# Prime Life Limited

# White Acres

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

An unannounced inspection of the service took place on 23 January 2017.

White Acres is a residential care home providing accommodation for 12 people who have needs associated with a learning disability. Accommodation is on two floors. There are nine bedrooms on the ground floor and three on the first floor. All bedrooms have a wash basin. People using the service have access to a large recreational garden. The service has its own transport which is used to support people to access community day centres and activity centres. Eleven people were using the service at the time of our inspection.

The service has a registered manager. 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.

People using the service were protected from abuse and avoidable harm. Staff understood and practised their responsibilities for keeping people safe. People's care plans included risk assessments which included information for staff about how to support people safely.
The provider had recruitment procedures that ensured as far as possible that only people suited to work at the service were employed. There were enough care workers to meet the needs of people using the service.

People were supported to have their medicines at the right times. The arrangements for the storage of medicines were safe.
The provider's 'estates department' maintained the premises and equipment. They carried out annual audits of the premises and responded to requests from staff to attend to repair and maintain items. We identified items requiring repair or attention that had not been reported to the estates department.

People were supported by staff with the right skills and knowledge. Staff were supported through training and supervision. Staff were aware of their responsibilities under the Mental Capacity Act 2005.

People were supported with their nutritional needs. They told us they enjoyed their meals. People were supported with their health care needs and were supported to access health care services when they needed them.

Staff were kind and caring. We saw staff being attentive to people's needs and ensuring their comfort. Staff respected people's privacy and dignity.

People were involved in decisions about their care and were provided with information about the service and independent advocacy.

People received care that was personalised because the staff understood people's needs and preferences.

People were provided with social activities at the home and outside. People had personal aims and objectives which they were supported to achieve.

People knew how to make a complaint and raise a concern. They had opportunities to contribute suggestions and ideas at residents meetings. If people wanted to they participated in reviews of their care plans.

The registered manager regularly monitored the quality of the service and sought the views of people using the service to identify improvements. Their monitoring activity was verified by the regional director who carried out their own checks and reported findings to the provider's board of directors. The service had not been effectively supported by the provider's estates department and consequently the premises were not well maintained. We had pointed this out following our previous inspection on 31 May 2016, but not all improvements had been made.

We found one breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

People were protected from abuse and avoidable harm because staff understood their responsibilities for keeping people safe.

The provider operated effective recruitment procedures. Enough care workers were deployed to keep people safe.

Arrangements for the management of medicines were safe.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the right training, skills and knowledge. Staff were aware of their responsibilities under the Mental Capacity Act 2005.

People were supported with their nutritional and healthcare needs. They were supported to access health services when they needed them.

### Is the service caring?

Good

The service was caring.

People were supported by staff who understood their needs. We saw several examples of staff supporting people with kindness and compassion.

People were involved in decisions about their care and support. Staff supported people's privacy and dignity.

### Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their needs.

People were supported to achieve personal goals. They were

supported to attend meaningful and stimulating activities in Shepshed and further afield. They also participated in activities at White Acres.

People using the service and their relatives knew how they could make complaints and raise concerns.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

The provider's estates department had not supported the service in terms of maintaining and improving the premises to enhance people's experience of the service.

The service was well run by the registered manager.

Arrangements for the monitoring people's experience of the service included obtaining their feedback and acting upon it.

# White Acres

**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.

The inspection visit took place on 23 January 2016 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. Our ExE was experienced in caring for people living with learning disabilities.

Before our inspection visit we reviewed the information we held about the service. We reviewed all the notification we received from the service in the last 12 months. Notifications are reports that a provider is required by law to make to CQC; they include notifications of deaths and serious injuries.
We spoke with six people who used the service and a relative of one of those people. We observed how staff interacted with people using the service. We spoke with the registered manager, an area manager and three care workers. We looked at three people's care plans and care records. We also looked at records relating to the registered manager's monitoring of the service and provider's quality assurance procedures.

We contacted the local authority who paid for the care of some of the people using the service for their views of the service and whether they had concerns and a health professional who visited the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

Good

# Is the service safe?

## Our findings

People using the service told us they felt safe. Reasons people gave for feeling safe were that staff were helpful and that they could always ask staff to assist them. A person told us, "I feel safe and not frightened; I would tell the staff if I was worried". Another person told us, "I am safe because they [staff] are nice people".

People told us they felt safe because they got along with each other. We saw people having friendly and supportive interactions with each other, for example doing jigsaws together, drawing, having conversations and watching television together. Those interactions demonstrated a friendly and homely atmosphere at White Acres.

