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Little Acre Care Home

Inspection report

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Date of inspection visit:
27 October 2016
28 October 2016

Date of publication:
23 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We visited the home on 27 & 28 October 2016 and carried out an unannounced inspection visit. This meant the provider did not know we were coming. At the last inspection on the 17 September 2015, we had asked the provider to make improvements in meeting people's health and welfare needs. We found that other improvements were needed around record keeping, safeguarding procedures and about people being supported to make decisions. This led to improvements being necessary in the overall running and monitoring of the quality of service by the provider. We received an action plan from the provider detailing how these improvements would be made.

At this inspection we looked at all the areas where the home had breached the regulations described above, and other areas to ensure that we carried out a fully comprehensive inspection of the services provided. We found that there had been significant improvements across all areas and the home was no longer in breach of the regulations.

Throughout this period the provider worked closely and co-operatively with CQC and the local county council commissioning and adult social care teams.

Little Acre Care Home is registered to provide accommodation for people who require personal care. The home can accommodate up to 14 older people, some of whom may have dementia. Accommodation is provided on the ground floor of a bungalow style property. All of the rooms are for single occupancy; 13 of the rooms provide en-suite facilities with the remaining room having close access to a communal bathroom. The home had one vacancy at the time of our inspection.

There was a new registered manager employed at the service since the last inspection. 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.

All of the people we spoke with during our visit to the home told us that they were "very happy" with the home and the support they received from staff. Everyone, including visitors and staff said they really liked the new registered manager. They found him "a breath of fresh air" and also said that both he and the owners were very approachable.

One person said; "I think it is excellent here, I looked at a few homes before I came here and I can't fault it. This really is my home now." Another said, "The girls are very nice. I am safe and I comfortable and all my needs are catered for. What more can you wish for." A third person said, "I'm very content. I couldn't wish for better. I go to bed when I like and have a sleep in if I want. I can have cooked breakfast and the food is beautiful."

Healthcare professionals told us of the staff, "They worked beyond the duty of care and always go the extra mile." Another said, "Definitely one of the best groups of staff I have ever worked with, they all really care, and the place is very person centred."

The ethos of the home was one of an extended family. Staff valued each person as an individual, people mattered and staff developed exceptionally positive, kind, and compassionate relationships with the people they supported.

Staff were very knowledgeable about people's needs and about them as a person. This was a real feature of the home. One person said, "I love this home because its small and you get the personal touch. All the staff know me so well. I've known some of them and their families for years. This keeps me in touch with what's going on. You can't buy that!" Another said, "This place really is my home. I do what I want as if I was at home."

Training was now a positive feature of the home and staff were very upbeat about increased opportunities for learning. Staff were well supervised and supported to ensure they provided high quality care that was tailored to each person in order to promote people's well-being and engagement.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. People were encouraged and supported to make choices where they were able about all of their daily lives.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Medicines were handled safely and people received support with their medicines as they needed in a safe and timely way.

Healthcare professionals spoke very highly of the home and how they managed people's health related conditions. One said, "I trust them to make the right decisions. If they call me I know I'm needed. The staff are excellent at communicating and managing quite complex health matters." Another said, "I always get excellent handovers from staff who are very knowledgeable about the people they care for."

People received exemplary end of life care at the home in line with best practice guidance. They were treated with dignity, kept peaceful, and pain free and staff supported families and those that mattered to the person to spend quality time with them.

The accuracy, quality and detail recorded in people's risk assessments and care plans had significantly improved. Risk assessments were in place that accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Records were now in place that reflected the care that staff provided.

Menus were varied with a wide choice of home cooked, nutritious food. Staff supported people who required help to eat and drink and special diets were catered for.

A wide range of both group and individual activities and entertainment were available for people. People

said they had a really good choice of what to do with each day.

The environment was warm and homely. Improvements and redecoration were on-going and refurbishment was carried out sensitively to promote the orientation and independence of people who lived with dementia.

