

The Limes Residential Limited

The Limes Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 August 2016.

The Limes Residential Home is registered to provide personal care and accommodation to up to 19 people. The home specialises in the care of older people. The home is arranged over four floors with a small passenger lift which is not able to accommodate a wheelchair. The home is therefore only suitable for people who have reasonable levels of mobility. At the time of this inspection there were 13 people living at the home.

The last inspection of the home was carried out in August 2014. No concerns were identified at that inspection.

There is 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.

People were very happy with the care and support they received at the home and with the staff who supported them. However we found that some improvements were needed to ensure there was on-going maintenance and redecoration to improve the environment for people.

People were at risk of not receiving care and support which was reflective of current good practice or legislation because many of the policies and procedures were out of date. We recommend the provider seeks advice and support to up-date and amend their policies and procedures.

People were extremely complimentary about the staff who supported them. Staff were kind and caring and welcomed visitors into the home. There were sufficient numbers of staff to ensure people received physical and social support. People had confidence in the staff and thought they were well trained. Staff were happy with the training they received and felt they had the skills and knowledge to meet people's needs.

People were able to make choices about all aspects of their day to day lives and were involved in the planning of their care. People were supported to take part in activities at the home and to access community facilities.

Risks of abuse to people were minimised because there was a robust recruitment procedure and staff knew how to recognise and report abuse. People felt safe at the home. One person said "Safe as houses here. Nothing to worry about."

People had access to healthcare professionals to meet their individual needs. One person said "They always get a doctor if you need one." Medicines were administered safely by staff who had received training to carry out the task.

People thought the management in the home were open and approachable and said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. When complaints were made these were investigated and responded to.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 felt safe at the home and with the staff who supported them.

People received medicines safely from staff who had received specific training to carry out the task.

There was sufficient staff to enable people to receive care safely and in an unhurried and relaxed manner.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

Improvements were needed to make sure people lived in a pleasant well maintained home.

People had access to healthcare professionals to meet their individual needs.

People's nutritional needs were assessed and they received a diet in line with their needs and wishes.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and respectful.

Staff respected people's privacy and their right to spend time alone.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

People were able to take part in group and individual activities.

People told us they would be comfortable to raise any concerns or complaints with the registered manager or a member of staff.

Is the service well-led?

The service was not always well led

Improvements were needed to ensure staff had access to up to date guidance to make sure people received support in accordance with current good practice guidelines and legislation.

Quality assurances processes were not always effective in identifying and planning on-going improvements.

The management team in the home were open and approachable and people felt listened to.

Requires Improvement 

The Limes Residential Home

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 inspection took place on 16 August 2016 and was unannounced. It was carried out by an adult social care inspector.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with nine people who used the service, two visitors and five members of staff. The registered manager was not available on the day of the inspection but the deputy manager and provider were available. Throughout the inspection we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included two care and support plans, three staff recruitment files, records of medication administration and records relating to quality monitoring.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "I do feel safe here. It's reassuring to know you're safe." Another person said "Safe as houses here. Nothing to worry about."

There were enough staff to make sure people received care safely. People said staff were always available to them when they needed support or assistance. One person said "Always staff when you want them." Staff spoken with felt there were enough staff to meet the needs of people. One member of staff said "People here are pretty independent. We always have enough staff to help people who need it."

There were risk assessments which highlighted specific risks to people and how these risks would be minimised. For example one person was assessed as being at high risk of falls and a specific care plan had been put in place to minimise the risks. Another person said they enjoyed going out on their own but felt they had recently become unsteady on their feet. They said they had talked to staff about this and agreed they would make sure staff knew where they were going. The person said "They're good. They discuss things with you. Usually someone goes with me now. That makes me feel safer somehow."

The registered manager told us in their Provider Information Return (PIR) they had a robust recruitment procedure which minimised the risks of abuse to people. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not begin work at the home until all checks had been received.