People were supported to be safe when they went out by themselves. They were taught road safety skills and how to use public transport alone. One person had been supported to further develop those skills to be able to travel further afield. Staff advised people how to stay safe when they were out. They agreed with people when they would return home and there were procedures in place for staff to follow if a person had not returned home at the expected time.

Staff we spoke with understood their responsibilities for protecting people from abuse. They knew what signs of abuse to look out for. A care worker told us, "I look for changes in a person's behaviour or them doing something that was out of character". Care workers we spoke with knew how to report abuse using the provider's incident reporting procedures. They knew they could report concerns directly to the local authority and Care Quality Commission. Staff were also aware of the provider's whistle blowing procedures which they could use to report concerns directly to senior managers without fear of repercussion. We saw a poster about the whistle blowing procedure on a staff information notice board.

People's care plans included risk assessments of activities associated with their care routines and everyday living at White Acres. These contained information for staff about how to support people safely without restricting people's choice. For example, when staff supported people to go outside they supported people by giving with advice about safety but they did not discourage or interfere in a person's choice about what they wanted to do.

If people had an accident, for example a fall, staff reported this using the provider's reporting procedures and the accident was investigated by the registered manager. The cause of accidents was identified and where possible action was taken to reduce the risk of a similar accident happening again by carrying out a fresh risk assessment. When necessary the registered manager arranged for professional support, for example from occupational therapists, to minimise the risk of a person suffering further falls.

Staff told us they read people's care plans and risk assessments. Information about people's care and support, including information about changes in people's circumstances that needed to be monitored, was shared at staff `handover' meetings. This meant that staff coming to work were made aware of what they needed to know about people's particular needs at that time. This resulted in a continuity of care that supported people to be safe.

People were supported by experienced staff some of who had worked at the service for over 20 years. During the day, the registered manager or a senior and two full time and one part time staff were on duty. The registered manager supported staff with care duties if necessary. We found there were enough staff to meet people needs of people using the service. We saw staff engaging in conversation with people and participating in activities with people. When people sought assistance they received it promptly. Two staff, one 'waking' and one 'sleep-in', were on duty at night times. One made two-hourly checks that people were safe and had not had an accident.

The provider's recruitment procedures included all of the required pre-employment checks. These included identity checks, two references and Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to vulnerable people out of the workforce.

People were supported to take their medicines on time. This included 'PRN' medicines that people are given only at times they require them. A person told us, "I get tablets if I need them". Only staff who were trained in safe management of medicines supported people with their medicines. Their competence to continue to support people with their medicines was assessed by the registered manager every six months in line with the provider's procedures. We saw a person supported to take their medicine. Staff did this safely by supporting the person to take a drink to make it easier for them to swallow their medicine. Accurate records of medicines were kept. These records showed the right medicines were given at the right times.

Medicines were safely stored in a secure room that only the registered manager or senior in charge had access to. Temperatures in the room were monitored to ensure that medicines were stored within a range of recommended temperatures. This meant that people's medicines were safe to use.

The registered manager had acted on a NHS England alert about safety risks associated with a particular type of medicine.

The pharmacy that supplied the service with medicines carried out an audit of the management of medicines at White Acres on 19 April 2016. The registered manager had acted on recommendations from that audit.

We found that the premises were not well maintained. The décor of the home was faded. A programme of refurbishment was underway but there was no documented plan of what that programme entailed. The provider's 'estates department' maintained the premises. They responded to requests from staff to attend to repair and maintain items. However, we identified items requiring repair or attention that had not been reported to the estates department via a maintenance log. The registered manager told us they would add those items as 'work required' to the log. Three bedrooms we viewed had faded décor. A bathroom that had been modernised with a new ceiling and floor retained an old bath basin that was stained by lime scale. The carpet on the stairs was worn and stained. The front garden was littered with a bed and mattress and three televisions that should have been removed by the estates team. That litter posed a risk of attracting vermin. We brought all these matters to the attention of the registered manager and director and they took action to address them

Good

# Is the service effective?

## Our findings

People were supported by staff who had the necessary skills and knowledge about their needs. One person added, "They know what they are doing and are well trained". Another said, "They (staff) know what they are doing, I know what they (staff) are doing". We saw a letter a NHS professional sent to another in which they stated that a care worker who accompanied a person to an appointment knew the person well.