Infection control measures in the home were good. The staff team had been suitably trained and had access to personal protective equipment. The home was kept clean and orderly while still keeping a homely feel.

People were confident to speak to staff about any concerns if they needed to. Staff and people who used the service said the new registered manager was very approachable. People had the opportunity to give their views about the service. Feedback from people living in the home and from staff was acted upon in order to ensure improvements were made to the service when required. A recent quality assurance review was highly complimentary about the service they received.

People told us the service was well organised and managed. The registered provider set high standards and the new registered manager had set up systems that monitored the quality of the service to check these were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to provide the support people required. Robust systems were in place to check that new staff were suitable to work in a care home setting.

The care staff and registered manager in the service took appropriate action to protect people from the risk of abuse and to keep people safe.

Risk assessments were carried out appropriately to keep people safe.

People received their medicines safely and as their doctors had prescribed.

Is the service effective?

Good

The service was effective.

Good systems were in place to ensure that people received support from staff that had the right training and skills to provide the care they needed. People therefore received support that made a positive difference to their lives.

Support was provided with food and drink appropriate to people's needs and choices and in a way that promoted people's health and well-being.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Staff ensured they obtained people's consent to care. People's rights were protected because the Mental Capacity Act 2005 code of practice was followed when decisions were made on their behalf.

Is the service caring?

Outstanding ☆

The service was extremely caring.

The ethos of the home was one of an extended family. Staff valued each person as an individual, people mattered and staff developed exceptionally positive, kind, and compassionate relationships with the people they supported.

People and their relatives were consulted and involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were very caring and spoke with people in a respectful and dignified manner.

People received exemplary end of life care at the home in line with best practice guidance. They were treated with dignity, kept peaceful, and pain free and staff supported families and those that mattered to the person to spend quality time with them.

Is the service responsive?

Good

The service was responsive.

Care plans contained good detail being person centred and people's abilities and preferences were clearly recorded.

People made choices about their lives and were included in decisions about their support.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post.

There was an open and positive culture which reflected the opinions of people living at the home.

There were clear values underpinning the service which were focussed on providing high quality person centred care.

The registered provider set high standards and there were robust systems in place for monitoring the quality of the service.

Little Acre Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 & 28 October 2016 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding teams.

During the inspection we spoke to ten of the people living at Little Acre Care Home and three of their relatives and two friends. We spoke to five members of staff as well as the registered manager and the provider. We spoke with visiting healthcare professionals and a deprivation of liberty assessor.

We looked at a sample of care records belonging to four of the people who used this service and we observed staff supporting people with their day to day needs, in communal areas. We looked at the recruitment records of two recently appointed staff, the staff duty rosters and the staff training records.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt "very safe" and "comfortable" with the staff and registered manager at the home. No one that we spoke with had ever had to raise a concern about the service they received. People told us that they knew who to speak to if they did have any issues. One person said; "I feel comfortable that I could go and speak to the manager or any of the staff if I had any worries or concerns."

We considered there were sufficient staff to meet people's needs. The registered manager told us staffing levels were determined by the number of people using the service and their needs. We were told people's dependency levels had been taken into account to ensure sufficient staff were deployed over the 24 hour period. At the time of our inspection there were 13 people who lived at the home. Staffing levels were one senior support worker and two care staff. Additionally auxiliary staff included a dedicated housekeeper, two cooks, laundry and domestic cleaning staff.

The registered manager was supernumerary in the home between the hours of 9am and 5pm weekdays. Staff also said he and the owners were frequently in the home and were always available when extra support was needed, such as at the weekends or through the night. Staff reported that additional care staff could be arranged at any time for emergencies or if people's needs changed. A senior told us, "Most staff live very nearby and we have a great loyal, dedicated staff team so there's never any issue with getting more staff in. It's always approved by the manager or owners."