To further protect people from the risks of abuse all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "If there was anything like that I would go straight to the manager and they would deal with it." Staff had been given information about how to raise concerns outside the home if they felt unable to speak with the registered manager or provider. The minutes of a recent staff meeting showed staff had been reminded about the whistle blowing policy.

No one who lived at the home administered their own medicines but people were happy with the support they got with taking medicines. One person said "They do the tablets properly. The girls [staff] know what they're doing there." Staff who administered medicines had undertaken specific training to make sure they were competent to carry out this task.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. During the inspection we heard one person ask for pain relief and a member of staff provided this to them. They ensured the person knew when they were able to have additional pain relief. Later in the day we saw staff asking this person if they were feeling any better.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Is the service effective?

Our findings

Some improvements were needed to make sure the service was effective and fully protected people's rights.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Although senior staff had sought verbal advice from the Local Authority about this there was no up to date policy or procedure. This meant staff did not have up to date guidance to assist them in determining if someone required this level of protection. This could lead to people not having their legal rights protected.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. The majority of people at the home were able to make decisions for themselves and staff were aware of how to assist anyone who lacked the capacity to make a specific decision. One member of staff said "We help people to make choices wherever possible. If they can't we would talk to family about what would be in their best interests."

The home was a large older type building with accommodation set over four floors. Improvements were needed to support people to be independent around the building. Although bedroom doors had names and photo's on, there was no clear signage to help people to orientate themselves and move around independently. We asked one person if they liked to use the garden, they said "I would like to but I think it's downstairs and I don't think I could get there."

Some areas of the home required redecoration and refurbishment to make sure they provided a pleasant environment for people. Staff wrote in a maintenance book when refurbishments or repairs were required but many items listed had not been addressed. In one bathroom there were tiles missing from the wall and another had a gap in the flooring and the end bath panel was missing. On the top floor of the house there was no useable bathroom meaning people had to use a bathroom on another floor. There was a shower room on the top floor but we were told by staff that this had been disconnected many months ago. We discussed this with the provider who told us they would refurbish the room and reinstate the shower for people to use.

People received care and support from staff who had the skills and knowledge to meet their needs. New staff underwent a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. On the day of the inspection a newly appointed member of staff was on a shadow shift and we saw they spent time chatting to people to get to know them as individuals. One member of staff told us "The training at the beginning was really helpful. And I was really well supported by other staff."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. This training included; working with people with dementia, person centred care, pressure ulcer care and equality and diversity. One member of staff told us "Training is really good here. It helps you to continually improve how you care for people."

Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. Records of staff supervisions and appraisals showed that where someone had requested specific training this had been arranged. Some people had asked for further training in end of life care and we were told by the deputy manager that this was being arranged. People thought the staff were good at their jobs and had the skills required to effectively support them. One person said "Staff know what they're doing. They don't take chances they do things properly."

The home arranged for people to see health care professionals according to their individual needs. People told us the home arranged for them to see professionals including GP's, opticians and chiropodists. One person said "They always get a doctor if you need one." Another person said "When my walking wasn't so good they arranged for someone to see me and I have this stick now." During the inspection we heard staff seeking telephone advice from a person's GP and community nurse to make sure they had the correct care and treatment for their needs.

The registered manager had told us in their Provider Information Return (PIR) that they worked with other professionals to make sure people's nutritional needs were met and we found this to be the case. Where there were concerns about a person's weight or swallowing ability the staff had sought advice from appropriate professionals. One person's care plan showed they were at risk of choking and there had been concerns expressed about the person's weight. The person had been seen by their GP and a speech and language therapist. In response to advice received the person was being provided with food supplements and thickened fluids to minimise the risk of choking. Their care plan gave instructions for the person to be weighed on a weekly basis and this was being done. Records showed the person was now maintaining a stable weight.

At lunch time we saw that people were able to choose where they ate their meal. Without exception people were complimentary about the food they received and at lunch time we saw that although people received very adequate portions there was very little waste. One person said "Food is always good." Another person said "Food is lovely."