The registered manager maintained a staff training record to ensure that staff received refresher training after it became due. Training included practical things like supporting people with their mobility, nutrition, medication, practising dignity in care but also understanding what impact dementia and other conditions had on people's lives. A care worker told us they had attended a training course about dementia called `virtual dementia' which they found especially interesting and informative. The course included practical sessions that allowed staff to experience what it felt like to have limited mobility and sensory impairment.

People's care plans included information about their communication needs and preferred method of communication. Staff used words, gestures and signs when they communicated with people. We saw from people's reactions that they understood what staff said to them. This showed that people with limited verbal skills were not excluded from what was happening around them and they could participate in discussions with staff and express their needs. We saw staff respond quickly when people indicated they wanted support, for example when they wanted to go to part of the home.

Staff were supported through training and supervision meetings with the registered manager. They had six supervision meetings scheduled each year, but had more if they needed to be informed of developments at the service, new training or to receive feedback about their performance. A care worker told us that since our last inspection they had been supported to attend training they had requested.

The Mental Capacity Act (MCA) 2005 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity 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.

There were people at White Acres who were under a DoLS authorisation. This was because they lacked the mental capacity to make certain decisions, for example decisions in relation to their medicines and their safety. It was in a person's best interests that staff supported them to take their medicines. It was in other people's best interests not to leave the premises unescorted. A care worker we spoke with knew which people had DoLS authorisations and why. When we spoke with them they demonstrated awareness of the MCA and DoLS. All staff had received or were booked to receive training about MCA and DoLS.

Some of the people at White Acres occasionally demonstrated behaviour that challenged others and exposed themselves to risk of harm. Staff had training about how to support people on those occasions. People's care plans included information about why they might sometimes present behaviour and what might trigger it. We saw from records of incidents that occurred at the service that staff had supported people appropriately and without any form of restraint at those times.

People were supported with their nutritional needs. People told us they enjoyed their meals and often had `favourites' they liked. They had meals at times they wanted. A person told us after we arrived at 10am, "I had no breakfast but having ham and cheese now. I have coffee made with two sugars." They added, "The food is good." Their comment showed that staff knew how people liked to have their drinks made. People had a choice of meals. A person told us, "My favourite meal is chips but you can have whatever you want." Another person said, "The food is nice and I can choose." When people told us about the meals they had showed that they had variety and choice. People's care plans included information about their dietary needs. That information was available to staff who prepared meals. Those staff had received training in food safety and preparation. This ensured that people who had specific dietary requirements, for example where they needed their meals in a softened form or because they were diabetic, had those needs met.

People had a choice of drinks throughout the day and sandwiches in the evening. They had enough to eat. A person told us, "If I get hungry at night time I come down here [to the kitchen]." Records were made of what people ate and people were weighed each month. This was to monitor whether they were eating too little or too much. We saw from care records we looked at that the service had involved health professionals such as dieticians when required, for example if a person had unplanned weight loss or gain.

People using the service were supported with their health needs. Care plans we looked at contained information about people's health needs. They contained evidence that the service had liaised with a variety of NHS professionals to ensure people's health needs were met. We saw that staff acted on advice from GPs, dieticians and physiotherapists when they cared for people. Staff supported people to attend healthcare appointments.

Good

# Is the service caring?

## Our findings

People using the service described the staff as being kind and caring. Comments from three people included, "The staff are very kind"; "The staff are very generous" and "The staff are all my favourites because they are kind, they are all good".

We saw care workers supporting people with kindness and compassion. They did this by supporting people in ways that showed people mattered to them. For example, a care worker supported a person to have a cigarette in the garden which clearly made the person feel pleased. Another care worker held a person buy the hand to comfort them whilst they supported them with their medicines. We saw care workers actively participate in a board-game when a person set the game out and asked them to play. Care workers' interactions with people meant that people were supported to feel involved and not feel isolated. We saw several instances of caring interactions between staff and people who used the service. We heard staff and people sharing jokes and laughter. Staff interactions were kind and gentle, they comforted a person who responded with gestures that they appreciated the support they were receiving.

The registered manager promoted `dignity in care' at the service. They arranged for care workers to attended dignity, equality and diversity training. They observed care worker's practice to monitor whether they put their training into practice. They used supervision meetings and staff meetings to provide feedback to staff about what they observed and how staff could improve. Our observations were that care workers were attentive to people's needs and supported them with dignity and respect. When they spoke to people about their care and support they did so discretely so as not to be overheard by other people who used the service. This meant they not only respected people's dignity but also their privacy.