The newly appointed registered manager was very knowledgeable about and understood his role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. He had ensured that notifiable incidents were reported to the appropriate authorities. Safeguarding policies and procedures had been updated and revised and were in line with current good practice.

When we visited the home in September 2015 it was not fully meeting the regulation relating to safeguarding of vulnerable adults. On this inspection we found the home had a much greater understanding of all aspects of keeping people safe and protecting people's rights. Staff had an improved knowledge and understanding of safeguarding vulnerable adults and knew how to identify and report any concerns. Records showed, and staff confirmed staff had completed safeguarding adults training. They were able to describe various types of abuse and tell us how they would respond to any allegations or incidents of abuse and they knew the lines of reporting within the organisation. One staff member told us, "The manager has really got us thinking about safeguarding. We've had lots of recent training and we talk about the issues in staff meetings and in supervisions. It's really a focus now. Any safeguarding concerns I'd report to the senior or manager." Another said, "Yes I would know what to do if I wasn't happy with anything."

The home had improved how they carried out assessments of people's needs and how they identified and mitigated risk. Thorough individual risk assessments were in place and there was now a system of regular review to ensure they remained relevant, reduced risk and kept people safe. Evaluations included detail

about the person's current situation. The risk assessments included risks specific to the person such as for moving and assisting, mobility, nutrition and pressure area care. For example we observed staff moving residents in wheelchairs and using hoists. These were all used appropriately and safely with staff giving gentle reminders to people about moving feet or tucking in arms. Staff were quick to spot people attempting to move without walking sticks or frames and reminded them to use them. We heard one staff member say, 'Use your stick now, no racing." When we checked risk assessments we saw that measures were recorded to reduce risks and to keep people safe.

A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. The plan was reviewed monthly to ensure it was up to date. This was for if the building needed to be evacuated in an emergency.

At our previous inspection we had found the service was in breach of the regulation related to medicines management. On this inspection we found that people received their medicines in a safe way. We observed a medicines round. Medicines were administered by the senior support worker. We saw they checked people's medicines on the medicine administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. The staff administering medicines explained to people what medicine they were taking and why. They gave the person a drink with their tablets and then remained with each person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

All medicines were now appropriately stored and secured. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Application forms included full employment histories.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Routine safety checks and repairs were carried out, such as checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing of, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with. We also saw records to show that equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

We found the home to be clean, tidy and fresh smelling throughout. Housekeepers were employed at the home and cleaning schedules were in place. Staff wore protective clothing such as gloves and aprons while carrying out personal care. People in receipt of this care said that staff were very good at washing their hands and using aprons and gloves. Staff told us that infection control was part of their induction training. This helped to ensure that people were cared for by staff who were knowledgeable about the spread and causes of infection.

Good

Is the service effective?

Our findings

The people we spoke with during our visit told us that they felt that staff were "competent and skilled" and knew how to help them with their care needs. They told us that the staff were a great help and offered them just the right type of support to let them "get on with their lives." One person told us, "They know I don't like fuss and they offer me help just when I need it. Not when I don't!" Another person said, "The staff are very well trained. I often chat to them about the courses, they sound very interesting. It's nice to know that they are doing things properly. I think they are anyway." and "We get a very varied diet. The food is great and I think I eat too much. There are always snacks and drinks available and if I don't like something they (the staff) will make me something else." And a relative said, "It seems every week they (staff) are training" and told us they found this reassuring.

A number of people commented on the new registered manager and how committed he was to getting things right. One person summed this up by saying to us, "'He has been a breath of fresh air, whizzing around sorting things out for people. We all really like him he's always asking us for ideas and getting us to have a say in new developments."

Staff were really positive about the opportunities for training to understand people's care and support needs. They told us they were kept up to date with training and that training was appropriate. Staff comments included, "We get loads of training. The new manager makes it really interesting and not at all scary. I feel more confident in my job."

