

Six Acres Residential and Supported Accommodation Limited

Six Acres Residential and Supported Accommodation Limited

Inspection report

401 Bickershaw Lane
Bickershaw
Wigan
Lancashire
WN2 5TE

Tel: 01942861113

Date of inspection visit:
27 June 2018

Date of publication:
24 July 2018

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?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Six Acres Residential and Supported Accommodation Limited on 27 June 2018.

Six Acres is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Six Acres is a small privately owned care home providing accommodation and support for up to six adults with learning disabilities. The home is a bungalow with six separate bedrooms, shared bathroom and toilet facilities and two communal lounge/dining areas. At the time of our inspection there were two people living at the home.

At our last inspection on 21 December 2016, we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During the last inspection, although the home was rated as good overall, it was rated as requires improvement in the key question effective, as we identified one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to good governance, specifically that neither nutritional screening nor pressure ulcer risk assessment tools were in place. At this inspection we found the provider had addressed the previous regulatory breach and was now meeting all regulatory requirements.

The service had 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 told us they felt safe living at Six Acres. The home had appropriate safeguarding policies and procedures in place. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report any safeguarding or whistleblowing concerns.

Staffing levels were based on the needs of people living at the home and their schedules. Rotas demonstrated enough staff had been deployed to meet people's needs and accommodate outings or activities.

We saw the home was clean and had appropriate infection control processes in place. The staff carried out all cleaning tasks, following a daily and weekly cleaning rota. All cleaning equipment was stored safely and securely.

Care files contained detailed risk assessments, which were reviewed regularly to reflect changing needs. This helped ensure staff had the information they needed to support people to stay safe and well.

Medicines were stored safely. The home had effective systems in place to ensure medicines were ordered, stored, received and administered appropriately.

Staff received appropriate training, supervision and appraisal to support them in their role. Training completion was monitored via a matrix, to ensure staff remained up to date.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible, with the home's policies and systems supporting this practice.

People were encouraged to make decisions and choices about their care and how they wanted to be supported. People had control over how they spent their time and what activities they completed. People's consent to care and treatment was sought prior to care being delivered.

Both the registered manager and staff we spoke with demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We saw the service was working within the principles of the MCA and had followed the correct procedures when making DoLS applications.

People's nutrition and hydration needs were being met. Professional guidance for people requiring a modified or special diet was in place and had been followed. People were involved in choosing what meals they ate and when and where they ate them.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be caring and treated people with kindness, dignity and respect.

Care plans contained detailed, personalised information about the people who lived at the home and how they wished to be cared for. Each file contained people's aims and goals, which were regularly reviewed and updated, to ensure their needs had been met.

The home had a complaints procedure in place and whilst none had been received since the last inspection, people told us they knew how to do so, should they ever need to.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans were drawn up, to ensure any issues had been addressed. Feedback of the home was sought from people, relatives and staff and used to drive continued improvement.

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 remains safe.

Is the service effective?

Good ●

The service has improved to effective.

Nutritional screening and pressure ulcer risk assessment tools were in place and had been utilised.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2015) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in care plans.

Staff were positive about the training provided and received enough to carry out their roles safely and effectively.

Referrals were made to medical and other professionals to ensure individual needs were being met.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Six Acres Residential and Supported Accommodation Limited

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 took place on 27 June 2018 and was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before commencing the inspection, we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the quality assurance team at Wigan Council, a commissioner at Wigan Council and an Independent Mental Capacity Advocate (IMCA), who supported a person living at the home.

Before the inspection, the provider completed 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.

During the course of the inspection we spoke to the registered manager, two staff members and one person who lived at the home. We also completed observations using the Short Observational Framework for Inspection (SOFI 2). This is a method for capturing the experiences of people who may have cognitive or communication impairments and cannot verbally give their opinions on the service they receive.

We looked around the home and viewed a variety of documentation and records. This included three staff files, two care plans, Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection we found the service continued to be good.

People living at the home received safe care, which was described as "very good". One person told us, "Yes, I feel safe here, I get on well with everyone."

We found staffing levels deployed continued to be sufficient to meet the needs of people living at the home. In line with the risk and needs assessment, the home continued to run with sleep in cover overnight, provided by a consistent staff member. Another staff member was on-call should additional assistance be required.