A person who had suffered a family bereavement was supported to manage how upset they felt. With staff support the person talked about this at a residents meeting because they wanted to share their experience. This showed that staff were skilled at managing a sensitive situation that meant a lot to a person. Staff also supported people when they showed signs of distress or anxiety. A person told us, "I was scared last night and I cried. I got up and talked to staff".

On the day of our inspection it was cold. Temperatures outside were less than 10 degrees. When we spoke to a person who spent most of their time in their room we noted it was far from warm. They were cold to the touch, the radiator in the room was luke warm. Another person we passed in a corridor during the afternoon told us they were cold. A thermostat showed the temperature in the home was 21.5 degrees Celsius. That is the minimum recommended temperature for care homes. As both members of the inspection team felt cold we asked staff if they did too. None said they did, but we noted that all of them wore fleece jackets. They told us they were not allowed to adjust the thermostat setting to increase the temperature. We noted that on 26 May 2016, people who used the service were asked for the views about room temperatures. No people reported concerns about that. However, it is unlikely they would have reported being cold at that time of year. We queried why people were not asked for the views about the temperatures during the winter. The registered manager told us it made more sense to do that in winter rather than in summertime and they would arrange for this to happen.

People who were able to be involved in decisions about their care and support were involved. We saw evidence in people's care records that they had been involved in reviews of their care plan. People discussed things they wanted to achieve and it was agreed how they would be supported through opportunities to do that. For example, some people did voluntary work to add to the quality of their lives.

People's privacy was respected. People were supported to the privacy of their bedrooms if they wanted to go to their rooms. People who sat alone engaged in a personal activity like reading or drawing were not disturbed by care workers. Care workers were discretely present in case people needed support.

Relatives were able to visit White Acres without undue restrictions.  People told us they looked forward to and enjoyed visits from family members.

White Acres had a small `remembrance' area in the garden where people could recall others who had lived at the home. This area had been tidied up since our last inspection to make it more pleasant for people to use. People told us they liked using this area and had used it in the summer.

Good

# Is the service responsive?

## Our findings

People using the service told us they were pleased with the care and support they experienced. A person told us, "They look after me and listen to me." People's comments confirmed what we saw in the findings of the provider's most recent satisfaction survey. People's responses to the survey were that they were satisfied with the care and support they experienced. People rated their care as either 'outstanding' or 'good'.

People received care that met their needs because either they or their relatives contributed to the assessments of their needs when they began to use the service. People's care plans included information about their lives and how they wanted to be supported.

People's care plans included information about their care routines, how they wanted to be supported and how they wanted to spend their time. Each day, care workers made notes of how people were supported. We looked at a selection of those notes and found that they provided reliable assurance that people had been supported in line with their care plans.

People using the service were supported to make decisions about things they wanted to achieve. These were recorded in sections of their care plans called `my hopes'. People set goals for themselves and staff supported them to achieve those goals. For example, a person who enjoyed gardening was supported to maintain a small area of the garden. They told us, "I like the garden and planting flowers". A person who enjoyed drawing was attending art classes at a local college and another person who had rural interests was supported to do voluntary work on a farm. We saw a person colouring complex drawings and helping another person to write their name." We saw people display mutual respect and empathy for one another. A person told us, "We are like a family". This showed that people living at White Acres got on well, shared active time together and avoided social isolation.

Other people were supported to use public transport safely so that they could go out alone to places and people they wanted to visit. All of these activities helped people to achieve goals and do things they enjoyed and that mattered to them.

We saw people participating in activities at White Acres. They clearly enjoyed theses and took pleasure in showing us what they did. There was a wide selection of games and jig-saws that people chose from. We saw people playing games, completing jig-saw whether by themselves, with other people or with staff. A person enjoyed knitting. They told us, "I like to do knitting.  I make babies' blankets".  A person took pleasure and satisfaction from being able to use public transport. When they returned from an activity they said they were very happy to be back and declared "I've made it" to celebrate their journey that day. Other people shared this moment with the person by hugging and smiling and asking about their day, though staff did not. These activities supported people to not only follow their interests but also to maintain friendly relationships with other people which meant they were protected from social isolation.
People also enjoyed outings to places they had chosen to visit. We saw photographs of holidays and day trips they had been on. They were able to make suggestions about future days out at residents meetings where their participation was encouraged by the registered manager.

People who had faith needs were supported to attend places of worship.

People who were able to be were involved in monthly reviews of their care plans. Those reviews took place most months and whenever a person's circumstances changed. Reviews were carried out by the registered manager.

