

Mrs Manju Peter

Little Acre Care Home

Inspection report

82 Skinburness Road
Silloth
Wigton
Cumbria
CA7 4QH

Tel: 01697332105

Date of inspection visit:
30 June 2022
05 July 2022
22 July 2022

Date of publication:
31 August 2022

Ratings

Overall rating for this service

Good ●

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

About the service

Little Acre Care Home is a residential care home providing accommodation and personal care to up to 14 people. At the time of our inspection there were 13 people using the service, some of whom were living with dementia-related conditions.

Little Acre Care Home provides accommodation for people in a single storey, adapted building.

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

People and relatives praised the friendly atmosphere in the home and described staff as caring and kind. The home had a warm and welcoming culture. Staff were engaging with people and spent time sitting with them.

Relatives and staff said the home was a safe place to live. Medicines were managed safely and the staff worked closely with local health care professionals. The provider had sufficient equipment and screening to reduce the spread of infection and there had been no cases of COVID-19 at the home throughout the pandemic.

There were enough staff to support people. Relatives had mixed views about the recent turnover of staff, but a core group of longstanding staff were still in post and were very familiar with people's needs. People received individualised support that matched to their personal preferences.

The home was clean and comfortable but rather worn in places and bathing equipment was due for replacement. The home was small and easy to get around but was not always dementia-friendly. We have made a recommendation about this. The provider had a plan to refurbish the home over time.

People said the meals were nice and they got enough to eat and drink. People had good input from other care services to support their health needs. Staff provided sensitive and compassionate care to people when they reached the end stages of their lives.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

The provider had governance system to check the quality of the service. However, actions identified were not always kept under review and some records were incomplete. We have made a recommendation about this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 December 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 11 October 2019. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Acre Care Home on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an 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.

Service and service type

Little Acre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Acre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The provider had applied to be the registered manager and their application was being processed.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and two visiting relatives. We contacted another five relatives by telephone. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the provider, deputy manager, catering and housekeeping staff. We also contacted eight care staff for their views.

We reviewed a range of records including four people's care and multiple medicines records. A variety of records relating to the management of the service were reviewed, including staff recruitment, training records, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home.
- Staff understood their responsibilities to report any concerns and had training in safeguarding people.
- Relatives said people were "safe" living at the home and were supported in a caring and considerate way.

Assessing risk, safety monitoring and management

- The provider assessed and monitored potential risks to people's safety.
- People's care records included information about their individual risks, such as falls and mobility. These were kept under review and actions were taken to minimise risks to people's health. A relative commented, "Since moving to the home my family member has improved and she's safe from falls."
- The provider employed external contractors to carry out health and safety checks and to service equipment. Health and safety certificates were up to date. A relative commented, "It is a bit worn in areas, but the staff are lovely and friendly towards people which makes up for it."

Staffing and recruitment

- The provider had systems for the safe recruitment of staff. Sufficient checks were carried out prior to appointments to make sure staff were suitable to work with vulnerable people.
- Relatives had mixed views about the number of staff employed. All felt the people were "safe" but some were concerned about the difficulties of employing more staff. The provider confirmed that staff recruitment was a challenge, as with all care services, and was trying a number of ways to attract more staff.
- There was good staff presence in the lounge to be on hand for people. One relative commented, "I think they do well. They struggle with staff (recruitment) but I don't think that impacts on my family member or the other residents."

Using medicines safely

- Medicines were managed in a safe way. Staff had training and competency checks in medicines management.
- The staff had good contact with local GP practices and medicine support services. People's medicines were being reviewed by relevant professionals so any changes could be made in a timely way.
- Medicines records were clear and up to date. The protocols for when people might need 'as required' medicines, such as simple pain relief, would benefit from more detail.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting visits in line with the current government guidance at the time of the inspection visit. Relatives were complimentary about the steps taken by the provider and staff which had meant there had been no cases of COVID-19 throughout the pandemic. They told us, "They were excellent during COVID-19" and "They stuck to the strict rules and it was very good, very safe."

