

Mrs Sandra Roberts

# Little Acre Care Home

## Inspection report

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Date of inspection visit:

23 July 2019

25 July 2019

Date of publication:

09 October 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Little Acre is a residential care home providing personal care for up to 14 people aged 65 and over. At the time of the inspection there were 14 people living there at the home, some of whom were living with dementia.

### People's experience of using this service and what we found

People and their relatives said the service was very caring. Staff highly valued each person and people genuinely mattered to them. Staff developed kind and compassionate relationships with the people they supported.

People were treated with dignity, respect and sensitivity. They were supported to retain as much independence as they could.

Staff were gentle, patient and respectful towards people. They spent lots of time with people and helped them to enjoy the things they wanted to do. The atmosphere in the home was very friendly, calm and welcoming.

People said they felt safe at the home. There were enough staff to support them whenever they needed it.

The home was clean, warm and comfortable. Staff knew how to protect people from avoidable harm. People at risk of falls or poor health were provided with the assistance and equipment they needed.

Staff said they had good training and support to care for people in the right way. Staff worked well with other health agencies and people were supported to access health services.

People said the meals were very good. Staff encouraged people to eat and drink enough and they had lots of choices about their meals.

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; but the policies and systems in the service did not always support this practice. The service did not always work within the principles of the Mental Capacity Act and best interest decisions were not always correctly recorded. We have made a recommendation about this.

People had interesting activities to take part in and were supported to be part of their local community. The service continued to be managed in a way that promoted individualised care for each person.

The provider and management team were open and approachable. They encouraged a caring, friendly culture amongst the staff team.

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 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring 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 

# Little Acre 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Little Acre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority, care professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, a senior care worker and a care worker. We spent time with people and joined them for a lunchtime meal.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two health professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and comfortable living at the home. Relatives comments included, "It is very safe and secure" and "a friendly place to live".
- Staff were regularly trained in safeguarding and understood their responsibility to protect the people who lived there.
- Any concerns had been appropriately reported to the relevant authorities.

Assessing risk, safety monitoring and management

- The management team assessed any risks to people and recorded measures to minimise those risks.
- The registered manager and staff carried out regular checks of the premises.
- The accommodation was well maintained, comfortable and safe.

Staffing and recruitment

- People were attended to in a timely way.
- Staffing arrangements allowed enough time for staff to support each person's needs.
- The provider's recruitment processes reduced the risk of unsuitable staff being employed.

Using medicines safely

- Medicines were safely administered to people if they need support with this.
- Only senior members who were trained in medicines management were responsible for administering medicines.
- Some records relating to the temperature of the storage of medicines and for 'when needed' medicines were not always in place at the time of the inspection. The registered manager ensured these were addressed.

Preventing and controlling infection

- The home was clean and odour-free.
- Staff had access to disposable aprons and gloves and were trained in infection control.

Learning lessons when things go wrong

- The registered manager analysed incidents and identified any actions to reduce the risk of these re-occurring.
- Lessons learnt from incidents were used to provide safety equipment. For example, sensor mats were in place for people who were at risk of falling in their bedrooms.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS for a small number of people where this was appropriate.
- One person was being given their medicines covertly (disguised in food). There was no best interest record or reference in their care plans to show why this was necessary. There was no assessment of their capacity to show if they were unable to consent to this. Following the inspection, the provider sent us information demonstrating that the person's GP and other parties had been involved in making this decision.
- Staff were unclear about the assessments of people's capacity.

We recommend the service seeks further guidance about MCA and best interest decision-making.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the management team to check that their primary care needs could be met within the home.
- The assessments included people's preferences and choices about how they wanted to be assisted.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their role. A relative commented, "Staff understand people's conditions and are very patient."
- Staff had achieved recognised qualifications in care, some at an advanced level. The provider and registered manager were committed to the continuous professional development of staff.



- Staff said they felt supported in their roles by the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating and drinking needs were assessed and met.
- People and relatives made many positive comments about the quality and choice of meals. These included, "They really enjoy the meals" and "The cook makes them anything they want."
- The catering staff was knowledgeable about people's individual tastes and required dietary needs, such as softened meals. Staff followed guidance from a speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were assisted to access community health services when required.
- The staff said they had good support from local health services including GPs and district nurses.
- Relatives said the staff kept them informed about any changes in people's health.

