Prime Life Limited

Little 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

We inspected this service on 21 February 2018. Little Acres is a care home for people with a learning disability, physical and sensory needs, including autistic spectrum disorder. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Little Acres provides accommodation and or personal care for up to 25 people. The accommodation is provided in a two-storey adapted house with garden and patio seating areas. At the time of our inspection, 23 people were living at the home.

At our last inspection we rated the service 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.

People continued to receive safe care. People were protected from the risk of avoidable harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We saw that incidents and accidents were investigated thoroughly to ensure lessons were learnt. Risks associated with people's care and support were managed safely and relatives were confident their family members were safe and well cared for. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs.

People continued to be effectively supported by staff that were trained and supported to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had sufficient amounts to eat and drink and were supported to access other health professionals to manage their day to day health needs. The home environment was adapted to meet people's needs and preferences.

The care people received remained good. People had positive relationships with the staff who were kind and caring and supported them to make choices about their care. People's privacy, dignity and independence were promoted at all times. People were encouraged to maintain their important relationships.

The service remained responsive. People received personalised care that met their individual needs. Staff understood people's diverse needs and encouraged them to take part in activities that they enjoyed. People and their relatives were able to raise any concerns or complaints and were confident these would be acted on.

The service remained well led. There were suitable systems in place to assess, monitor and improve the quality and safety of the service. The provider encouraged people, their relatives and staff to give feedback on how they could make improvements in the service. This was acted on wherever possible.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Little 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.

This was a comprehensive inspection that took place on 21 February 2018 and was unannounced. The inspection visit was carried out by one inspector. We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who used the service and two visiting relatives for their experience of the service. Due to people's communication needs their feedback about all aspects of the service was limited in parts. We therefore spent time observing how staff interacted with people and how they supported and cared for them. We did this to understand people's experience of living at the service. We also spoke with four members of care staff, the regional manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality audits of medicines, the control of infection and safety of the premises.

Good

Is the service safe?

Our findings

People were safe and had positive, trusting relationships with staff who understood their needs. A relative told us, "I have no concerns, [Name of person] would tell me if they had any worries". Staff were aware of the signs to look for that might mean a person was at risk of abuse and knew how to report their concerns for investigation by the local safeguarding team. One member of staff told us about a concern they had raised with the acting manager which was reported to safeguarding and investigated. This showed us the staff understood their responsibilities to protect people from the risk of abuse.

Risks to people's safety were assessed and managed. We saw there were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. Staff minimised the restrictions on people's choice and freedom as much as possible, for example people attended day services and were free to move around the home as they wished. Staff knew people well and worked with them to support them to manage any behaviour that may challenge themselves and others. Staff told us and records confirmed that when incidents associated with challenging behaviour occurred, staff documented what had happened to try and identify what had caused the incident to minimise the risk of reoccurrence.

People received their medicines when needed and in their preferred way. Some people knew what their medicines were for and told us why they needed to take them. We saw that medicines were stored securely and staff were trained and monitored to ensure they followed safe practice. When people received their medicines on an 'as required' basis, staff had clear guidance on when they were needed. Staff told us and we saw that medicine records were monitored to ensure people received their medicines as prescribed.

Accidents and incidents were recorded and considered by the staff team and monitored by the provider to reduce the possibility of reoccurrence. This showed us the provider had systems in place to review when things go wrong to ensure that lessons were learnt.

There were sufficient staff to keep people safe and ensure they lived full, active lives. Staffing levels were based on people's dependency levels and were kept under review to ensure people received the support they needed for their daily routine and preferred activities. The provider had suitable systems in place to ensure staff were suitable to work with people. These included verifying references and carrying out checks and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available for staff and people who live at the home to use when needed. We saw the staff had received training and followed clear policies and procedures to maintain good standards of cleanliness and hygiene in the home.