New staff completed induction training and worked with more experienced staff members before working as part of the full team. The in-house induction was very thorough and staff were supported to complete modules in care and had their practice observed. As part of this induction, senior members of staff and people living at the home were asked to comment on the person's suitability to work in the home. This ensured that people had the right aptitudes and a caring approach to working with older people.

All of the staff we spoke with told us they felt very well supported. "There are opportunities for development and the support from the owners, the new registered manager and the deputy is amazing. It's a great place to work." The new registered manager told us, "I believe in building on the skills and expertise we already have. I've asked the staff team to let me know what they are interested in". Staff told us and their training files showed they received regular supervision from the management team, to discuss their work performance and training needs.

The staff training records showed and staff told us they had received other training to meet peoples' needs and training in safe working practices. There was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as eating and drinking well, the Care Certificate, mental capacity and deprivation of liberty, diabetes awareness, dementia care, computer awareness, equality and diversity and basic life support.

Staff told us communication was very effective. Staff members' comments included, "Communication is very good here," "We have a handover at the start of each shift" and "The senior staff brief us about what's going on and what needs doing." We were told a handover session took place, to discuss people's needs when staff changed duty, at the beginning and end of each shift. A formal verbal exchange of information took place about all people to ensure staff were aware of the current state of health and well-being of each person. Staff told us the diary and communication book, and peoples care plans all provided them with information.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of and had received training in the MCA and the related DoLS.

The registered manager was very clear and aware of the deprivation of liberty safeguards and knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. The manager told us seven applications had been authorised by the local authority. For example some of these applications were the restriction of having the front door secured with a coded keypad. On the day of the inspection an independent DoLS assessor was visiting in order to carry out one of these assessments. When we spoke with them they were very happy that the home understood the workings of the MCA and the use of restrictions in order to keep people safe.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Records contained information about people's mental health and the 'best interest' decision making process, as required by the MCA.

People told us that they received support from a range of health care services to assist them in staying well, such as doctors, chiropodists and optician. Everyone we spoke with said that the staff assisted them to contact their doctor if they were unwell. A healthcare professional told us that they had an excellent relationship with the home and had "every confidence" that instructions had been followed and that advice was sought in a timely manner. Another health professional said "I always get excellent handovers from staff who are very knowledgeable about the people they care for."

We checked how people's nutritional needs were met. Systems were in place to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. Where a risk was identified a care plan was implemented in order to manage this risk. We saw evidence where appropriate that people's weight was being monitored on a regular basis and referrals were being made to relevant healthcare professionals where there were concerns about people's health. This included GP's, speech and language therapists and dieticians. The home had purchased sit on electronic weighing scales to assist in taking people's weights.

The home had two cooks who were full time and stayed on the premises until 6pm so they could offer support to care staff. We saw food was well presented and looked appetising. People were offered a choice

and a menu advertised what was available each day. People were positive about the food saying they had enough to eat and received good food. Peoples' comments included, "The food is very good", "We get a choice of meal" and "There's plenty to eat." Drinks were available during the day along with home baked cakes and nutritious snacks. We noted that fresh fruit bowls were around the home that had been discreetly labelled with picture symbols to encourage people to help themselves.

The home was well maintained, homely and well heated. A new wet room had been created in place of the old shower room, and this had been redesigned to include a hairdressing area. People we spoke with told us how pleased they were with this particular improvement. The kitchen and laundry at the home had also been replaced recently. The office had been relocated to make it more accessible to people and was better set out and organised with plenty of storage space. These all contributed to an efficient and effective living and work environment.

Outstanding ☆

Is the service caring?

Our findings

People living in the home, their relatives and professionals praised staff and told us about the excellent care provided at Little Acre Care Home. Comments included; "I love it here, nothing is too much trouble." A relative said, 'I have never had cause for worry as the staff are so attentive and caring.' Another said, 'Little Acre certainly lives up to all that I was looking for my relative. They are loved and cared for with respect and dignity and my mother gets all the attention she requires.'

