Prime Life Limited

White Acres

Inspection report

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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

An unannounced inspection of the service took place on 31 May 2016.

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 robust 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 premises required repairs and refurbishment in places. Work on this had started after a local authority inspection which took place shortly before our own inspection identified areas that required attention.

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, but some people's objectives required review. The registered manager was introducing new and fresh activities for people, including for those living with dementia.

People knew how to make a complaint and raise a concern. They had opportunities to contribute suggestions and ideas at residents meetings which were well attended by people using the service. 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. Monitoring of the state of the premises was not as effective.

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 and practised their responsibilities for keeping people safe.

The provider had robust 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 provided with meaningful and stimulating activities at the service and in the community. The registered manager was actively introducing fresh activities that could be enjoyed by people living with dementia.

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 well led.

The registered manager had clear aims about how they wanted the service to develop. Staff understood those aims and supported the registered manager.

Arrangements for the monitoring people's experience of the service were effective, but monitoring of the quality of the premises by the provider's estates department was not as effective.

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 31 May 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 also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 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 two care workers. We looked at three people's care plans and care records and a staff recruitment file. We also looked at records relating to the registered manager's and providers records relating to their monitoring of the quality of the service.

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 concerns 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 here because we can talk to everybody. We have nice staff. They are nice and friendly and they do anything for you. You can go and talk to them about anything and they will help". Another person told us, "I just tell staff if anything worries me".

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 or engaging in lengthy conversation. Those interactions contributed to 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. A person who went out wanted to show us those skills when they went to catch a bus. They told us, "I go on my own on the bus. Staff always help me across the road but then I go on my own. I like going on the bus". Staff supported the person to cross the road then they walked approximately 200 yards to a bus stop were they waited a short time for a bus. We asked staff what happened if a bus was late or a person missed the bus. They told us, "They will not come back on their own. They will just wait and get on the next bus. This is a good route here and people do not have to wait long".

Staff we spoke with understood their responsibilities for protecting people from abuse. They knew what signs of abuse to look out for, for example a change in a person's mood, behaviour and eating habits. They knew how to report abuse using the provider's incident reporting procedures. A care worker told us, "I know which forms to complete. I know that I have to report what I saw not what I think might have happened. I give my reports to the boss [registered manager]." 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.

People's care plans included risk assessments of activities associated with their personal 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 to catch buses they supported people to be as independent as possible and limited support to help with crossing a busy road. 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.

Staff told us they read people's care plans and risk assessments. A care worker we spoke with demonstrated a good knowledge of the contents of a care plan we looked at. 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, three staff were on duty. They were supervised and assisted by the registered manager to support people with their personal care and daily support. That was enough staff to meet people needs without people waiting an unduly long time for support. A care worker we spoke with felt that enough staff were deployed. Throughout our inspection we observed that staff were always available to support people and that they were attentive to people's needs.

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 people using CQC registered services out of the workforce. We looked at a staff recruitment file and we found that the provider's procedures were followed.

People were supported to take their medicines on time. 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. A person using the service told us, "I take my medication. Staff watch me take it every morning. I know what I need to take". We saw part of a `medicines' round. The person supporting people explained what the medicines were for and handed a person their medicine with a drink. They verbally encouraging the person to take their medicine then make a record that the person had done so. Accurate records of medicines were kept. These records showed the right medicines were given at the right times. People using the service could be confident that they received their medicines when they needed them.

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 pharmacy that supplied the service with medicines carried out an audit of the management of medicines at White Acres on 19 April 2016. The audit concluded that the management of medicines was `very satisfactory'. A recommendation was that the service obtain Royal Pharmaceutical Society of Great Britain's guidance `Administration and Control of Medicines in Care Homes and Childrens' Services'. The registered manager was in the process of doing that.

Good

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge about their needs. People using the service did not comment about staff skills, but they told us that staff were "nice" and "friendly".

A care worker we spoke with told us they felt well trained and that their training had prepared them to care for and support the people using the service. They told us, "My training has helped me to understand what people like and how they need to be supported". They told us they and their colleagues looked at people's care plans and records to keep their knowledge of people's needs up to date. Care workers also shared information about people's latest needs at handover meetings which meant that staff starting a shift could continue to provide the care and support people needed.