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us "The staff here are very nice I don't think I could go anywhere better." Another person said "This really is a care home. All of them [staff] really do care."

Thank you cards received by the staff echoed the comments made by people. One card said "Your kindness and patience was much appreciated." Another said "Thank you for your care and kindness and the wonderful care you gave."

A number of people had lived at the home for some while and had built relationships with one another. In the morning we spoke to two people who sat together in the lounge. They told us "We have become friends so we like to sit together. Staff know we like to be together." Another person said "I've made a special friend here, we always have dinner together."

When new people moved to the home we noticed staff made an effort to introduce them to other people who may share their interests. We met with a small group who were sitting together and laughing and joking. One said "I've only been here a few days but they put me this this crowd. We seem to be getting on."

Interactions between people and staff were friendly and patient. Staff spent time talking with people and it was apparent staff knew people well. Some people needed staff to walk with them when they moved around the home. Staff walked at people's pace and offered reassurance and gentle encouragement. There were warm relationships between staff and people which led to lots of friendly banter and social chatter.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person said "I've got a nice room I can go to whenever I want." People had been able to personalise their bedrooms with their own furniture, ornaments and pictures. This gave bedrooms an individual homely feel.

Staff encouraged people to maintain their independence and were discreet when offering assistance which helped to promote people's dignity. When staff offered people assistance with personal care they made sure they asked in a quiet voice and gave people time to respond to them. One person told us "I like to do things myself but I know they keep an eye on me which is such a comfort."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and affectionate way.

People told us they were able to have visitors at any time. One visitor who's relative was due to move to the home, said they had felt welcome the first time they visited. They said they had arrived to look at the home without an appointment but staff were very friendly and welcomed them in. People said family and friends were able to visit them at any time.

There were ways for people to express their views about their care. Each person had their care needs reviewed by a senior member of staff each month and then met with the deputy manager on a three monthly basis. Care plans had been signed by people or their representatives to show they had discussed their needs and been able to comment on the care they received. One person said "We do the care plan and I sign it. They talk about things with you." Another person said "Everything you do is up to you. They will help you when you need it but it's all your choice."

Is the service responsive?

Our findings

People were able to make choices about all aspects of their day to day lives. People told us they were able to choose what time they got up, when they went to bed and how they spent their day. One person said "You can more or less do what you like." Another person told us "There are no strict routines here. I would recommend it to anyone." One person chose not to socialise at all and spent their time in their room. Staff respected this person's wish for privacy.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Staff told us the care plans gave them all the information they required to provide care in accordance with people's wishes and needs. One member of staff said "The care plans are good and we talk about people at handover so we know if anything has changed."

People received care that was responsive to their needs and personalised to their wishes and preferences. Staff had received training in person centred care which gave them an understanding of the importance of providing care that was personalised to each person. Care plans that we read were very specific to the person which assisted staff to provide care in a way that took account of people's individual wishes and needs. One person said "Staff are very kind. They treat you like a real person with feelings."

People's changing needs were monitored and responded to. For example one person whose mobility had decreased had become at risk of pressure damage to their skin. In response a care plan had been put in place to ensure staff helped them to regularly move to minimise the risks. Records showed staff had followed the care plan. The care plan stated they also required additional checks at night to keep them safe and again records showed these were being carried out in accordance with the care plan. One person said "They seem happy to do whatever you need at the time."

People were able to take part in a range of individual and group activities. A specific activity worker was employed for ten hours a week but care staff also assisted people to occupy their time. We noticed there was on-going chatter and socialisation between people and staff and staff had ample time to socialise with people.

People told us they enjoyed playing board games and quizzes but also had opportunities to go out and use local facilities. Two people said they sometimes went to a local bingo session. At the time of the inspection a small group played a darts game and others were watching the Olympics on the television. In the afternoon one person went out for a coffee in the local town. The activity worker said they tried to organise regular trips out and we saw photos of places people had visited.