A professional said, "The whole team are very caring and go that extra mile." Another professional said, "Their attention to families is wonderful. The whole family becomes part of the Little Acre family, not just the person who lives there, especially at the end of a person's life." We witnessed this on the inspection when the owner gave her full attention to relatives of a person entering the final stages of their life. She took the person's care plan and spent a considerable amount of time talking to and updating this person's relatives.

All the healthcare professionals we spoke with described the staff as extremely kind and caring, stating they, "worked beyond the duty of care" and "always went the extra mile". A healthcare professional told us, "definitely one of the best groups of staff I have ever worked with, they all really care, and the place is very person centred."

Staff developed exceptionally positive, caring and compassionate relationships with people. The ethos of the home was that of an extended family. One person who used the service told us, "I really like it here. The staff are so kind, they always have time to talk and sit with me."

We saw from the interactions we observed that the staff team were thoughtful and promoted positive caring relationships between people using the service. Staff were exceptionally kind and patient and made time for each person, and there were lots of hugs and kisses. They held a person's hand, and offered people a reassuring touch, hug or kiss when they looked sad or bewildered. We saw how these seemingly small actions made huge differences to people as they became animated and responded positively to these interactions.

Throughout the course of our inspection, we heard lots of conversations and laughter between staff and people. We noticed how staff took time to engage with people in the home, and answered frequently repeated questions with patience. We saw staff skilfully reassuring a person who was agitated. They showed the person they were with that they were the most important and they were focused on them entirely. We saw how they knelt down besides people, or pulled up a chair so that they could sit and listen. Touch was used frequently and skilfully to enhance meaning and empathy and we could see by people's reactions that this was a normal interaction in this home. We heard members of staff complimenting people on how they looked. A care worker told us, "I love my job; I enjoy supporting people and helping them to live life to the full."

Staff forged strong relationships with people through music and singing, which was an everyday part of daily life at the home. For example, two staff started singing with a person which distracted them when they

became anxious. Others joined in and sang along, which helped people connect with staff and gave them pleasure.

Staff organised their day flexibly around people's needs and wishes and they noticed what was happening for people. They checked regularly on each person, and listened attentively to what they had to say. They made sure that people weren't isolated or left out of conversations. People were relaxed with staff and both clearly enjoyed each other's company; there was lots of banter and laughter. For example one person living in the home remarked on how the staff had much more interesting and stimulating conversation than the CQC inspector. This provoked even more laughter.

People's preferences were well recorded in their care plans. The staff had discussed people's likes and dislikes in detail with relatives and healthcare professionals so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people "were made a fuss of". The cook made a cake and if people wished a birthday party was held. Staff came in on their days off to make sure they attended and gave a gift and a card. We saw that staff always made sure that families were involved in these celebrations and that people were able to be involved with their families on special occasions. One example was when a person wished to attend a family member's birthday who was house bound. Staff arranged for a taxi and volunteered to go to accompany the person to the party in their own time.

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention. People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. One staff member spoke of developing a life history with one person. The carer said, "We get ourselves a cuppa and go and sit in (Name's) room. We don't rush, it's important to give them lots of time to reminisce and speak about their loved one. We've been doing it over several weeks now. Just me and the person, as I'm their keyworker. It's been lovely to hear the stories of this couples' life together and means we can then all have proper conversations in the future."

Staff told us that they had received training in equality and diversity and they were enthusiastic about finding ways to positively support people's wellbeing in this area. This was clearly evident through the homes focus of providing person centred care. We saw that staff ensured and enabled people to have equal access to activities, to access and maintain their religious faith and to join in with their local community. The local vicar visited regularly and offered companionship and communion to those who wanted it. Volunteers from the local church assisted some people to go to local services. Staff were sensitive to those who did not want any religious contact and ensured their wishes were adhered to.