We saw care workers use sign-language when they communicated with people who had limited verbal skills. They did this when they asked people if they wanted a drink. We saw from the communication exchange that people using the service and care workers understood each other. We spoke one of the care workers who told us they had knowledge of `Makaton' which was a sign-language that some people at the service used. We saw another conversation using sign-language when a person using the service and staff planned an activity the following day where the person would be taken out in a car. This meant that people with limited verbal skills were not isolated and they could participate in discussions with staff and to express their needs.

A care worker told us they felt supported by the registered manager through one to one supervision meetings. Care workers had six supervision meetings scheduled each year, but the care worker told us, "We can have a word with the manager at any time". We saw from records that staff had regular supervision meetings. The registered manager maintained a training plan and supervision schedule to ensure that care workers received the training and support they needed. A care worker told us, "I've talked about my training with the manager. We talk about what training is available and I'm looking forward to training I asked about".

The registered manager maintained a staff training plan. They ensured that staff received refresher training when they required it and that they completed all the training courses that were relevant to their role. 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. Staff had attended a training course about dementia called `virtual dementia' which was designed to help staff what it felt like to be elderly with limited mobility and reduced sensory abilities.

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.

The registered manager had made eight applications for DoLS. Those applications were appropriately made because people lacked the mental capacity to make certain decisions, for example decisions in relation to personal care that it was in their best interests to receive. Some DoLS applications were made because it was in 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 which showed they had retained what they had been taught when they received training in this area. All staff had received or were booked to receive training about MCA and DoLS. Their training included being given the providers MCA and DoLS policy to read and demonstrate understanding of.

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. A care worker we spoke with told us they were able to identify warning signs that a person may be about to display behaviour that challenged. 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. A care worker told us, "We distract people by offering an activity or suggesting they go to another area".

People were supported with their nutritional needs. People told us they enjoyed their meals and often had `favourites' they liked. Three people told us about `chips nights' when they had chips and a favourite to go with them. A person told us. "I like scampi" and another said "I like pie with my chips". Another told us, "On Friday night its chip night. I love it – I have steak and kidney pie with my chips". This showed that people could look forward to and enjoy their favourite meal `treats'. 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 because they were diabetic, had food suited to their needs.

The choice of meal on the day of our inspection was a home-made beef stew or a pie. Whilst these were cooking people were able to enjoy the aromas from the cooking. This added to a homely atmosphere at White Acres. People told us they were looking forward to their meal. Afterwards they told us they had enjoyed it. A person told us, "I enjoyed my lunch. It was nice" and another said "I did enjoy lunch".

People had a choice of drinks throughout the day and sandwiches in the evening. People who planned to go out were supported to make a packed lunch to take with them. A care worker told us, "If a person asks for a sandwich filling we don't have a carer will go to the shop to get it".

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. When people appeared to be unwell a person's GP was called. A person told us, "I tell staff if I am not feeling well. They look after me". Another person told us, "If I feel poorly I tell the staff. They ring the doctor for you." A person injured their wrist several months had a `squeeze ball' to help their recovery. They told us, "I hurt my wrist and had to go to hospital and I do this [squeezing the ball] to help make it better".

We saw lots of evidence that people were supported to access health services when they needed. For example, community mental health and other specialist services were involved by the service is supporting people with their needs. People were supported to attend healthcare appointments and some participated in a range of screening programmes. People who participated in screening programmes were informed of the results. This meant they experienced a value from participating in the screening programmes and could feel well-informed about their health.

Good

Is the service caring?

Our findings

People using the service described the staff as being kind and caring. A person using the service told us, "I like the staff. I like all of them really." Every person we spoke told us they liked the staff.

We saw care workers supporting people with kindness and compassion. They did this through noticing little things that would help people feel they mattered. For example, when staff re-entered a room after being away they would shake a person's hand when they returned because they knew it was something the person found reassuring. When a care worker noticed that a person's spectacles had slipped a little they asked, "Can I push your glasses up a little". They noticed the lenses required cleaning and told the person, "Oh, they could do with a clean. I'll do that for you now." After they cleaned the lenses they said, "They look much clearer now" then asked "Ready?" before placing the spectacles back on the person.