Learning lessons when things go wrong

- The provider acted on accidents and incidents. These were reviewed to check for any increase or trends.
- Actions had been taken to reduce the risk of recurrence. For example, some people were provided with sensor mats to alert staff when they were moving around.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Each person's needs were assessed before they came to the service to make sure the right care could be provided.
- Information about people's abilities, preferences and needs was used to develop personalised individual plans of care.

Staff support: induction, training, skills and experience

- The provider used a number of training facilities for staff to have essential training relevant to their role. Staff were also supported to complete the Care Certificate, which is an agreed set of minimum standards that define the knowledge, skills and behaviours expected of care roles.
- Staff confirmed they had opportunities for training. One staff member commented, "We receive regular training to update our skills. Some are mandatory but we can ask for extra training in areas we are either interested in or feel we need a little extra help."
- Staff received supervision to support them in their role. Staff said they felt supported by the management team.

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

- Staff supported people to have a nutritious diet. People were complimentary about the quality of food. They told us, "The food is very nice" and "They are good cooks."
- Relatives said that their family members were assisted with meals and drinks when required. They said people were always given a choice at mealtimes.
- The staff kept people's nutritional well-being under review. They recorded weights and how much people had to eat and drink to make sure they had enough.

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

- Staff assisted people to access community health services when required.
- The management team said they had good support from local health services including GPs and specialist services.
- Relatives said the staff kept them informed about any changes in people's health. One relative commented, "The staff are very quick to spot any changes in them, even just slight discoloration of skin, and they get onto the health professionals right away."

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

- The care home was a family-sized house with single-storey accommodation. People's rooms were personalised and fitted with equipment that supported their individual needs.
- Some parts of premises would benefit from redecoration. A relative commented, "It is a bit worn in lots of areas but the staff are lovely and friendly towards people which makes up for it."
- The home was small enough for people to mobilise around but the furnishings, such as highly patterned flooring, were not always dementia-friendly. Bathroom equipment was in need of upgrading.

We recommend the provider considers the furnishings and equipment as part of a future dementia strategy.

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 MCA 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.

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.

- Staff followed the principles of MCA. The provider had applied for DoLS for a small number of people where this was appropriate.
- People were involved in decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interest.
- The service recorded whether relatives had Lasting Power of Attorney (LPA) status. This made it clear who would have the legal right to make decisions in the future on behalf of people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people felt well-supported, cared for and treated with dignity and respect.

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

- Staff were friendly, attentive and engaging with people. People said they were treated with care and kindness.
- Relatives spoke positively about the caring attitude of staff. Their comments included, "They are kind staff, you can tell they really care", "Staff are wonderful with [person]" and "The staff are very good with my [family member]."
- Staff said their colleagues were caring and considerate towards people. They commented, "We show the residents every day that we care about them. They are like our extended family, and I think this does have a positive effect on their day."

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

- Staff involved people in discussions about their day and encouraged them to make choices, such as clothing, menus and activities.
- Relatives confirmed people's choices were respected. They told us, "They give [person] their space if she wants to stay in her room" and "My [family member] is not able to do much now, but staff always ask them if they want to join in and [family member] is always given choice."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity. People were well-groomed and appropriately dressed for the warm weather. A relative commented, "[Family member] always has clean clothing, clean hair and looks clean and tidy and her room is clean."
- People were encouraged to maintain as much independence as possible to whatever degree they were able. For example, during a meal a staff member sat with a person and put food onto their fork. Then they gently encouraged the person because they were able to lift the fork and eat by themselves.
- Staff told us, "Our team of staff are all respectful to residents, putting them at the heart of what we do" and "We spend time with them and try to make them feel valued."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good delivery.

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

- Staff provided personalised support to people. Care records were person-centred and included people's abilities as well as needs. Care records fully respected people's individuality and the importance of their human rights, equality and diversity.
- Relatives said staff were very aware of people's individuality and preferences. They said staff were quick to spot the slightest change in people's well-being. One relative commented, "They've had lots of change in staff but key personnel know her well."

