

Mrs Sarbjit Soor

# Acorn Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Acorn care home is a residential care home providing personal and nursing care to up to 4 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 4 people using the service.

### People's experience of the service and what we found:

People felt safe. There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There was guidance for staff to keep people safe from harm. People received their medicines as prescribed. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. People enjoyed the food staff prepared. Staff knew and understood people's dietary requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring. People and relatives praised the caring and inclusive nature of the service. People's privacy, dignity and independence were respected and promoted. People and relatives were actively involved in their care planning and delivery.

People received care that was responsive to their needs and preferences. People's communication needs were assessed and met. People achieved good outcomes from their care. People, relatives and staff all spoke highly of the support they received from the nominated person. The nominated individual maintained daily oversight of people's care and was caring towards people and staff. They ensured they built and maintained a close relationship with people and their relatives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published February 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Acorn Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We always ask the following five questions of services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# Acorn Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Acorn Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acorn Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

The provider of the service is an individual who is responsible for the day-to-day management of the service. Therefore they are not required to have a separate registered manager. Therefore, the provider is the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During our inspection we spoke with the registered manager 3 people who used the service and a care worker. We looked at 3 people's care plans, which included risk assessments, 3 staff recruitment files, staff training records and records relating to the management of the service such as quality monitoring surveys. We also looked at the environment of the service. After the site visit, we spoke with 2 relatives about their experiences of the care provided and 1 care worker.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has select option Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from the risk of abuse and avoidable harm.
- There were systems designed to protect people from the risk of abuse. The staff had training to understand how to recognise and report abuse. There had not been any safeguarding concerns since our last inspection.
- The provider displayed safeguarding flowcharts around the home advising staff about the actions to take if they suspected or knew abuse has taken place.
- Staff told us they understood potential signs of abuse and would feel confident to report these to their manager.

Assessing risk, safety monitoring and management

- People felt safe. One person said, "Yes I feel very safe." Another person told us "Yes I feel safe, we are all 1 family here."
- The provider took a proactive approach to assessing and mitigating risks to people's safety. There were risk assessments in place that identified potential risks to people's safety and guided staff how to keep people safe from harm.
- The assessments were comprehensive and showed how risks would be minimised and managed. The assessments were regularly reviewed and updated.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Staffing and recruitment

- The provider operated safe recruitment processes. Staff were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- As part of the recruitment process staff were assessed by their interactions with people. The registered manager told us that they observed staff supporting people for 1 day in the home before they were employed. The manager observed how staff engaged with people, their body language, if they were caring and whether they showed empathy.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs and their preferences.

### Using medicines safely

- Medicines were managed safely. Regular checks were completed on medicines stock and records. We reviewed these records and we found people had their medicines administered safely and in line with the prescribing instructions.
- Medicines were administered by trained staff. Staff received training from the local pharmacist. A pharmacist also conducted unannounced visits to quality check medicines records.
- Staff received regular observations of their practice to ensure medicines were administered safely, this included spot checks and medicine administration quality checks.

### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff. A health professional visiting the service had praised the, "Clear procedures for COVID-19 prevention. Made me feel safe."
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

### Learning lessons when things go wrong

- Staff completed accident and incident forms when needed. When incidents or accidents took place, the manager analysed and investigated these incidents and learning was shared within team meetings.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has select option Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that was individual to their needs and preferences.
- The provider worked closely with people and/or their relatives to develop care plans based on their assessed needs. Through their work they had helped to improve people's nutrition, health and general wellbeing. One person told us "I never wanted to come to a care home, but I needed to, before coming here I had no appetite and had lost a lot of weight a goal was to gain weight and after 1 week I gained 1 kilo."
- People's care plans were regularly reviewed and updated following any changes in their conditions or needs. The provider worked with health and social care professionals to make sure people's needs were identified and met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs was recorded in their care plans. There was a recognition that staff needed to understand and adapt their communication in response to people's dementia, mental health and confusion as well as sensory impairments and spoken languages.
- Staff used a variety of tools to communicate with people. For example, staff used google translator to translate English to people's spoken language. We observed a staff member speaking Punjabi to a person. This was not the staff member's spoken language, when asked how the staff member learnt Punjabi they advised that they had picked it up from the person's relatives whilst they visited and also had used google translator.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access their chosen hobbies and interests. Staff supported people to plan their day to day activities. We observed staff carrying out activities with people such as board games, puzzles and arts and crafts.
- People were supported to maintain relationships that were important to them. Relatives told us staff kept them up to date about the well-being of their relative.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place to record concerns and the action that had been taken as a result.
- The service had not received any complaints since we last carried out an inspection of the service. People and their relatives told us they didn't have any complaints.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has select option Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture where people using the service, their families and staff felt included and empowered. The feedback we received was positive with examples of how people's lives and wellbeing had improved whilst being at the home. We observed 1 person walking to the toilet unaided, the staff member told us "When they started living here they required a [walking] frame to walk and now they are more stable on their feet and now can now walk without it."
- Comments from people using the service and their relatives included, "Yes my needs are met I love it here."
- Staff confirmed they were happy working for the service. Some of the comments from staff included "[The Manager] is very supportive and caring."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their responsibilities under duty of candour. There were systems in place to show that they were open and honest with relatives and stakeholders when things went wrong.
- The provider understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- The manager had a very good understanding of people's needs and maintained a good oversight of the service.
- Staff were positive about working at the service and felt valued they told us that they have regular supervisions with their manager and that their manager is . Comments included, "It's a very caring service, my manager is very supportive and kind, I can raise any issues with them if I need to but I have never needed too."
- We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were completed on a regular basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- The provider had systems in place for people to give feedback about their experiences of using the service. The provider had
- The provider held regular meetings with people using the service. Records of these meetings showed that people gave feedback on the menu choice, staff and the service.
- The service was small and staff built close relationships with people and their relatives. This enabled staff and people to provide regular updates regarding their care needs and of any changes.
- The registered manager was always available at the service. The registered manager interacted with people and their relatives daily to obtain regular feedback about the service and if people felt their needs were being met.
- Staff received regular supervision meetings and team meetings to share feedback on how the service could improve.
- The registered manager considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff characteristics were considered.

#### Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The registered manager undertook a range of audits to make sure people were receiving good quality care. These included quality assurance questionnaires for people using the service and professionals such as paramedics, the GP and pharmacists for their feedback of the service.
- Spot checks and observations of staff were completed on a regular basis. Medicine and care records were audited regularly.

#### Working in partnership with others

- The staff worked in partnership with others to help ensure people received personalised care and support. They liaised with external healthcare professionals, such as social workers, dentists, district nurses, GP's, paramedics and pharmacists.
- The provider worked closely with the local authority to place people into the service.