Adapting service, design, decoration to meet people's needs

- The care home was a family-sized house that was small enough for people to easily navigate around.
- People's rooms were highly personalised and fitted with equipment that supported their individual needs.
- The management team were aware that some furnishings were not dementia-friendly and had already begun to consider this as part of a future strategy.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was highly promoted at whatever level was still achievable for each person. For example, one person needed staff support to push their food onto a spoon but they were then able to lift the spoon to their mouth independently. This meant their meal took a long time and required a lot of assistance but staff made sure it was unhurried and at the person's own pace.
- The gentle style of staff approach and the way they spoke to and about people reflected great sensitivity towards each person and their specific needs.
- People continued to be treated with exceptional respect and dignity. For example, when a person passed away who did not have family involvement, the staff lined the front entrance as a mark of respect and all contributed towards buying a bench for the front garden in the person's honour and as a mark of remembrance.
- People's past lives and experiences were valued by staff. For example, one person with cognitive decline had previously written books about their work life. The home arranged for them to regale local school children with their stories. Another person had been a naval officer and they were supported to keep their bedroom just as their cabin had been.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives said the staff were "very caring".
- Staff displayed excellent values and were committed to the individualised care of each person. The culture of the home embedded this practice amongst the team.
- People described staff as "very friendly and welcoming". One person commented, "Staff are very nice and very attentive to everyone. They are so helpful, I only have to ask and they get anything."
- Staff were patient, warm and engaged with each person. A staff member commented, "We've got the time to spend with individual people, chatting or doing whatever they fancy."
- Staff helped people to stay in contact with relatives and loved one, using Skype if family lived away. Relatives and friends said the home was very family-orientated and they were invited to stay all day joining people for meals and social events.
- A visitor who had been away for a while was greeted with hugs and genuine warmth by staff who were delighted to welcome the person back.

Supporting people to express their views and be involved in making decisions about their care

- What each person wanted genuinely mattered to staff. Staff understood people's individual preferences. Staff offered people different choices and alternatives to encourage their social, emotional and nutritional

well-being.

- People said they were encouraged to make their own daily choices and spend time doing the things they preferred.
- People led their own lives and followed their own individual routines, just as they would in their own home.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People continued to receive personalised care that was based on their individual preferences and needs. They said they were supported to lead their own daily routines in the way they wanted to be.
- Staff provided one-to-one support for people wherever this was beneficial to them.
- Relatives were invited to be involved in planning people's care where this was appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's life history and preferences were explored when they moved to the home. Staff were familiar with the family, places and events that were important to each person.
- Although no one had any specific communication needs at this time, staff used their knowledge of people's history to engage with them in a meaningful way.

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

- Care staff provided activities every day which were chosen by people depending how they felt at that time. These included gentle exercises, newspaper discussions, quizzes, painting and board games. Regular entertainment included a monthly sessions with a music therapist and a singing duo.
- People were encouraged to take part in gardening on the outside patio. Everyone had their own flower window box and were involved in watering them.
- The home had a good relationship with local services in this rural area and people were encouraged to remain part of their local community. For example, staff from the mobile library visited each person individually to support them with their book choices. People said they enjoyed it when local farmers had brought in sheep, chickens and ponies for them to pet.

Improving care quality in response to complaints or concerns

- Information about how to make a complaint was clearly displayed in the home.
- People and relatives said they would be comfortable about doing this if this is necessary.
- There had been no complaints at this service.

End of life care and support

- People were provided with care at the end of their lives if this was their preferred place of care and where their health needs could be met.
- End of life wishes were discussed with people and recorded in their records where they were happy to share this information.
- There was no one receiving end of life care during the inspection. Support was available from district nurses when required.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The home continued to be consistently managed.
- People and relatives described the provider and management team as open and approachable. Their comments included, "The owner is very gentle and kind – she often pops in" and "(Registered manager) always chats to us when we're visiting to see if we need anything."
- The provider and registered manager promoted a caring, person-centred culture that valued the individuality of each person.

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; Continuous learning and improving care

- The management team held regular meetings to discuss people's well-being and their outcomes. This was shared with care staff so they were aware of the expected standards of practice.
- Staff had clearly defined roles and some had taken on additional 'champion' responsibilities to promote better practice, for example dementia care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and management team understood their regulatory responsibilities.
- There were clear lines of accountability within the staff team.
- The registered manager completed audits to check the quality and safety of the service.

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

- People and relatives were periodically asked for their views in a questionnaire and were also asked to comment at reviews.
- Staff were encouraged to raise suggestions at team meetings and during daily discussions.
- There was a good team-work culture in the service. Staff said they felt valued and enjoyed working there.

Working in partnership with others

- The service promoted good links with the local community. For example, some people had been involved in supporting local school children with reading classes.

- The service joined up with some other care homes in the local area to access shared resources such as training, advice and guidance. The registered manager said these local relationships were very supportive.
- The provider was also a member of a national care homes association.