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?	Good

Summary of findings

Overall summary

White Acres 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. White Acres is registered to accommodate 12 people with learning disabilities; at the time of our inspection there were 12 people living in the home.

At the last inspection in January 2017, this service was rated as requires improvement. A breach of legal requirements was found. The provider was asked to provide an action plan to tell us what they would do to meet legal requirements in relation to a breach in Good governance. At this inspection, we found that improvements had been made and sustained and the service was rated overall good.

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.

Improvements had been made to the premises in order to meet people's needs and ensure the environment was clean and well decorated. There was a plan for refurbishment and continued improvements to the environment.

People received care from staff that knew them and were kind, compassionate and respectful. There were sufficient staff to provide the care and support people required.

People's needs were assessed prior to moving into home, care plans based on their individual needs and preferences were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk. The premises were maintained to support people to stay safe.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

Permanent staff were supported through regular supervisions and undertook training, which helped them to understand the needs of the people they were supporting. Staff who did not work at the service regularly had not attended training to update their skills and knowledge. People and where appropriate their relatives were involved in decisions about the way in which their care and support was provided.

Systems were in place to ensure the premises were kept clean and hygienic so people were protected by the prevention and control of infection. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day-to-day routines. However, these had not always been completed for a specific decision. They did not always include information about how the person had been supported to make their own decision. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were comprehensive systems in place to monitor the quality and standard of the home. Regular audits were undertaken and any shortfalls addressed.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

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.

The staff team kept people safe from avoidable harm.

Risks associated with people's care and support were minimised because risk assessments had been completed and were followed by staff.

Appropriate recruitment processes were in place and suitable numbers of staff were deployed to meet people's needs.

People were supported with their medicines as prescribed by their GP.

Lessons were learned and improvements were made when things went wrong.

Is the service effective?

Good

The service was not consistently effective.

People's needs were assessed and met by staff who were skilled and had completed the training they needed to provide effective care. Staff who did not work at the service regularly had not always completed their training to keep their knowledge up to date.

People were supported to maintain their health and well-being.

Staff gained consent from people to provide care and understood people's right to decline their care. Capacity assessments were not always based on a specific decision.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring and involved people in their care and support.

People were supported to be involved in the planning of their

care. They were provided with support and information to make decisions and choices about how their care was provided.

People's privacy and dignity were promoted and protected by the staff team.

Information was made available to people in their preferred method of communication.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and was changed when necessary.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

Comprehensive audits were completed regularly at the service to review the quality of care provided.

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 took place on 13 February 2018 and was unannounced. The inspection was undertaken by one 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 service.

Before the inspection, we 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 reviewed the completed PIR and took this into account when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted health and social care commissioners who placed and monitored the care of people living in the home.

During our inspection we spoke with seven people who lived in the home, two relatives and four members of staff; this included a senior care worker, two care staff and the area manager. The registered manager was on leave on the day of our inspection. We spoke to them by telephone following the inspection.

We observed care and support in communal areas. Some people who used the service were unable to verbally communicate with us; we undertook observations of care and support being given to help us understand the experience of people who could not talk with us.

We looked at the care records of three people and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe when they were receiving care from staff. They also told us their bedrooms were kept locked and they had their own keys for their door. Relatives confirmed they agreed people were safe. One relative told us, "I have no concerns. I can't fault the place." Another commented, "Any issues and they are on the phone." The provider had made information about how to keep safe available for people who used the service in an easy to read format to enable them to develop understanding about how to keep themselves safe. All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report any concerns they may have. One staff member said, "I would report any concerns to [registered manager] and I know they would take action. We have a whistleblowing line we can contact." All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training.

Risks to people had been assessed and were reduced through their plans of care. People had detailed plans of care and risk assessments to guide staff in maintaining their safety. People were encouraged to be as independent as possible and the risk management plans within the home supported this. For example, people were supported to be involved in preparing their food and drinks. There were risk assessments for people around this. Detailed guidance had been developed for staff to follow in reducing the known risks to people. One person did not have a risk assessment in place for a medicine they were taking. We discussed this with the area manager and they provided a copy of a risk assessment they put in place following our inspection. Accidents and incidents were regularly reviewed to identify trends and the service had an effective system in place, which ensured senior staff in the organisation were alerted to higher levels of risk and the appropriate actions were taken if necessary.

People were supported by sufficient numbers of staff who had been subject to appropriate recruitment procedures. People agreed there were always enough staff. One relative said, "There is always plenty of staff when we visit." Another relative commented, "There is always someone in the lounge when people are in." The rotas and feedback from staff confirmed staffing was consistent, and during our inspection we saw enough staff were available to meet people's needs. Staff told us it would be good to have more bank staff available to provide cover for holidays and sickness. The area manager told us recruitment was on-going for bank staff. People were safeguarded against the risk of being cared for by unsuitable staff. The recruitment files contained evidence the necessary employments checks had been completed before staff commenced work at the service.

