

Prokare Limited

The Limes

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Limes is a care home providing accommodation and personal care to a maximum of 6 younger people who have a physical disability. The Limes specialises in supporting people who have sustained acquired brain injuries. Accommodation is provided in one adapted building. At the time of this inspection there were 6 people using the service.

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

People felt safe living at the home and with the staff who supported them. The provider's staff recruitment procedures helped to protect people from harm and there were enough staff to meet people's needs. Risks were assessed, monitored and managed with people so they were protected, informed and their wishes respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received their medicines when they needed them by staff who were trained and competent in their role.

The views of people, their relatives and staff were encouraged and valued. There were effective systems in place to monitor the quality and safety of the service provided and to drive forward improvements. The registered manager worked with other agencies to achieve good outcomes for people. There was an open and honest culture and learning from when things went wrong.

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

Rating at last inspection

The last rating for this service was good (published 22 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focused inspection, and the report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Limes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 4 members of staff which included the registered manager, the provider's quality and rehab systems manager and 2 support workers. We looked at 2 care plans and multiple medication administration records. We looked at staff training records, records relating to health and safety and the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. "One person told us, "It's a lovely place and I feel safe here. The staff are lovely people and we have a laugh."
- Staff received training about how to recognise and report any signs of abuse. Staff demonstrated a good understanding and said they would not hesitate in raising concerns. One member of staff said, "I've never had to report anything but if I saw anything concerning I would definitely report it."
- There were effective systems in place to report and respond concerns. Records showed prompt action was taken to ensure people were safe and the registered manager had worked closely with other professionals where required.

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. The registered manager and staff had a proactive approach in ensuring people remained safe but also retained their independence in managing their own risks.
- Care and risk management plans provided staff with the information they needed to support people in a safe way.
- Additional information about people's health and well being were detailed in their care records. This gave staff an understanding of the impact of people's conditions and how best to support them.
- Environmental risks were well managed. For example there were systems in place to ensure people were protected from the risk of fire. Fire detection and alarm systems were checked each week, staff received training in fire safety and a fire risk assessment was in place. There were regular fire drills for people and staff.
- The shaft lift and equipment used by people had been regularly serviced to ensure they remained safe for people to use.

Staffing and recruitment

- People were supported by a small and consistent staff team who knew them well. Staff told us there were enough staff to meet people's needs.
- People were protected from harm because the provider followed safe procedures for the recruitment of staff.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "I always get my tablets on time. They [staff] are very good."
- People were supported with their medicines by staff who were trained and competent to carry out the role. Staff received regular assessments of their skills and knowledge to ensure they remained competent.
- Protocols were in place for medicines prescribed on an 'as required' basis which helped to ensure people received them when needed and to ensure staff followed a consistent approach.
- There was a clear audit trail of medicines held at the home. Records of medicines received, administered and returned to the pharmacy were maintained.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- DoLS authorisations were in place for people who required this level of support to keep them safe and meet their needs.
- Assessments of people's mental capacity to consent to their care and treatment and to make certain decisions had been completed. Where required discussions had taken place to ensure any decisions were made in the person's best interests.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected. One person told us, "I can speak up for myself and I am never forced to do anything."

Preventing and controlling infection

- The home was clean and smelt fresh. There were regular audits and checks to ensure staff followed good infection, prevention and control procedures.
- Staff confirmed there was enough personal protective equipment (PPE) to help keep them and the people they supported safe.
- Staff had completed training in infection, prevention and control. Their competencies were regularly assessed to ensure practices remained in line with current guidance.

Learning lessons when things go wrong

- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective systems were in place to monitor and improve the quality and safety of the service provided. These included internal audits and regular checks by the provider's quality and rehab systems manager.
- Action plans were developed to address any shortfalls, and these were addressed in a timely manner. Learning was shared with staff to help drive forward improvements.
- The care practices of staff were regularly checked through competency assessments.
- The registered manager was aware of their legal requirements to inform relevant agencies and CQC of any concerns in a timely manner.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff were committed to supporting people to have fulfilling lives which maintained or improved their independence whatever their disability. Staff told about one person whose confidence and mood had improved since moving to the home. Another person had improved so much they had achieved their goal and were moving into more independent living in the community.
- People told us their views were encouraged and valued on a daily basis and through regular meetings. One person told us, "We have monthly meetings where we discuss menus and outings and all sorts of things. If we make suggestions, they take notice. [Name of registered manager] is excellent. You can't fault her."
- Questionnaires had recently been sent to people's relatives to seek their views and their feedback had been very positive. One relative commented, "We are very happy with the care [name of person] receives and wouldn't change anything."
- People and where appropriate, their representatives were involved in planning and reviewing the support they received. Care plans showed that people's protected characteristics such as religion were discussed and incorporated into their plan of care.
- Staff felt engaged, supported and valued by the registered manager. One staff member said, "[Name of registered manager] is very supportive and approachable." Another told us, "We are encouraged to speak up and we are listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager informed professionals and relatives where concerns about people had been identified. This was in accordance with the duty of candour.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for people. These included the local authority, GP's, and specialist health professionals.