People were able to continue to practice their faith and a monthly religious service was held at the home for people who were unable to go out to church. One person told us they went out to a local church regularly.

The registered manager sought people's feedback and took action to address issues raised. There were regular meetings for people who lived at the home. Minutes of meetings showed these were an opportunity to share information and for people to make suggestions. At one meeting people had said they would like to have a cooked breakfast and in response bacon sandwiches had been introduced at the weekends. Another person had said they thought the light switches were dirty and these had been cleaned by night staff. Minutes showed that people had been kept informed about changes to the fire alarm system and given information about care plan reviews.

No one we spoke with had any complaints but all said they would be comfortable to speak with a member of staff if they were unhappy. One person said "I would talk to one of the carers. They are always saying – if you're worried about anything tell us." Another person said "I have absolutely no complaints but if I did I could talk to the manager or deputy. They are both very good and always listen."

There was a formal complaints policy and where complaints had been made these had been investigated and responded to by the registered manager.

Is the service well-led?

Our findings

Improvements were needed to make sure there were systems in place to plan on-going improvements and ensure staff had access to up to date guidance and policies.

Although management and staff recorded issues with the building and equipment which required repair or redecoration there was no formal audits of the premises. This meant there was no action plan which identified and addressed areas for improvement to make sure people lived in a pleasant environment. The registered manager had completed a Provider Information Request (PIR) prior to this inspection. One of the areas identified as a plan for the future was redecoration of the home, however there was no plan in place to show how this would be achieved. During the inspection we observed that many areas required redecoration.

The registered manager and deputy carried out some audits of practice. They regularly audited medication practices and these were found to show a good standard of practice in this area. There were also audits of care plans which ensured these were kept up to date and reflective of people's current needs. Care plans we saw were comprehensive and up to date showing these audits were effective in maintaining good standards.

Although the providers regularly spent time in the home they did not carry out any formal quality monitoring which could be used to identify shortfalls or plan improvements. Therefore there was no way for them to fully assure themselves that people were receiving an appropriate standard of care and support.

The providers lack of effective quality assurance systems to monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy told us that they and the registered manager kept their knowledge and skills up to date by researching information on the internet, liaising with other professionals and reading. There were policies and procedures in the home which should have ensured staff had access to up to date good practice guidelines and legislation. However a number of these policies were out of date so did not provide information on current best practice. For example the policy on advocacy did not include information about Independent Mental Capacity Advocates and there was no policy in place regarding the Deprivation of Liberty Safeguards. The code of practice for social care workers referred to organisations which were no longer in existence. The lack of up to date guidance and policies could place people at risk of receiving care that was not in accordance with current good practice or legislation.

Some improvements were also needed to make sure the registered manager was fully supported in their role. All staff received regular supervision with a more senior member of staff. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. However there was no formal supervision for the registered manager

and therefore no way for them to have their concerns or training needs recorded and acted upon. We discussed this with the provider who said that although they met regularly with the registered manager these meetings were not recorded and therefore there was no way to show that any concerns raised were acted upon. The provider told us they would address this issue.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy and a team of senior care staff. This made sure there was always senior staff available to people and to offer advice and guidance to less experienced staff. At the time of the inspection the registered manager was not available but the deputy was at the home throughout the day and was competent in managing the home.

The deputy manager stated the aim of the home was to provide a home which encouraged independence and enabled people to take part in social activities. Staff told us, and we saw, that staff had ample time to socialise with people and support them to be independent. People knew who the registered manager and provider were and said they would be very comfortable to raise any issues with them. Throughout the day we saw people and staff were comfortable and relaxed with the deputy manager and the provider.

We recommend that the registered person ensures their policies and procedures are regularly reviewed and updated in line with current legislation and good practice advice from reputable sources.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality assurance systems in place to monitor and improve the quality and safety of the service. Regulation 17 (2) (b)