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 and they used supervision meetings to reinforce the value of practicing dignity in care. Our observations were that care workers put their training into practice as they were attentive to people's needs and discretely supported them. For example, a care worker who knew it was time to support a person with personal care whispered to them what they proposed to do and waited for the person to nod in agreement before supporting the person out of the lounge. Another person had remnants of food around their mouth after eating. A care worker asked them, "Shall I get a tissue for your mouth? You have some food there" before gently wiping their mouth with a tissue. When staff supported people with those things they did so in a way which did not attract other people's attention. This meant they not only respected people's dignity but also their privacy.

People using the service were supported to respect other people using the service. This was through one to one discussions and residents meetings. We saw from records of one meeting that there had been a discussion about respecting other people, their choices and their possessions. We observed all of the people using the service treating each other with respect. For example, when a person finished looking at a magazine they'd bought earlier in the day they left it on a table. Another person asked them if they could read it to which the person agreed. When the second person finished looking at the magazine they returned it to the owner. The exchange was polite and friendly. This was typical of the interactions we saw between people using the service. A person using the service told us, "We all know each other. We all get on".

People who were able to be involved in decisions about their care 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 were involved in their laundry arrangements and a person who wanted to change their duvet was shown how to.

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. Care workers did not go into people's rooms without their permission or invitation. A person told us, "Staff knock on my bedroom door and I let them in".

Relatives were able to visit White Acres without undue restrictions. People told us they looked forward to and enjoyed visits from family members. The visitor's signing-in book showed that relatives visited people from early morning to evening. Care workers were good at interacting with people so that people did not feel isolated. However, as staff had supported people to respect each other most interactions were between people using the service which contributed to a homely and friendly atmosphere at White Acres. A care worker told us, "It is a happy and friendly place".

Another sign of compassion at the service was that the garden at White Acres had a small `remembrance' area with a commemorative bench for a person who used the service before passing away. Judging from a conversation we heard this was important to people using the service and was another factor that contributed to a sense of community at the service. However, this also meant it was important that the garden was well-maintained by the provider's estates department which it hadn't been at the time of our inspection.

Good

Is the service responsive?

Our findings

People using the service told us they were pleased with the care and support they experienced. They told us that care workers understood their needs and preferences and supported them with their personal and other care the way they wanted.

People received care that met their needs because either they or their relatives they 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. Care workers told us they read people's care plans to keep their knowledge about people up to date. After we read a person's care plan we asked care workers questions about that person. Their answers demonstrated that they knew what the person liked and what was important to them. Their knowledge of people they supported was an important factor in aiding them to provide care that was centred on their needs. A care worker told us, "I like to think we make a difference to people's lives".

People's care plans included information about people's 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 with their needs.

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. For example, a person wanted to create a vegetable area in the garden, another wanted to start a college course and another wanted to learn to make simple meals. Others wanted to be more confident about going out alone and using public transport to go to places of interest to them. Care workers supported people to achieve their goals. We noted that three people's goals had last been set four years ago. After we brought this to the registered manager's attention they told us they would review every person's goals with them. People also had short-term achievements to aim for and when these were achieved photographs were taken and displayed as a form of celebration of the achievement. These included completing jigsaws and people changing their own duvet covers.

We saw people participating in activities they clearly enjoyed and which people wanted to show to us. People had colouring books and jigsaws that reflected their interests. For example, a person with an interest in farming had a colouring book of farm images and two people who liked horses were completing a jigsaw of an equine scene. They told us, "I do like colouring". People enjoyed activities by themselves but also in small groups. We saw people playing cards and later discussing amongst themselves what DVD they'd like to watch. The group activities supported people to maintain friendships with each other. Two people told us they liked to do jigsaws together.

People were supported to be independent. A person had been supported to develop more confidence to go out alone and they told us they enjoyed doing that. Another person worked on a farm one day a week and also went to an allotment. A care worker told us they often brought back food produce which was used in

the kitchen at White Acres. People went to college classes and social clubs. They also participated in activities that maintained everyday living skills. For example, some people took responsibility for doing their own laundry and tidying their rooms. A person told us, "I do my own dailies (cleaning) and my own bed. I did all my bed yesterday (meaning sheets and duvet off to wash and change)." Another person told us, "I do my own washing. I bring it down, they do it and I put it away." Some people helped tidy up the dining area and do washing up after meal times.

