

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

Date of Inspection: 05 December 2013

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2014

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
Management of medicines	✓ 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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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 5 December 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

We spoke to three people who used services, three relatives, the registered manager, two members of staff, a case manager from the local council and two workers at a Day Centre used by people who live in the home. People's care and treatment was delivered in a way that was intended to ensure their welfare and safety. People who used the service said 'I like it here' and 'I like the staff'. Relatives told us 'it's a very nice home' and 'they do everything possible to make people happy'. We found that people were able to express their views and were involved in making decisions about their care and treatment. People who used the service, their representatives and staff were asked for their views about care and treatment and we saw that they were acted on. There were enough skilled, qualified and experienced staff to meet people's needs. Medication was managed safely.

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. Their views and experiences were taken into account in the way the service was provided and delivered.

Reasons for our judgement

We found that people were able to express their views and were involved in making decisions about their care and treatment. We were told by the registered manager that they and other staff encouraged choice in the areas of daily living such as their clothing, activities and food. One person told us 'I get to choose what I eat' and others confirmed they were involved in the preparation of meals. We saw minutes of residents' meetings that showed people had asked for different drinks and that this had been agreed by and acted on by staff. Two people who used the service confirmed they were free to choose their clothing and their activities during the day. A case manager told us that 'people are always allowed to do things their way, as long as it's safe'.

People were supported in promoting their independence and community involvement. People told us they actively chose to attend outside activities, including going to the pub, to the theatre and local charity events. One person told us they were actively involved in running a local charity and this was confirmed by staff. Staff told us the destination for a summer holiday had been chosen by people and one person elected to go somewhere else. It was confirmed by people we spoke to that this decision was supported by staff and the registered manager. Both relatives and day centre staff told us that people freely expressed their views and were involved in making decisions about their care and treatment. We saw that people had been able to personalise their rooms.

We found that people's diversity, values and human rights were respected. We saw equal opportunity and race relations policies and two people confirmed their cultural needs were respected and in particular that their choices of food were acknowledged. Staff we spoke to understood the need to respect the cultural background of people in the home. A case manager told us that families were encouraged to be involved in people's care and people themselves and their relatives confirmed that relatives visited the home regularly.

People who used the service understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment. One

person with complex physical needs told us staff explained things to him and offered them explanatory written material which they could understand. They told us they liked to go to their hospital appointment on their own and that staff encouraged this. Each person had a 'Hospital Passport' with information for external staff and people themselves confirmed this had been useful.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People told us 'it's good here', 'there's nothing I don't like' and 'I like the staff'. One relative told us their relative was very happy in the home and 'I owe them a lot.' Others said 'it's a very nice home,' 'they do everything possible to make people happy, I wouldn't want him to be anywhere else' and 'they're always willing to talk to us.'

A case manager told us 'it's a very caring staff team who are willing to challenge other professionals and advocate on their behalf'. They also told us 'I've only ever seen the staff being good to people,' 'the registered manager is fantastic' and 'they work well with outside professionals'. The provider may wish to note that day centre staff felt that some improvements could be made to communication between the day centre and the care home, in that questions about the care of people were sometimes felt to be responded to defensively.

A care manager gave us an example of a complaint being acted on. They felt that the registered manager had acted promptly in response to a relative expressing doubts about the suitability of the home for a loved one. Relatives told us 'I can phone whenever I want,' 'they always listen to me' and 'If there were any problems they would tell me.' Staff told us they were happy to raise problems with the registered manager and always had a positive response.

Staff told us they had worked closely with a community team for people with learning disabilities and encouraged people to attend breast screening. We saw notes that confirmed this. One person had refused to participate and we saw from the notes that they had been supported in this decision. Each person had a 'Health Action Plan', which one person told us they had found helpful.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We examined four sets of people's files. Each person had a plan of care that was reviewed every six months. These focused on needs and preferences, action plans, expected outcomes and review dates. They included 'things I

don't like', 'good things about me', 'things that are important to me' and 'my best weekday'. We saw annual risk assessments that related to areas such as safety in the community, managing aggression, fire safety and mobility and updated risk assessments where something had changed in one of these areas. Each person had a 'Personal Planning Book'. We examined one person's care over the last year. This person had multiple physical and psychological needs. We saw evidence of ongoing involvement of other professionals, excellent communication between the service and them and full involvement of the person themselves. This person told us they were happy with their care and were helped to make choices that were right for them.