Staff said they were really keen to find out about each person and then ensure this was at the centre of the care and support given. One staff member told us, "We became aware of one person's war time record with the Royal Air Force. The home had then purchased a limited-edition painting of a spitfire for the person's own room. This was much appreciated and was gifted to the family when the person passed away." Another person, who had not been well enough to attend a football match, had been helped through staff efforts to still follow their team. A staff member was able to bring in their own iPad, connect to the home's internet network and then use their own subscription service to enable the person to view the match. Another staff member came in on their day off to sit with them and share some refreshments of their choice. They both wore the team shirts. All of this was done unpaid following the staffs own suggestions. This meant that the person had been enabled to maintain their interest and hobby through the additional support and effort the staff members had gone to. This meant a lot to the person and made them happy so was a positive outcome

for them.

Another member of staff responsible for activities had arranged a reminiscence session based around old sweets shops and confectionery. To ensure one person who was diabetic was not left out they had purchased sweets suitable for people with diabetes to allow them to join in with the fun.

Staff treated each person with dignity and respect. They had signed up to the national, 'Dignity in care' initiative, and were upholding the ten good practice steps to demonstrate compassion and respect for people. A dignity ambassador promoted people's dignity amongst the staff team. They researched what equipment worked best and purchased 'dignity' cutlery and crockery for people with cognitive difficulties conditions such as arthritis. For example, two handled beakers and different coloured plates, which staff explained helped the person see and recognise their food. They also used a range of lightweight and heavier crockery in different sizes for people to use, depending on their individual needs, which enabled people to eat and drink independently.

Staff encouraged people to make their own decisions wherever possible. They could recognise people's non-verbal responses and what they meant. One person's communication care plan said, "Although I cannot make major decisions without help, as I have a DoLS in place, staff should always give me prompts and guidance and involve me in everyday decisions about my life." We saw this very clearly and that people were frequently asked how and what they wanted.

Staff were proactive and helped people maintain relationships with those that mattered to them. Family and visitors dropped in regularly throughout the day, and were warmly welcomed and chatted easily to staff. People's bedrooms were decorated to their taste and personalised with things that were meaningful for them. Relatives confirmed staff kept in regular contact with them and also involved them in day to day decision making for people who lacked capacity. Care plans were reviewed six monthly, including by telephone for relatives who didn't live locally.

One person who's relative had passed away in the home recently commented that the home had asked them to be a visiting friend to other people who did not have many visitors. They told us, "What a lovely opportunity to come back and see old friends! It's like coming home!" and "Many many thanks for looking after our [relative] in a compassionate, caring way and with empathy. [Relative] was very very happy to be here. I'm really enjoying coming in again, this will help me come to terms with [relatives] death."

We saw that end of life and future care plans were discussed at the initial assessment. This was to help ensure what people wanted to happen at the time of the death was in place or were starting to being considered. We saw that the home was part of the Six Steps End of Life care programme. The Six Steps programme aims to enhance end of life care people receive by supporting staff to develop their roles. The staff team had received palliative care training and plans were in place to offer this training to more staff.

Staff followed national best practice such as 'One chance to get it right' and NICE guidelines for end of life care (2015). The home worked with hospice nurses and the GP's to ensure people had comfortable, peaceful, pain free end of life care. Healthcare professionals also said staff managed people's pain relief and comfort well, provided good skin and mouth care and organised all the equipment needed. The home ensured that anticipatory medicines were available which the person might need through good communication with GPs about a person's condition and so avoided delays which meant the person was kept comfortable. A relative of a person receiving end of life care said staff were, "Amazing, so caring." Feedback via the home's from the relative of another person who received end of life care at the home said; 'I can't thank you enough for the excellent care you gave mum and the reassuring hugs you gave us too."

The registered manager told us there was no one currently using an advocate but that people were given the information and support if they needed to access one. He told us, 'We see advocacy as an ally and actively promote our residents to make use of one." We saw there was information about the advocacy services in people's bedrooms within the guide to the home and in posters on an information board.