We looked at the home's safeguarding systems and procedures. The home had a safeguarding file which contained reporting criteria along with copies of all necessary documentation. This ensured that anyone needing to report a safeguarding concern could do so successfully. We saw the home had not reported any safeguarding concerns since the last inspection. Reviews of accident and incident information, along with discussions with staff members confirmed this was accurate. We saw staff had all received training in safeguarding and those we spoke with, were able to clearly explain how they would report concerns.

We looked at accident and incident information and found these had been documented as necessary within the home's accident book.

Care files contained a range of personalised risk assessments, covering areas specific to each person such as road safety, personal hygiene, use of the kitchen and verbal aggression. Each risk had been rated to determine its severity along with details of how the risk would be managed.

We looked at two staff files to check if safe recruitment procedures were in place and saw evidence references, Disclosure and Barring Service (DBS) checks and full work histories had been sought. These checks ensured staff were suitable to work with vulnerable people.

During the inspection we found the home to be clean and free from offensive odours. We saw detailed cleaning schedules were in place and environmental audits had been carried out to ensure these had been followed. We saw the bathroom had been fitted with aids and adaptations to assist people with limited mobility and liquid soap and paper towels were available. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. We found gas and electricity safety certificates were in place and up to date. Call points, emergency lighting, fire doors and fire extinguishers were all checked to ensure they were in working order. The hoist and slings had been serviced within required timeframes, with records in place evidencing this. This ensured this

equipment was safe to use and protected people from harm.

We found medicines had been managed safely. Staff had received training and had their competency assessed quarterly. Medicine administration records (MAR's) had been completed accurately and consistently.

Each person continued to have an information sheet in place which included their name, date of birth, photograph, allergy information and list of their prescribed medicines. Information about each medicine, when to take and what it was for was also present. This included 'as required' (PRN) medicines such as paracetamol. The systems in place ensured staff administered medicines when necessary and in the way the person wanted.

At the time of the inspection nobody required their medicines covertly, which means without their knowledge or consent. This is usually done when a person who lacks capacity, regularly refuses to take them when offered.

Is the service effective?

Our findings

We checked the progress the provider had made following our inspection in August 2016 when we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. This was because neither nutritional screening nor pressure ulcer risk assessment tools were in place.

At this inspection we found the provider had made improvements. Both the Malnutrition Universal Scoring Tool (MUST), a nutritional screening tool and The Waterlow score, a pressure area risk assessment tool had been implemented and utilised for both people living at the home. Detailed guidance on both systems had been put in place, to ensure staff knew how to use them and interpret the results.

We saw daily skin checks continued to be completed for people with limited mobility, as part of their personal hygiene support. Pressure relieving equipment was also in place, which was regularly checked to ensure it remained clean and fit for purpose. Turning charts were not required, as the person was able to change position in bed independently.

People's nutritional and hydration needs had been met. One person required a pureed diet, due to issues with swallowing. Clear guidance from the Speech and Language Therapy (SALT) service was located in their care file and our observations of food records and lunch service during inspection, evidenced these had been followed consistently.

Another person told us the food provided was "good" and they "enjoyed it". This person was supported to complete a menu plan for the upcoming week, with grocery shopping based around the completed plan. Each day this person could make a choice about which meal they wanted to eat, which was then prepared by a staff member.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw DoLS applications had been submitted and authorised for both people as they were deemed to lack capacity to consent to their care and treatment. The home had systems in place to monitor the expiry date of each person's DoLS along with dates when re-applications were required. Staff confirmed they had received training in MCA and DoLS and demonstrated a good understanding of the main principles.

People continued to be supported to access medical and healthcare professionals as required, which included GP's, epilepsy nurses, speech and language therapy (SaLT) and podiatry. All involvement and outcomes had been clearly documented within care files.

We found people continued to receive effective care and support from a consistent staff team who had

received regular training to ensure their knowledge remained up to date. The provider had recently introduced e-learning to support this process. This complimented the practical training sessions the home accessed via the local authority. For those staff without a background in care, we saw the care certificate had been completed. Staff training was monitored via a matrix, to ensure they had completed the required sessions. We also saw staff had received supervision and appraisal in line with the provider's policy, which ensured they received ongoing support to assist them in their roles.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be caring.

People spoke positively about the care provided and their relationship with staff members. Staff were described as "kind" and "friendly". We saw in documentation viewed as part of the inspection and person's relative had recently described the staff as 'cheerful, polite and excellent'.

During the inspection we observed positive interactions between people living at the home and staff. Both people had resided at the home for many years and through having a small and consistent staff team, had developed an obvious rapport and clearly felt comfortable in staff's presence. People looked clean, well-groomed and appropriately dressed. Staff interaction with people was warm and friendly.