We saw there were arrangements in place to deal with foreseeable emergencies. There were policies and procedures covering areas such as first aid, fire, falls and incidents of aggression. Staff who spoke with us were familiar with these and able to describe to us what they would do in emergencies. The registered manager told us staff had spotted the early signs of a major physical illness and had reported this immediately. We saw an e-mail confirming this to be the case.

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

Medicines were prescribed and given to people appropriately. We saw evidence of prescribing by GPs, hospital consultants and psychiatrists. Staff and people themselves had access to information leaflets and the registered manager was aware of the reasons for the prescribing of all medication people were currently taking, of side-effects and of possible dangers. We were told by staff that they had access to patient information leaflets and the registered manager was always approachable but the provider might wish to note that when we spoke with staff their knowledge of medication was limited. People themselves told us they were aware of the reasons for the prescription of particular medicines. We saw a policy for reporting any errors but were told this had not been used in the last few years.

Appropriate arrangements were in place in relation to obtaining medicine. We saw evidence of an agreement with a local pharmacy and records of weekly deliveries and of staff checking stocks. We examined prescription charts for everyone in the home and saw that good arrangements were in place in relation to the recording of administration. We also saw that medicines were kept safely and disposed of appropriately. We saw records confirming the pharmacy audited medications every three years. There was a policy covering adverse events involving medication but we were told this had not been used.

We saw policies covering the safe administration of medicines. One person self-administered their medication and we saw notes confirming this had been agreed and was monitored closely by staff. The registered manager told us there was no use of covert medication and that one person had their tablets crushed and put in food in front of them. This was recorded in their notes and we saw it had been agreed to by the person.

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. People who used the service and their relatives told us they thought there were enough staff. We were told that there were three staff on during the day, three in the evening and one at night. There was always a senior member of staff on duty during the day. One senior member of staff was on-call at night and the registered manager told us they were available 24 hours a day. One new member of staff had recently been appointed and there was a system in place to use agency staff in the case of staff illness. A case manager told us they felt there were enough staff to keep people safe and meet their needs, although both they and day centre staff felt that if there were any change to the range or degree of the difficulties people experienced, more staff would be necessary.

Staff we spoke to knew what to do in cases of emergency. We saw evidence of training in and policies for first aid, fire safety, managing aggression and managing risk.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw records of issues raised by people living in the home that had been acted on promptly. A relative told us 'they always listen to me and act on any suggestions I have.' We saw minutes of two-monthly meetings for people living in the home and a monthly staff meeting which contained examples of people and staff suggesting improvements to areas such as menus, activities and Christmas and holiday arrangements and these suggestions being acted on by the registered manager.

We saw an Annual Survey from 2012 of people's views which covered a range of areas, asking questions such as 'Do you like living here?', 'Do staff treat you well?', 'Is your privacy respected?', 'Are you involved in making decisions about your care?', 'Are there good activities?', 'Do you like the food?', 'Do you feel safe here?' 'Do you know who to speak to if you are unhappy?' This year's survey was currently being planned by a service user. This was confirmed by the person themselves.

We asked about the auditing processes and the provider may find it useful to note that we saw no evidence of an auditing process which would help ensure staff compliance with policies such as health and safety and the home environment.

The provider took account of complaints and comments to improve the service. A case manager told us 'I have suggested things and they've responded to me and done something about it.' We saw a complaints policy, which staff showed they understood in their discussions with us. A case manager gave us an example of the registered manager immediately responding to a concern about a person with scratches on their head and investigating this thoroughly. We saw an incident report that had been sent to a duty case manager clearly outlining an incident and the action taken following it. This demonstrated to us that there was a system in place to report, investigate and act upon adverse events or

incidents. The provider may wish to note that day centre staff felt that response to feedback from them was sometimes slow.

We saw risk assessments and risk management plans in all the personal files we examined. Staff told us they were proactive in identifying risks and this was confirmed by relatives and a case manager.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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