Good

Is the service responsive?

Our findings

People told us that the home met their full needs. One person summed it up by saying, "Staff know me so well, they took time to get to know me before I came here. The manager came out and went through everything."

We observed that staff treated people in a way that was person-centred. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We found, in the sample of care plans we looked at, that people's choices and preferences had started to be discussed and recorded in more detail. Information about the social interests of people was well recorded and was given as much importance now as the health needs of the person. Detailed information was available for each person with a record of their likes and dislikes, which had been collected from relatives. This was available to help staff and give them some insight into people's previous interests and hobbies when a person was no longer able to tell staff themselves. A really useful addition to the care plans were "pen pictures". These recorded at a glance the things that were important to people, their likes, dislikes and preferences. Visitors to the home and people who lived at the home, confirmed that they had been involved in the development of these "pen pictures". For example we saw pen pictures with people's previous occupations and these were used as part of activity sessions and for pictures on bedroom doors. We saw that this gave rise to prompting lively conversation between this person and staff members. Other statements in personal histories and pen pictures stated 'My best friend at schools was (name) and she had red hair' and 'I never miss Songs of Praise or the Six O'clock News'.

People were able to participate in a variety of activities, however while the home had an activity programme the registered manager said they liked to try to incorporate activities into everyday life and responded to what people "fancied doing that day." We saw that people's routines were flexible and we saw people making choices to have a lie-in or to eat their meals where they chose. There was an orderly, calm atmosphere while people chose to read a newspaper, listen to the radio and chatted to staff or visitors. One person said, "We do as we please here. Thank goodness the TVs not on all the time! The staff will have something for this afternoon no doubt. We were in fits of laughter yesterday trying to work out old things found in a hardware store."

Staff told us and we saw that the personal care planning system had changed and new methods of recording and reviewing people's care needs were being introduced by the new manager. Staff understood that care plans had to reflect people's individual needs, preferences and be centred on them as individuals. We saw that one person had a book about classic cars and staff sat and chatted about these with them, this was connected to their profession before they retired; and another on their former pets. We saw trips were arranged around people's interests for example a couple of men in the home had expressed an interest in attending a local vintage car rally. They were escorted by staff who had a shared interest and the home funded admission and refreshments. Relatives told us that entertainments and activities had increased recently and they had been asked more about their relatives past lives to find out more about people's

interests prior to living at the home.

We saw how staff had developed a variety of ways to support people to communicate and to be more engaged in everyday aspects of the home and in participating in activities. Books, games and crafts offered could be used by people who had difficulties with communication or who had a physical disability, for example large print books were available and indoor games of skittles and bowls were also available.

Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, care plans were in place with regard to nutrition, personal care, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations were detailed and included information about peoples' progress and well-being.

We asked family members if they were kept informed about their relative's care. They told us, "The staff are good about letting us know if there is anything wrong or there are changes." And another said, "They take the time to get to know people and staff ring me if there is anything wrong, straight away, we are very happy with the care."

Staff responded well to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in peoples' needs. For example, the speech and language therapist was asked for advice with regard to swallowing difficulties and communication. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. Charts were also completed to record any staff intervention with a person. For example, for recording the food and fluid intake of some people, and when personal hygiene was attended to and other interventions to ensure peoples' daily routines were met. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

Regular meetings were held with people who used the service and their relatives. The registered manager told us meetings provided feedback from people about the running of the home. Meeting minutes from September 2016 showed topics discussed included, fund raising, menus and social events that were to take place in the home. People had also expressed needing more sheltered outside space to use and the home had begun the process of consulting with people on the design of a new garden. We saw a large flip chart set up in the dining room with types of plants people would like written down. The registered manager said, "This is on-going, we will keep looking at it and use it as part of activities with people. I also think it's really important to take the time to tap into people interests, including the staff."