People received their prescribed medicines safely. One person commented, "I have my medicine with my breakfast," and were able to tell us what their tablets were for. A member of staff told us "Once I had completed my medication training I had to be observed before I was allowed to give medication on my own." The Medication Administration records (MAR) charts had been completed accurately. People had detailed plans of care to guide staff in how to administer their medicines and staff knew about these and followed them.

People were protected by the prevention and control of infection. Areas of the service were clean and tidy,

and regular cleaning took place, this was carried out by the staff. Staff were trained in infection control, and had the appropriate personal protective equipment to prevent the spread of infection.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people, such as wheelchairs were stored safely and regularly maintained.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The providers' MCA policy outlined the way in which formal assessments of capacity should be completed by staff and we found this had usually been followed. However, we found some capacity assessments were not based on one specific decision and did not include how the person had been supported to make their own decision. The area manager told us these were being reviewed and would be updated. Every person's plan of care gave information on how to support each person using the least restrictive approach. However, one person chose not to attend healthcare appointments. We discussed this with the area manager and asked them to consider the person's capacity to make this decision. They told us they would review this with the person and their relatives.

People's capacity to consent to their care and support was sought by staff on a day-to-day basis and referrals had been made to the local authority for people who lacked capacity to consent. One member of staff told us "I always ask the residents if it is 'okay' for me to support them. They can say no and I will respect that." During the inspection we observed staff offering people choices about activities and a variety of other topics.

People's needs were assessed prior to them moving into the home to ensure the provider was able to meet their care and support needs. Thorough assessments of people's needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

Permanent staff received the training; support and supervision that they needed to work effectively in their role. One member of staff told us "We do loads of training. We are told when it needs doing. It is important to make sure we are doing things properly." Staff had access to regular supervision and training in key areas that were relevant to their role. Staff who did not work regularly at the service, [bank staff] had not updated all of their training courses when these were due to be renewed. The area manager told us some of the bank staff did not work shifts at the service except during holidays from university or college when their training would be refreshed. They agreed they would review the training for all staff to ensure it was in date.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. One person told us, "I go to the dentist, the optician comes here and the doctor is just up the road." Staff quickly recognised any changes in people's health and appropriate referrals to healthcare professionals were completed in a timely manner. A relative told us, "If there is anything wrong they get the doctor in straight away." People had been supported to complete accident and emergency grab sheets to provide

guidance to healthcare professionals in the event they required medical treatment. The registered manager worked in partnership with other agencies to improve people's experience of living in the home. For example, referrals had been made to other professionals involved in people's care such as dieticians and the community team for learning disabilities to ensure people received the care they needed.

People were supported to eat, drink and to maintain a healthy balanced diet. They told us they liked the food. One person said, "I have cornflakes and a cup of tea for my breakfast as I like that." Menus were in place to assist with people choosing meal options. These were based on food people said they enjoyed with healthy options of these meals. People assessed as being at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. Staff followed the advice of the speech and language therapist, in providing care for people with swallowing difficulties. This ensure food and drinks were given at the right consistency to prevent the risk of choking. People were encouraged to eat and drink throughout the day and had access to snacks and drinks.

White Acres is a two storey house. It is an older building and the stairs were quite steep. However, the layout of the bedrooms had been adjusted so if people needed a downstairs room this was accommodated. A relative told us, "[Person] began to struggle so I talked to [registered manager] and we all agreed they would be moved them downstairs." People's bedrooms were personalised and communal areas were bright and welcoming. Work had been carried out on the garden and outside grounds to make them more accessible and to create additional space where people could spend their time in nice weather.

Good

Is the service caring?

Our findings

People were supported by a stable staff team who knew them well. They told us staff were kind. People appeared comfortable with staff and made jokes with them. A relative said, "The staff are kind; they do care." Staff knew people's life history, interests and individual preferences and used this information to make the most of their interaction with people. For example, staff knew how to ask people what they wanted to do and encouraged them to choose and complete an activity.
People had been asked if they had any specific cultural needs, personal views, religion or ethnic background they followed that needed to be considered as part of their care. This was important to ensure people had the opportunity to make sure the service knew about and supported them to follow their beliefs.

Some of the people living in the service had limited verbal communication skills. When we asked people about staff working at the service they indicated their satisfaction with positive gestures such as a smile or a laugh when pointing to a member of staff. People were encouraged to express their views and to make choices about the care and support they received. People were supported to make choices through pictures and objects of references as well as verbal communication. People were able to spend quality time with staff and responded well to the staff supporting them. Staff told us they had time to support people and record information in people's care plans.

People were treated with dignity and respect. Staff spoke with people respectfully and treated them kindly. One staff member told us, "We make sure that curtains and doors are closed and we give people time on their own if they want this. I help people where they need it but try to get them to do what they can." Another member of staff said, "We are always aware not to speak about residents in front of other residents; I think that is really important." Staff knocked on people's doors prior to entering their room.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and provided reassurance. We observed many occasions where staff were on hand to provide reassurance and offer support, either physically or emotionally.

Visitors, such as relatives and people's friends, were encouraged and made welcome. One relative told us, "I visit every couple of weeks. Staff are always friendly and offer a cup of tea." The senior care worker told us there were no visiting restrictions.