Meeting people's communication needs

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

- People's communication needs were considered during their pre-admission assessment.
- Care plans included details of people's preferred ways of communicating. This included information about any sensory needs.

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

- Staff supported people with their social needs and provided daily activities. On the day of this inspection, people took part in a quiz in the morning and did some seated gardening on the patio in the afternoon.
- Staff commented positively on the activities and interaction with people. People enjoyed the time sitting chatting to staff in this small service. One staff member commented, "We try to tailor activities for each individual. For example, one person may like just sitting in the garden chatting with staff, and another might like to play dominos."

Improving care quality in response to complaints or concerns

- The provider had a clear procedure for responding to any complaints. This was displayed in the hallway for people, relatives and other visitors to see.
- Relatives said they would have no hesitation in raising any concerns. Their comments included, "I feel every confidence that I could tell [provider] or [deputy manager] or any of the senior staff if there was anything I wasn't happy with. The communication from the home has been very good."

End of life care and support

- Staff provided compassionate care to people who were at the end stages of their life. They worked closely with local health services to make sure people and their relatives were provided with sensitive support at that time.
- The provider had some information about people's final wishes but these were not formally recorded for staff to follow. The management team said they would develop end of life care plans which include each person's individual preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership has been inconsistent.

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

- The provider governance system was not always fully effective. They used a range of audits to monitor the quality and safety of the service and had an action plan to address shortfalls. Actions were usually addressed in a timely way but were not always kept under review. For example, in February 2022, the provider was instructed to ensure extractor fans were kept free from debris, but during this inspection they were starting to become furred up again. This was addressed again and added to the cleaning schedule.
- The provider's management recording systems were not always complete, for example the staff training matrix was not up to date, some assessment records were incomplete and some care evaluations lacked detail. This meant the provider was not always able to evidence compliance. The provider addressed these immediately.
- On a small number of occasions notifiable events had not been reported to CQC, although they had been reported to other relevant agencies. The provider accepted this was an oversight, in part due to the change of management. We have written separately to the provider about this.
- The management of the home had changed over the past few months. The provider had applied for registration as the manager until a new manager could be appointed. Their application was being processed.

We recommend the provider improves their governance system to include a review of records and actions taken to ensure completeness and sustainability.

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

- Staff promoted a friendly, family-orientated culture.
- Relatives commented on the positive atmosphere and the "nice, homely environment". They told us, "It's cosy and comfortable" and "Staff are all very nice to me and to my [family member]."
- Staff said they worked well as a team for the well-being of residents. One staff member told us, "It has been a very difficult time for all care facilities with a global pandemic to deal with and lots of staff leaving the job. But I feel we have a good team that pulls together when needed to ensure the residents get continuity of care."

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

- Staff engaged with people and relatives. The Overall, relative felt the communication with the home about their family member was good, but some felt it could be better. One relative said response to email requests were rather slow.
- Staff said they felt involved in discussions about the service. They told us, "Management often ask for our opinions about day to day things, it makes you feel included" and "I always get the support I need. They always listened to any views."
- The provider had previously used a survey to get people's views. However, these results had not been shared with people and suggestions had not been advertised, so it was difficult for people to know if these had been acted on. The provider agreed to display the results of any future surveys.

Working in partnership with others

- The provider was open to working with other services for the benefit of people. The service was starting to reconnect with local community facilities after the pandemic. These included local churches and schools who had previously been involved in visiting the home.
- The provider networked with a couple of other local care homes to share guidance and best practice. The service also had contingency plans with another care service as a 'place of safety' in the event of emergency.
- A health care professional described a positive experience of working with the home on a recent pharmacy pilot to reduce unnecessary sedative medicines. They told us senior staff were "very accommodating and responsive to the pilot scheme."

Continuous learning and improving care; 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

- The provider and staff team were committed to improving the service. Staff commented that the home was "improving" and had a good culture.
- The provider was aware of the duty of candour and their legal responsibility to be open and honest.