

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: 16 September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Sarbjit Soor
Overview of the service	Acorn Care Home is registered to provide accommodation for up to three older people who require nursing or personal care. The home does not provide nursing care.
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 carried out a visit on 16 September 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

At the time of our visit there were two people living at the home who had been there for a number of years. We spoke with them, their relatives and three members of staff including the owner-manager. People told us they liked living there. One person said, "it is nice here, I can choose how I spend my time here." Relatives were happy with how their family member was cared for.

People confirmed they consented to things on a daily basis. Their records showed they consented to the care they received and it was reviewed on a regular basis. Relatives told us their consent was sought for anything their family member was unable to understand.

We saw staff had a good understanding of people's individual care needs. One relative said, "the staff always make my family member look nice, she has always cared about how she looks, and the staff maintain that." Another relative told us the staff supported their family member in attending their temple.

The people living there were cared for in a clean, tidy and safe home which was accessible for people who used wheelchairs.

Staff felt supported and received training relevant to the care and support of the people living there.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People consented to live at Acorn Care Home when they first moved in. Records showed they had signed their consent to the terms of living at the home and the care and support provided.

Staff told us they always gave people options, one member of staff said, "we can't force people to do things, it's their choice." Staff gave us an example where a person had refused their medication as they didn't like the side effects. The person told staff that they would take it when they felt they needed it. The provider informed the person's GP and it was not considered to be a risk to their health to take the medication intermittently. The staff said the person was much happier being in control of what their body needed and when.

All the people using the service had the mental capacity to understand and give their consent on a day to day basis. One person we spoke with told us they always chose what they wanted to wear. We heard staff offer people a choice of drinks and food.

Staff told us if someone lacked mental capacity to consent their family or advocate would be asked to consent on their behalf. One relative said, "I give permission on behalf of my relative for anything they can't understand, such as finances or medical appointments."

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager told us that people were given support at any time they required it. While we were visiting we noticed that one person chose to get up late morning while another preferred to be up earlier. Staff were able to support people having different meal times to accommodate their preferences.

We observed staff speak to people in a friendly and supportive manner. One member of staff said, "we can really get to know the people who live here. We are not just a home, we are a family." One relative told us, "the staff treat my relative like their own."

The care plans were person centred and included risk assessments for moving and handling, administering medication and going out. They were up to date and records showed they were reviewed every year or sooner if required. Staff told us as they worked very closely with people they were very aware of any changes in them, such as their behaviour or appetite. This meant they were able to respond immediately and deliver care that was appropriate to the individual's changing needs.

People were supported with any diverse needs. One person who lived at Acorn Care Home was supported in regularly visiting their temple. We observed staff conversing with the person in their own language and the provider had installed a second television in the dining room so they could access the television channels in their own language.

There were arrangements in place to deal with foreseeable emergencies. There were 'on-call' staff to cover staff absences immediately.

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

During our visit no one raised any concerns with regard to their safety. The people we spoke with using the service told us they felt safe. One person's relatives said, "it gives me great peace of mind to know my relative is safe and cared for."

Staff understood the different types of abuse they might come across during their work. We saw the abuse and safeguarding policy and procedures files, which were accessible to all members of staff. Records showed that staff had attended safeguarding vulnerable adults training.

We saw the whistle blowing policy. The staff we spoke with understood the policy and who they could inform about any poor practice within the home.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. Acorn Care Home was clean, tidy and spacious accommodation which had three bedrooms. There was a shared bathroom on the first floor, a shared shower room on the ground floor, a kitchen, dining room area and living room. The environment met people's individual needs, for example there was appropriate wheelchair access and a stair lift.

There were photos of the people who lived there and framed pictures displayed on the walls. We saw two bedrooms; furniture was provided for individual needs such as an air mattress to prevent pressure ulcers and non-slip flooring.

There were occupational health aids such as shower chairs and handrails in the shower and bathroom. The kitchen was clean, uncluttered and bright. The entry system of the front and rear door was secure. There was a well maintained garden at the rear of the property for people to use.

Records showed that the gas and electrical equipment were regularly tested and maintained. The recent fire safety checks had not raised any concerns. The communications logs showed that fire drills were regularly practiced.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The staff group was established and consistent as many of them had worked at the home for a number of years. All the staff we spoke with felt supported in their work. One staff member said, "our manager is so supportive. She treats us and the people living at Acorn like her own family."

The staff were able from time to time to obtain further qualifications appropriate to the work they performed. Records showed staff had recently attended a course on end of life care. The staff told us they went on mandatory courses, such as safe guarding vulnerable adults and food hygiene.

Staff had one to one supervision meetings with their manager every two months. They were able to discuss any concerns or issues with the people they were supporting, staff issues, training needs and anything else that may affect their performance. Staff said it was useful to have the meetings and they could always talk to their manager before the scheduled meeting if they wanted to.

All the staff took part in a monthly team meeting. Records showed the meetings took place regularly. They used it as an opportunity to discuss any concerns or issues and the home's policies and procedures.

Staff also had a hand over meeting between each shift which meant they were alerted to any issues or concerns. This meant people were supported with their care needs consistently.

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 sought feedback from people using the service and their relatives with an annual feedback survey. People we spoke with told us they were very happy with the service and support provided.

The people living at Acorn Care home took part in monthly residents meetings. They discussed activities they would like and how staff can support them with the activity, the menu and any services they would like to visit them, such as a chiropodist.

At the time of our visit there had not been any complaints made by people using the service or their relatives. We saw one person had written in the customer satisfaction survey, "I do not have any complaints." People's relatives told us if they needed to complain they would speak to the staff or manager. They felt that any complaint would be taken seriously and investigated thoroughly.

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.

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

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