Staff we spoke with had a detailed understanding of each person's needs, likes, dislikes and how they wanted to be supported. Staff's knowledge and understanding of each person living at the home, helped ensure they could both listen to and communicate effectively with people. We saw a communication aid continued to be used, to support a person with limited verbal communication and comprehension skills to express their needs, wishes and choices.

Staff were mindful of the importance of maintaining people's privacy and dignity. One said to us, "I make sure doors and curtains are closed and I cover [name] up. I also talk through what I am doing and make sure they are happy with this." People we spoke with confirmed they were treated with dignity and respect.

Staff understood the importance of promoting people's independence and encouraged people to do as much for themselves as possible. One person continued to be encouraged and supported to maintain the cleanliness of their own bedroom and make their bed each day. They took pride during the inspection in showing the inspector their bedroom and how well they had managed this task.

The provider was aware of the importance of ensuring equality, diversity and people's human rights were upheld and had policies, procedures and holistic assessments in place to meet this requirement. However, nobody at the service, including staff members, had any protected characteristics as defined by the act.

We saw people's views, along with those of their relatives, had been captured via annual satisfaction surveys, with action points generated and circulated.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to be responsive.

We saw care provided continued to be responsive to people's needs. People were actively involved in deciding what they wanted to do, and how they wanted to be supported. Each person had their own daily schedule, which was supported by the staff team, who worked flexibly to accommodate this. One person told us, "I get to go out and do things I like. I like bird watching, football and helping with the animals."

Staff we spoke with understood the importance of person centred practice and felt the intimate nature of the home, ensured this was provided consistently. One told us, "We have a chat with them every day and ask what they want to do. [Name] has a list of options we supported them to draw up, which helps them to choose. We just fit in around them really."

We found the home continued to provide personalised care, designed around each person's needs and wishes. Care files contained concise yet detailed information about people's backgrounds, likes, dislikes, preferences, medical and social needs, along with what had been put in place to manage these. They also included sections relating to people's achieved skills and goals, along with continuing goals the person wanted to work on. This ensured the care provided was what the person wanted and focussed on areas they wanted to improve.

We saw care plans had been written with the involvement of people or their representatives, with people actively involved in care plan reviews and the generating of new goals. Each person had been provided with a copy of their care plan.

We found people's social needs continued to be encouraged and promoted. People completed individualised activities, based around their likes and interests, as detailed in their care plan. Photo scrapbooks continued to be kept, to document the activities and outings people had participated in. These were also used as a memory aid and to support conversation.

We looked at how complaints were handled. The complaints procedure was clearly displayed on the notice board and the home had a complaints file in place; however no formal complaints had been received since the last inspection. People we spoke with knew how to complain and told us if they had any issues, they would be happy speaking to a member of staff, who they felt would help them with this.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be well-led.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

The staff we spoke with told us they enjoyed working at the home, which they said was well run and felt supported by the manager. We saw the registered manager, who was also the owner, worked alongside staff providing care.

We saw five formal staff meetings had been held since the last inspection, used to discuss people's care and operational issues. Both staff and the registered manager told us due to having such a small team and all working alongside each other, ongoing communication was also maintained, with conversations taking place at least weekly.

This was also the case in relation to resident meetings. We saw these had been held quarterly, with the meetings minuted, however staff confirmed daily discussions had been completed with people, to ensure they were happy with their care and had no issues or concerns. This was in line with the providers ethos of involvement and empowerment and ensuring people living at the home were involved decision making about their 'home'.

We saw there were a number of audits and monitoring systems in place to monitor the quality and effectiveness of the service, including annual questionnaires sent to relatives, professionals and people living at the home. Audits in place included areas such as medication, the environment, equipment in use and care documentation. All audits included sections for action points and date of completion. The home continued to use a 'weekly running of the home checklist', which broke down all required daily and weekly tasks that needed to be completed. This ensured all tasks had been completed and required checks and audits carried out. The home had also maintained completion of an annual development plan, which covered training needs, people's aims and objectives, required home improvements and other areas that needed to be addressed on a month by month basis.

The home's policies and procedures were stored electronically and included key policies on medicines, safeguarding, MCA, DoLS and moving and handling. The registered manager had subscribed to an update service with an external training provider, who automatically sent through updates of any new or amended policies. This ensured the home always had the latest policies available.