channels in their own language.

Each person had their own room and people could individualise it as they wished. People could vocalise their wishes and could choose what they wanted to do. We noted that the care plans were individualised and people were involved in the planning of their care and how they wished to be supported.

Family were able to visit whenever they wanted and called regularly at the home. People were supported in practising their religious beliefs in the home. They also attended their local services with the support of families or staff.

Family said they were, "Very happy with all aspects of care and support". They found the

care to be "Personalised and their relative was safe and comfortable living at this home".

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

One person told us they were "Happy living here and did not want to move out". From our observation we saw that staff knew these people well. They exchanged conversations about their families and the time spent outside the home. One person used to go on outings outside the home but recently declined these opportunities. Staff secured a wheelchair for outside use but this person was adamant they were happy staying indoors. They enjoyed watching TV, reading their magazines and listening to music.

We looked at the records of the three people living at the home. We saw that they had a detailed care plan that was regularly reviewed and updated if required. The care plans provided enough detail of how each person needed support with their care.

The care records showed people's health needs were met. There were records of visits to health care professionals and any action required following these visits. We saw that one person staff had noted was having hearing difficulties. Hearing checks were arranged and hearing aids fitted however this person declined to wear them.

There was enough staff on duty to provide the support that was required. Throughout our visit we saw staff spending time with people ensuring their needs were met.

One relative we spoke to said that "Staff knew their relative well and that they were very happy with the care provided". The two people who are living here permanently have had a recent annual review with their social worker, family and staff. The manager said the verbal feedback indicated that there was no concerns with the care and support offered, they are waiting for the written report.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People are supported to eat and drink sufficient amounts to meet their needs. When we arrived one person was finishing their breakfast and another we saw going to the kitchen to get their own food.

Throughout our visit we saw staff engaging with people and offering further drinks and food during the day. There was a range of food and drink offered. Two of the people living here were vegetarians and were only offered vegetarian food. The other person who was not a vegetarian was offered cooked meat at mealtimes.

The staff said people living in the home would participate in food preparation and enjoyed the food discussions they had. During our visit we spoke about eggless pancakes that had been made the previous week.

The people that live here can vocalise what they want to eat. One person requested to use their own crockery and cutlery and this is adhered to.

The home has recently had a food safety audit from the local council. No concerns were raised following this audit. Staff all have had food hygiene training and are involved in food preparation.

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

Staff we spoke to were aware of the safeguarding policy and a copy of this was available for staff to refer to if required. Staff knew what behaviour could be considered as abuse and the steps they should take if abuse was suspected or observed. They were also aware of the whistleblowing policy and why this was in place.

Staff told us that they all had received safeguarding training previously. However they had just missed an opportunity to update this training due to unforeseen circumstances. The manager said this day has now been rescheduled and staff will be attending.

The relatives we spoke to know what steps to take if they had any concerns. They said that they have never had any worries about the care and support in the home. They could tell us how they would raise concerns and knew that they could contact the local authority or CQC if this was required.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

All staff has had administration of medication training. The manager stated that they work with a local pharmacist who supplies all medication in individual blister packs. We observed completed medication administration record sheets for each person. Staff knew if the people they were caring for had any known allergies or reactions to specific medication.

The staff check stock quantity regularly and also check expiry dates prior to administration. Medication is stored in a locked cabinet.

The pharmacist picks up the prescriptions from the GP and delivers the medication to the home. If there are any changes they make verbal contact with the staff and the staff follow this up by detailing the changes in the care folders.

All unused or expired medications are returned to the pharmacist for safe disposal.

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

During our visit there was one member of staff on duty and the registered manager/owner. There are four members of staff employed in this home. Staff clean the home, assist with food preparation and support the people that live here. Of the three people that live here two are very independent and require minimal support. Overnight one staff member sleeps in the home. The staff member spoken to say there is enough staff on duty to provide the support that people require. Families accompany some of the people to their hospital appointments. The home manager will arrange for a staff member to accompany the person if it is required.

Agency staff are not used in this home. The four care staff that work here have worked here for a number of years. They each have a National Vocational Qualification (NVQ) and have the opportunity to attend other courses such as medicines management, manual handling and food hygiene.

We spent some time in the communal areas and observing staff. We found staff offered support when required and they spent time just talking and discussing everyday topics which most people joined in.

The two relatives we spoke to said they had no concerns about the staffing levels in this home. They found that their relative was always well cared for. Staff always spent some time talking with them when they visited.

Staff said they had a two monthly supervision meeting and a yearly appraisal with the manager. They got the opportunity to talk with the manager regularly in relation to the care and support they provided.

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

We saw that the provider met with the families visiting regularly. They had been asked to complete a quality assurance form and a copy of this was in their relative's records. The relatives we spoke to said they were happy about all aspects of care in the home.

There were procedures which were followed to review people's care with them and their family if they wished them to be involved. People's needs were planned for and risk assessments were in place to reduce any risks to each person.

The provider carried out regular reviews of the environment. We were told that the flooring that was worn in the kitchen area was scheduled to be replaced in the coming weeks.

Staff told us that they were able to make suggestions about improving the service and the manager listened to what they had to say.

The manager had emergency procedures in place that would be followed if there ever was an emergency in the home. The staff knew who to contact if the need arose the manager who was also the owner was happy to be contacted at anytime.

Recent unannounced food hygiene survey by the local council. Awaiting the full report verbally reported that no concerns were noted.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The home has a complaints process that would be used if a complaint was raised. The staff actively seeks the views of the relatives each time they visit. They said they have a good relationship with the families and are confident that concerns would be brought to them if required.

The two people we spoke to who live at the home said that they could talk with the staff anytime and they were always helpful. They had no complaints to make about living here if they did they would speak to the staff.

The two relatives we spoke to confirmed that they knew that there was a complaints process and would know who to contact if they had a complaint. They both said that they have never had any reason to complain about any aspect of care within the home. That the staff were approachable at all times and kept them informed of any changes or concerns affecting their relatives.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The people living in the home care folders were kept in a secure cabinet. People could view these records if they wished. They and their families were involved in the developing of the care records. There was daily documentation in each persons care records.

Visits made to other health professionals and subsequent follow up actions and /or visits were documented in the care records.

All relevant data was kept in the current records folder. Older information was stored securely. The manager said they had stored all information for each person since they came to live at the home. The manager said they were unsure as to how long records were to be stored for; they will now follow CQC advice on record storage.

All staff personal files were locked securely. There was evidence of standardised recruitment process and regular appraisals.

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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