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 or 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 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 to see if the provider was meeting the requirements of the MCA. Staff had received training in MCA and DoLS and understood their responsibility to make sure people are involved in decisions about their care. One member of staff told us, "Even when people can't communicate their wishes, you can't force your choices on them; there are still ways for them to make themselves understood". We heard staff offering people choice and saw they used their hands for people to tap to indicate their choices. When people were unable to make certain decisions, staff involved relevant people and professionals when needed, and recorded their actions and assessments appropriately. One member of staff told us how a person's family had been involved when the decision was made in their best interest for them to have an operation. We saw that decisions made in people's best interest were assessed and recorded appropriately. When people were deprived of their liberty in their best interests, we saw the registered manager had made the necessary applications to the local authority and notified us when approvals had been received.

Staff were trained and supported to fulfil their role. Staff had an induction and completed a range of training relevant to working in a caring environment. We saw this was updated on a regular basis and provided to meet people's individual needs. One the day of our inspection, moving and handling training was being provided and staff told us this was being updated to enable them to support a person coming to live at the service, who was cared for in bed and needed to moved using equipment. Staff also spoke enthusiastically about training planned to support them to understand the sensory needs of people with autism. This is nationally recognised course designed to help those working with individuals on the autism spectrum to understand more about the impact of their everyday environment. This showed us the provider ensured staff were trained to provide care in line with current best practice.

People were supported to attend health care appointments to maintain their day to day health. A relative told us the staff were supporting their family member to have dental treatment, which included arranging the payments with the local authority, who managed the person's finances. We saw that people had hospital passports which provided information on how they should be supported when accessing health care services.

People were supported to have enough to eat and drink to maintain good health. People told us they enjoyed the food and were encouraged to make healthy choices. One person told us, "I'm having a cheese toastie now and then I'm having salad for tea – it's the healthy option". People's weights were monitored

and we saw they were encouraged to lose weight where needed. One person showed us the certificates people received when they achieved their weight loss goals. People's dietary needs were met and we saw staff followed guidance from other professionals, including speech and language therapists and dieticians which was detailed in people's care plans. For example, we saw some people had their food cut up to minimise the risk of choking.

People were encouraged to personalise their rooms and photographs showing people enjoying activities were displayed in the communal areas. People made use of the patio areas in warmer weather and the garden had been made secure since our last inspection. This meant people had access to safe, outside space for activities or to see visitors privately.

Good

Is the service caring?

Our findings

People told us they liked the staff and we saw they looked relaxed and happy in the company of staff. Relatives we spoke with were positive about the staff and told us they were kind and caring". One said, "The staff here are one hundred percent good". Another said, "The staff are a good crew". Staff told us they enjoyed working at the home. One said, "I just love working here; the residents are lovely and there is a good staff team". Another said, "The residents are great, you can feel the positive atmosphere here". We saw staff knew people well and treated them as individuals. We saw that various methods were used to support people to communicate their needs, for example some staff used Makaton, which is a system with uses signs and pictures. Another person communicated with staff by tapping on their hands when they offered different choices. We saw that people were also provided with information in ways that helped them to make decisions about their care, for example in a pictorial format. They were also supported to access advocacy services, which help people to enable them explore and voice their opinions. This showed us people were supported to have as much choice and control over their lives as possible.

People were encouraged to live an ordinary life as possible. We saw they were encouraged to participate in some household tasks such as cleaning their rooms and we saw people cleared their things away after eating. People were encouraged to care for the home's pet parrot and the registered manager's dog, Lola, who came to work with her. One person told us, "I pat my knees [showed us] and Lola sits on my lap; I love her". People were supported to maintain and develop their independence and understand their own health care needs. One person told us they suffered from asthma, "I'm going to see the GP today for my check-up". At all times, staff demonstrated they respected people's privacy and dignity. We saw they announced their arrival when coming onto shift and knocked on people's bedroom doors before entering.