People living at the service had access to independent advocacy and support. An advocate is an independent person who ensures that people opinions are voiced and heard. The area manager knew how to support someone to find an advocate if they needed one.

Staff understood about confidentiality and the provider had a policy about this. Information about people was kept secure in a locked cabinet.

Good

Is the service responsive?

Our findings

People and their relatives had been involved in developing their plans of care, which provided guidance to staff in providing consistently personalised care and support. A relative told us, "The care plans are changed. They talk to us about them" People's care records provided detailed information about their needs and how they were to be supported. This included the support people required in relation to their personal care, their physical and psychological health, finances and social needs. People's plans of care had been reviewed and updated and were reflective of their current care needs. Risk management plans were linked to the care planning process to ensure people remained safe whilst their needs were met.

Staff supported people in line with their individual needs including relating to their gender and disability. This included supporting people with relevant health screening. Detailed records were kept in relation to any specific health needs. For example, one person had epilepsy and a seizure chart was kept documenting all seizures; the duration and the type of seizure, so this information could be used to identify any patterns or triggers.

People had been supported to develop care plans about what their interests were, likes and dislikes and how they communicated. The staff we spoke to were knowledgeable about the people they supported in the home and used their knowledge of people's life history to tailor the care that people received.

People were supported to maintain links with their family, friends and the local community. One person said, "I visit my sister and go on the bus, I like the luncheon club and the disco. I keep busy." A relative commented, "[Person] does something every day. Staff get them to where they need to go." People were supported to attend community activities outside of the home such as local events, day centres, luncheon clubs, and disco's where they could meet with their friends. Staff working in the home had developed links with other services owned by the provider to develop friendship groups.

People were encouraged to take part in household tasks. A member of staff told us, "People are encouraged to do what they can." This was important to enable people to develop their independence and skills around the home.

The provider had a system in place to manage and respond to people's complaints appropriately. One complaint had been received since our last inspection and this had been investigated thoroughly and detailed notes of the investigations and communication with the complainant were transparent.

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, People were supported through pictorial schedules with pictures and symbols to make them easier to understand. Other key information such as complaints and how to keep safe were provided in an easier to read format.

At the time of the inspection nobody was receiving end of life care. The staff had worked sensitively with people, relatives and other professionals to offer support to plan for future events taking into account people's wishes and this was revisited and reviewed at annual reviews of people's care and support needs where people were happy to discuss this.

Good

Is the service well-led?

Our findings

At the last inspection in January 2017 we found one breach of the regulations. Regulation 17, Good governance. We required the provider to make improvements. We rated 'well-led' as Requires Improvement because we had concerns about the maintenance of the premises. The provider submitted an action plan to tell us what they would do to meet legal requirements. At this inspection the necessary improvements to the environment had been made and sustained.

The provider had carried out works to improve the environment. An annual audit had also been completed to identify future works needed to ensure the premises were fit for purpose. A relative commented, "Over the years constant improvement has been made with the appearance of the home." The environment and premises had been reviewed monthly by the registered manager and the area manager. Any actions needed to improve this had been recorded and reviewed. Staff told us the environment had been improved. However, one staff member told us they felt further works were needed on an on-going basis to maintain this and some things could take time to complete. The area manager agreed that works were needed on an on-going basis to make sure the environment was appropriate for the people who used the service. They told us the maintenance staff would respond to something based on its urgency. There was a plan in place for refurbishment and any works which were needed were recorded and referred to the maintenance team. A log was kept of works which were required, when they were reported and completed.

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 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.

The registered manager encouraged an open and transparent culture. People, their relatives and staff told us they were visible throughout the home and were committed to providing people with consistently high quality person centred care and support. The staff we spoke with said there was good communication with other members of team and with the registered manager. One staff member told us, "We can go to [registered manager] with any concerns or queries, I definitely feel supported; we work together as a team." We viewed minutes of staff team meetings that were used as an effective forum to reflect upon the care and support people had received and to identify ways to support people differently to promote their independence.

There was a system of quality assurance led by the registered manager, these included audits on medication, infection control and various other quality measures. People using the service, their relatives and staff were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Annual questionnaires were sent to relatives and pictorial feedback tools were being used to support people using the service to provide meaningful feedback. Feedback from people and their relatives was positive and displayed in the service. A relative told us, "[Person] is so happy here and individual needs are catered for." One member of staff said, "I feel valued as an employee and I really like working here. We are very open and honest with the people and have a good relationship with them; it

means they always have someone to talk to." Another member of staff commented, "I have a great boss, I enjoy working here. They [the provider] obviously listened to what we said in the questionnaires as they made some changes over Christmas."

People were supported to be active members of the local community and to use the local shops and facilities such as the GP. People also accessed local groups such as a luncheon club and a gardening club. The home worked in partnership with people's relatives and other professionals involved in their care to make sure the care provided met their needs.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. When people required admission to hospital the home ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with, how to communicate with the person and other elements of care needs.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.