All of the people we spoke with during our inspection confirmed that they had never had to make a complaint about the home or the support they received. People said they knew how to complain or raise any concerns. The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the contract they signed when they moved into the home.

One person told us; "The staff are very friendly here and I know the owner and manager. If I had a problem I would tell them." Another person said; "I have had no complaints. If I had I would tell the owner or the manager. I feel very comfortable about going to speak to them about anything."

A health care professional that we spoke with commented; "We have no problems with the service and things have improved. The staff are very responsive to requests and instructions."

Good

Is the service well-led?

Our findings

People who used the service and their visitors spoke well of the service and told us that they were very happy. No one that we spoke with during the inspection of this service raised any concerns with us. People commented on the "family atmosphere" at Little Acre and people told us that they were "kept up to date" with any issues that might affect their relatives.

One person told us, "It's a good place to stay". One relative described how they had visited several care homes before deciding on Little Acre.

Staff spoke of how they felt they had a strong team. One care worker said, "I like this place, it's like a family". The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff and relatives were also involved and encouraged to give ideas about the running of the home. Staff told us that they felt able to share any concerns openly.

The home had in the last six months restructured the management arrangements. The owner had made the decision to employ a full time registered manager. The home did not legally require a registered manager in place as an owner can also be a registered manager. The owners stated that they were "still very much part of the management team". The owner said, "We made the decision to appoint (name) as he was very experienced on the Care Act and how it applied to the home. He had been a homes' manager before and a trainer."

We saw that senior staff team had clearly defined roles and a deputy manager had also been recruited from within the staff team. The senior staff team held regular quality management meetings to check on progress towards meeting the home's development plan.

We found that the new registered manager had introduced several new systems, such as for care planning and assessments, supervision and appraisals and a more robust quality assurance system. These had significantly improved the running and monitoring of the service. The owner said, "We are definitely more professional now." The new registered manager spoke of the importance of not taking over and imposing these systems. He said, "It's all about leading from within and fostering staff but doing it in a way that you don't take the legs from under them. So we have paced the changes. We have really caring and talented staff here and it's making the most of their abilities and skills."

Staff spoke positively about the new registered manager and the deputy manager. One care staff member said,"(Deputy manager) is really supportive. She knows us really well and now we have the new manager who has also been fantastically helpful and has introduced loads of new training". We saw the new registered manager had introduced a key line of enquiry (KLOE) of the month. This was to introduce staff to the principles of the Health and Social Care Act 2008 and how it applied to the home. We saw that this month's question was "Is the service safe?" When we asked staff about this they were very enthusiastic and knowledgeable and said it was a great way to learn. One said, "It brings it to life. The manager will ask us a

question quickly and say well that's why we do it this way. We talk about the KLOE of the month in supervisions and in team meetings as well."

There were regular staff meetings. We saw from the minutes that these meetings offered an opportunity for staff to share their views and to be updated by the management. Some meetings included updates on specific training areas such as the MCA or safeguarding and staff had been reminded about forthcoming training dates. Staff told us that the registered manager frequently held staff meetings and that the provider operated an "open door" policy. Staff told us that they were encouraged to make suggestions as to how the service could improve. We saw how one suggestion about using an improved type of night time equipment had been suggested by staff and then actioned by the registered manager.

We found that records relating to staff and people who used this service had been kept securely in order to maintain confidentiality. The office had been restructured and additional storage space had meant it was much more orderly and organised.

Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the home. Monthly audits included checks on people's dining experience, medicines management, care documentation, training, kitchen audits, accidents and incidents and nutrition. These audits fed into the system the new registered manager had introduced so that the overall quality and safety of the service could be monitored and upheld.

We found that equipment such as hoists and firefighting equipment had been regularly inspected and serviced. The provider carried out visual audits of the premises and where necessary, improvements to the environment were made. We noted that major improvements to the home had been made, making it a more pleasant and hygienic environment for the people that lived and worked there. Recent improvements had included a new laundry, hairdressing room and office revamp.