People were supported to maintain important relationships and have visitors whenever they wished. One person was looking forward to having a meal out in the evening to celebrate a family member's birthday, "It's one of those all you can eat places, I can't wait". Relatives told us they were made welcome at the service and felt involved in their family member's care. One said, "If anything happens, the staff call me or if [Name of person] feels unwell, they get me on the phone, it helps to reassure them. I feel like one of the family".

Good

Is the service responsive?

Our findings

People received personalised care that met their individual needs. Relatives told us the staff knew people well and understood their individual needs and preferences. One told us how staff followed their family member's wishes regarding their laundry, "[Name of person] loves having clean underwear and likes to wash it before it goes in with the main laundry; staff have given them a bag so that it is kept separate". People were involved in making decisions about how they were supported as much as possible. Care plans were personalised and in a pictorial format to assist people to understand the content. There was a keyworker system in place which enabled people to have a named member of staff they met with on a monthly basis to talk about all aspects of their support, such as activities they had taken part in, their wellbeing and important relationships. We saw that support plans were regularly reviewed and updated if any changes had been identified. Relatives told us they were invited to attend annual review meetings and were kept informed about people's changing needs.

People were encouraged to take part in activities they enjoyed, for example arts and crafts, word games or listening to music. We saw that people were encouraged to maintain and develop skills. For example, people who had good literacy and numeracy skills assisted others, for example by doing word searches and number sequences. They were clearly proud of their abilities. People had opportunities to attend day services and weekly social clubs. On the day of our inspection, people were looking forward to attending their regular social club and we saw staff supporting people to get ready. One member of staff said, "People like to dress up and we help them to do their hair and make-up". This showed us staff respected people's need to express their sexuality".

People were encouraged to raise any concerns and complaints in sessions with their key worker or during resident's meetings. Relatives told us they would be happy raising any concerns or complaints and were confident they would be acted on. One said, "Happy to go to the manager; they would sort things out if there was a problem". There was a procedure in place and we saw that any complaints were recorded and responded to appropriately.

At the time of our inspection, the provider was not supporting people with end of life care. Therefore, we have not reported on this.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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. Relatives told us the registered manager was approachable and always available if they wanted to speak with them. One said us, "[Name of manager] is very good, I am very happy with how things are run".

The registered manager carried out a range of audits which looked at the quality and safety of the service. Where needed, an action plan was put in place and monitored to ensure any shortfalls were addressed. The provider also monitored the quality of the service on a monthly basis and an improvement plan was in place which we saw recorded planned refurbishment of the kitchen. We saw the provider had recently introduced a risk matrix to monitor that all areas of the service continued to meet the legal requirements. However, this did not include checking that consent for care was always sought in line with MCA and DoLS legislation. For example, the registered manager did not monitor DoLS applications and approvals or review assessments and best interest decisions to ensure people's rights were being upheld. The regional manager assured us they would action this immediately.

There was an open, inclusive atmosphere at the service. The provider used a variety of methods to gain feedback on the quality of the service, including relatives and residents meetings and an annual survey. This was available in an easy read, pictorial format to support people to give their views. The provider published action plan which showed the improvements they had made. For example, improvements made to the garden. When people were moving in to the service, the registered manager worked closely with other professionals and agencies to ensure they received effective, joined up care.

Staff told us they felt valued and supported by the registered manager and provider. They told us they had regular one to one supervision which gave them an opportunity to discuss how they were feeling and any training needs. The registered manager held regular meetings with the staff team and staff were asked for their views through an annual survey. One action from the 2017 survey had resulted in a 'digni-tea party' to celebrate the Dignity in Action day, promoting the National Dignity Council's campaign to put dignity at the heart of people's care. We saw the event had featured in the staff newsletter, which included feedback from staff who acted as Dignity Champions in the organisation. This showed us the provider had effective systems in place to listen and act on staff views on how services could be improved.

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The registered manager understood the requirements of registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site 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 conspicuously displayed this.