People we spoke with told us they knew they could raise concerns with the registered manager or a senior care worker.

The service had a complaints policy. People could make complaints verbally or in writing to the registered manger or directly to the provider's head office. The procedure explained how complaints would be handled and the time frames involved. The procedure explained who people could take their complaint to if they were not satisfied with the response. No complaints had been received in the 12 months leading up to our inspection. The registered manager was arranging for the complaints procedure to be available in an 'easy to read format' to make it easier to understand.

Requires Improvement

# Is the service well-led?

## Our findings

At our previous inspection we reported that the service had not been supported as well as it might have been by the provider's estates department. We asked the registered manager about whether this had improved. They told us it had and showed us where improvements to the premises had been made and which were in progress. However, there was still no plan for the refurbishment of the premises which meant there was no means of following progress or assessing the quality of the work. We saw areas of 'finished' work that were or poor quality. For example, in corridors, communal areas and people's rooms paint work and filling of cracks was either poorly finished or not attended to. The state of the premises was not noticeably better than it was in May 2016 when we rated the service as requiring improvement in this area. We found that the provider's audit and governance systems for ensuring improvement so far as it concerned the maintenance of the premises were not effective. This meant that people's experience of the premises was no better now than in May 2016. This was a breach of regulation 17(2)(a) of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

People using the service had opportunities to be involved in developing the service. This was mainly through monthly residents meetings where people proposed ideas and suggestions about the types of activities they wanted to take part in, including outings and holidays. Their suggestions about activities and other improvements were acted upon. For example, a new set of garden furniture had been supplied to the service to improve the recreational facilities of the garden.

The service maintained links with a variety of services and businesses in the Charnwood area of Leicestershire. These were places that people who used the service regularly attended and where they participated in activities that added value to their lives.

The provider promoted dignity, equality and diversity through policies and procedures and training. We saw posters at the service about each of those and staff had access to the policies. Staff were encouraged and supported to raise any concerns they had about poor or unsafe practice. They could do that using the provider's incident reporting procedures. They could also use the provider's whistle blowing procedures to raise concerns using a whistle blowing `hotline' that connected them to a senior manager. Care workers we spoke with told us they were comfortable raising concerns with the registered manager because they had confidence they would be taken seriously.

The registered manager notified the CQC of events they were required to report. These included accidents at the service which resulted in people sustaining injuries, for example from falls. They investigated each incident and identified steps that could be taken to reduce the risk of the same thing happening again. Measures they took had been effective because no 'repeat incidents' had occurred since our last inspection. Reporting the events to CQC was important because it meant that we could monitor the service.

The registered manager kept staff informed of developments in the provider organisation and at the service. We saw evidence that they had arrangements in place to learn from incidents that occurred at other services run by the provider so that they could take action to minimise the risk of similar events occurring at White

Acres. They attended meetings of registered managers from other services where they shared experiences and learnt from each other.

The provider's procedures for regularly assessing and monitoring the service operated at two levels. The registered manager carried out regular monitoring concerning the delivery of care. This included monitoring of care plans and care records and observations of care worker's practice. They also carried out audits including areas such as the quality of care people received, the safety of the environment, medications management and infection control. They reported their findings monthly to a regional director. The regional director then carried out their own audits to verify the registered manager's reports and reported their findings to a board of directors.

The monitoring procedures included obtaining the views of people using the service and their relatives of their experience of the service through a satisfaction survey. People's feedback was analysed and action plans were developed to implement improvements requested by people. All of the people using the service participated in the most recent survey. People rated the service as either outstanding or good in nine areas they were asked for their views. However, after we looked at people's responses we queried whether people understood some of the questions because of the way they phrased. For example, one question asked, 'We aim to provide a homely and welcome environment which is clean, safe and comfortable for our clients. How would you rate how well we achieved this'. We asked a person who had participated in the survey if they knew what the question meant. Their response was "I don't know. I haven't got a clue". We raised this with the registered manager and director. They told us the provider was in the process of introducing survey that were bespoke to the communication and reading skills people who used the service. This showed the provider cared about people's feedback and wanted to make it easier for people give it.

The service was registered for the regulated activity 'treatment of disease, disorder and injury' which it did not provide. We discussed this with the registered manager and director and they told us they would arrange for that regulated activity to be cancelled.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>At our previous inspection we drew the provider's attention to poor maintenance of the premises. The provider's estates department had not adequately support the service to achieve improvements to the quality of the premises. There was no documented maintenance or refurbishment plan against which progress could be measured. |