People also enjoyed outings they were keen to tell us about. A person told us about a trip to a theme park, the seaside and a planned trip to a castle. A person said of a trip, "We all went on a minibus. It was really good. It was a long trip and we had a great time". People showed us photographs of holidays and day trips they had been on and told us how much they enjoyed them and looked forward to future occasions they had been involved in planning.

The registered manager told us that some were showing signs of developing dementia. They were researching different activities they could provide for those people. They were also planning to involve the provider's estates department in a refurbishment of areas of the home and garden to provide a dementia friendly environment for people.

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 whoever was in charge if the registered manager was away.ir keyworker or registered manager.

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.

Requires Improvement

Is the service well-led?

Our findings

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. People had created a poster display of activities they liked and we saw evidence that they were supported to enjoy those activities. Some people were involved in helping staff with aspects of running the home such as helping with the laundry, washing-up and cleaning. These types of activities were contributed to the sense that White Acres was their home. A further example of that was that people had chosen what furniture to have in the communal lounge. This resulted in a mix of furniture styles rather than a `corporate' image and made White Acres feel homely. The registered manager told us that people would be involved in choosing colour schemes and décor when the premises were refurbished at some time in the foreseeable future.

The service had links with the local community which benefitted people using the service. People attended various centres and for social, cultural and educational activities.

The provider service 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 were familiar with both procedures. They told us they were comfortable raising concerns with the registered manager because they had confidence they would be taken seriously. One told us, "I'd report any concerns I had using the reporting procedure and I'd be comfortable about discussing concerns with the manager".

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, medication errors, incidents between people using the service. This was important because it meant that CQC could monitor a service and react to any serious incidents that occurred.

The registered manager kept staff informed of developments in the provider organisation and at the service. We saw evidence that they had taken learning from incidents that occurred at other services run by the provider and had action to minimise the risk of similar events occurring at White Acres. For example, care workers were reminded of a mobile phone policy which forbade staff to use mobile phones whilst they were on duty and they were advised about the provider's guidance on use of social media.

The registered manager maintained a `risk matrix' of risks and challenges to the service which were discussed at staff meetings. We saw that action had been taken to ensure that care workers completed training and had supervision meetings. The risk matrix was used to monitor the services performance against `key indicators of performance' (KIP) that were agreed by the registered manager and regional director.

The provider's procedures for regularly assessing and monitoring the service operated at two levels. The registered manager carried out regular monitoring concerned with 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. We saw that the director's checks included staffing levels, staff training, delivery of care and safeguarding of people who used the service.

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. People's responses provided an assurance they were very satisfied with their experience of the service. Despite such positive responses, the registered manager strove to improve the service. Planned improvements were to the décor of the premises, introducing new activities that were tailored towards the needs of people living with dementia and having more staff study towards further qualifications in adult social care.

The provider's procedures for monitoring the quality of people's experience of the service and the services achievement of KIP were effective. We saw evidence of steady improvement at the service. However, monitoring of the quality of the premises fell short of the provider's own expectations through a new initiative by the provider's estate's department called `The New Dawn'. This had not materialised at White Acres were we saw parts of the premises and garden that required attention. Several areas of the premises required maintenance. For example assessing of possible damp damage in an internal walls, flaking paint, badly damaged door frames, a blistered ceiling in a ground floor bathroom, and rust on towel rails. The garden, which had a lot of potential to provide meaningful recreational facilities, was unkempt. A barbeque in the garden had weeds growing through it, a fence panel was broken. The garden to the front of the property was full of weeds. The premises had an `uncared' appearance about them.

The provider had procedures for the maintenance of the premises, but these were poorly documented and recorded. None of the things we saw that obviously required attention were recorded in a maintenance book. There was no evidence of a documented maintenance plan. The estates department carried out monthly `audits' but these were not documented other than to produce a list of areas of work that would be carried out. This fell below what the estate's department was expected to do which was to `tour the home and identify any areas of wear and tear that need to be addressed, and any improvements that can be made, which will be fully described and costed and made available to the Home Manager'.

Work had started to improve the décor of the premises but this had been mainly as a result of a critical report by the local authority following an inspection that took place shortly before our inspection. We discussed this with the registered manager who took the local authority report and our inspection as an opportunity to kick start a process to refurbish the premises and garden to provide an environment that enhanced the experience of people using the service.